

Summary of Services for Clients at High Risk for HIV: High-Level Intervention

Goal: All high risk clients learn their HIV status and understand their level of risk, in addition to establishing a risk reduction plan that includes a realistic, incremental step to reduce their risk for HIV. All clients who test HIV-positive will be linked to medical care and other appropriate referrals.

Services provided:

All high risk clients will receive an **HIV test** (conventional or rapid) and their HIV test result. Every high risk client will also receive a risk-reduction **counseling session** for a minimum of 20 minutes with an HIV Counselor 2 (C2).

In addition, high risk negative clients will receive appropriate referrals to other prevention services, multi-session support groups, or other appropriate social services. Clients who test HIV-positive will receive appropriate referrals to medical care, social and support services, and partner counseling and referral services.

Site Staffing Requirements:

Only CDPH/OA certified HIV Counselor 2 staff (including counselors certified prior to January 1, 2008) are able to provide the high-level intervention counseling session. If a C2 has passed the rapid testing proficiency exam, they can also administer the oral rapid test to clients.

Data Collection Requirements:

In addition to the Client Assessment Questionnaire (CAQ), CDPH/OA requires that a Client Information Form (CIF) be completed and entered into the Local Evaluation Online (LEO) data system for each high risk client receiving the high-level intervention.

Combined HIV/HCV Counseling Session:

See the specific HCV Integration Guidance document for instructions on offering the combined HIV/HCV high-level counseling session to clients who are at high risk for both HIV and Hepatitis C, and choose to test for both during the session.

SITE PROCESS & STAFF DUTIES

The following is a description of the site process for delivering high-level services, and the duties for test site staff involved in the process.

I. Client assessment process

- The initial steps of greeting the client, distributing the CAQ, and providing instructions to the client on where and how to complete the form will be site specific.
- After the client returns the completed CAQ to test site staff, the process for reviewing and analyzing the form will be site specific. Possible options include:
 - CAS collect completed CAQ and analyze, indicating what the client's intervention level is. CAS then gives the CAQ to a counselor or puts the form in a designated area for the appropriate counselor to retrieve. Counselors then know which level of service a client needs and what type of session they will be providing prior to calling the client for testing.
 - CAS collect completed CAQ and put the form in a designated area for counselors to retrieve. A counselor then analyzes the form and calls the client for testing or gives the client to another counselor if appropriate (i.e., if a Counselor 1 finds that a client is high risk after analyzing the CAQ, they will have to defer to a Counselor 2).

II. Client is determined to be *high risk* for HIV

- A client that is determined to be at **high risk** for HIV based on their responses on the CAQ will receive high-level services.

III. High-level services delivered to client

The client will be greeted by an HIV Counselor 2 and enter a high-level session as outlined below, depending on whether it is a rapid or conventional test site.

- Bring client to designated area or room.
It should be a private, confidential area.
- Frame the session.
Welcome the client, conduct introductions, and confirm that the client wants an HIV test.
- Check in with the client about the CAQ.
Check in with the client about the CAQ process and completing the form (i.e., would they answer anything differently now that they are alone in a private area? did they have anything to add? did they not understand anything? etc.).
IMPORTANT: If a client informs the counselor that their responses are not accurate or they wish to change them, and therefore the client no longer presents as high risk on the CAQ, the counselor should shift to providing an HIV test and a low-level intervention (See Low Level Intervention Guidance for details).

- Inform the client on what will happen next.
Provide the client with an overview of the service they will be receiving or the general process of what will occur while testing at the site.

The subsequent steps in the process depend on whether the client will be receiving a rapid HIV test (see Section A) or a conventional HIV test (see Section B).

A. If a Rapid Testing Site:

- Get informed consent to test.
Consent for an HIV test is either verbal (anonymous) or written (confidential), based on the type of testing being provided at the test site. Obtain consent to test in a private, confidential area using current CDPH/OA HIV testing consent forms. Names reporting should be addressed per CDPH/OA training and protocols.
- Begin HIV test.
Collect client's sample (fingerstick or oral fluid). Begin processing the rapid test kit in the designated "lab" area.
- Provide high-level intervention: Counseling Session.
In an area separate from the testing area, which is confidential and private, a C2 will provide the client with a counseling session (at least 20 minutes) per CDPH/OA protocols and training.
 - **For LVA Clients:** Clients falling into an LVA population or group may need additional prompting for information or a different approach to the conversation around "risk" during the counseling session. LVA clients may be unaware of their risk or may not be comfortable disclosing the behaviors putting them at high risk for HIV. Furthermore, in some instances the counseling session may need to have an educational or informational component incorporated into the session, rather than a specific risk reduction plan focus.

For example: Hispanic women living in a specific zip code that are selected as an LVA due to increasing positivity rates in the county may appear as low risk on the CIF due to not knowing what their partner's risk behaviors are. Therefore, discussion of their potential risk or exposure to HIV may be necessary during the risk assessment, in addition to education or skill building in talking to partners and/or possibly developing an awareness of what the county is seeing occur locally.

- Read rapid HIV test results.
After 20 minutes (and before 40 minutes) of starting the rapid test, trained staff must read/interpret the result and record it on the lab slip. Depending on the site, this may be the HIV Counselor 2 that is conducting the counseling session, or another staff person that has been certified in rapid testing by CDPH/OA. If results are not read by the original counselor, a process for how the result will be communicated to the original Counselor 2 needs to be developed.
- Disclose HIV test result.
The C2 will return to the counseling room after they retrieve the client's HIV test result:
 - If HIV test result is **Negative**:
The HIV Counselor 2 that has conducted the counseling session with the client will disclose the result in the counseling area following the CDPH/OA Disclosure Counseling protocols. The C2 will answer any questions, review the window period, discuss the need for re-testing or not, and reinforce referrals.
 - If HIV test result is **Preliminary-positive**:
The HIV Counselor 2 that has conducted the counseling session with the client will disclose the result to the client in the counseling area following the CDPH/OA Preliminary Positive Disclosure Counseling protocols. Prior to the client leaving, a second sample for HIV confirmatory testing will be collected and a return appointment will be set up with the client to provide the results of the confirmatory test.
 - When client returns for **Positive confirmatory result**:
An HIV Counselor 2 will disclose the result to the client in a private, confidential counseling area following the CDPH/OA Positive Disclosure Counseling protocols and offer appropriate referrals/linkages to medical care and PCRS if appropriate. For additional information, refer to guidance sections on PCRS and Verified Medical Visit.
 - If a client **does not return for their confirmatory test result initially (No show follow-up)**:
Conduct follow-up if it was a confidential test (follow-up on anonymous testing services are not reimbursed or documented on the CIF) and attempt to get client to return for their test result. **NOTE:** An HIV-*positive* result may be given to the client at any time, however the record must be updated prior to the end of the fiscal year.

B. If a Conventional Testing Site:

- **Provide high-level intervention: Counseling Session.**
In a confidential and private area, an HIV Counselor 2 will provide the client with a counseling session (at least 20 minutes) per CDPH/OA protocols and training. *(For LVA client counseling session considerations, see Section A. Rapid Testing).*
- **Get informed consent to test.**
Consent for an HIV test is either verbal (anonymous) or written (confidential), based on the type of testing being provided at the test site. Obtain consent to test in a private, confidential area using current CDPH/OA HIV testing consent forms. Names reporting should be addressed per CDPH/OA training and protocols.
- **Collect client's sample in the appropriate area.**
- **Set up return appointment for results.**
Establish a date, time, and location for the client to return for their results, and explain the process (i.e., do they need to bring client ID number?).
- **Disclose HIV test result.**
When client returns for HIV test result, an HIV Counselor 2 will call client to receive his/her results based on established site protocol.
 - **If HIV test result is **Negative**:**
A HIV Counselor 2 will disclose the result in a private, confidential counseling area following the CDPH/OA Disclosure Counseling protocols. The C2 will answer any questions, review the window period, discuss the need for re-testing or not, and reinforce referrals.
 - **If HIV test result is **Positive**:**
An HIV Counselor 2 will disclose the result to the client in a private, confidential counseling area following the CDPH/OA Positive Disclosure Counseling protocols and offer appropriate referrals/linkages to medical care and PCRS if appropriate. For additional information, refer to guidance sections on PCRS and Verified Medical Visit.
 - **If a client **does not return for their HIV test result** initially (No show follow-up):**
Conduct follow-up if it was a confidential test (follow-up on anonymous testing services are not reimbursed or documented on the CIF) and attempt to get client to return for their test result.

- An HIV **negative** result may be given to the client if it is within 60 days of the date of the test. Clients returning for their result *after* 60 days from the date of their HIV test must be re-tested.
- An HIV **positive** result may be given to the client at any time, however the record must be updated prior to the end of the fiscal year.