

Appendix E

Counseling Testing and Referral Definition and Guidelines

**Minnesota Department of Health
Community HIV Health Education and Risk Reduction Projects**

COUNSELING, TESTING AND REFERRAL DEFINITION AND GUIDELINES

Counseling, Testing, and Referral (CTR) Interventions

Applicants should keep in mind that in a Community HIV Health Education and Risk Reduction (HERR) project setting, the primary intent of CTR is as an intervention for HIV prevention; testing the client is secondary to the client receiving HIV prevention messages. If you propose CTR you **MUST** also propose Individual Level Intervention (ILI) and describe how CTR will be conducted in the context of ILI.

If the applicant is a health care setting (clinic or hospital), the applicant should keep in mind that there are two means by which the Minnesota Department of Health (MDH) will fund HIV Counseling, Testing, and Referral: in this RFP as a component of a Community HIV HERR Project, and through the Clinical CTR Program RFP as a component of medical services provided by a health care organization or entity. In a clinic or health care setting where the primary intent of CTR is diagnostic, delivering a HIV prevention message is secondary to patients knowing their HIV status (and if infected being referred into medical care). In this case, the applicant would apply through the Clinical CTR Program RFP.

In other words, health care organizations and community-based agencies that are interested in providing CTR services as an HIV prevention intervention must apply for funding through the Community HIV HERR RFP process (this RFP). Health care organizations that are interested in providing CTR services as a component of its “in-house” medical services must apply for funding through the Clinical CTR RFP. The next funding cycle for CTR Clinical Programs begins in 2010. A chart follows (on the next page) to help organizations determine which RFP track will best suit their CTR plans and services.

All questions and/or needs for clarification should be addressed to Gary Novotny by e-mail at gary.novotny@health.state.mn.us or if you do not have e-mail access telephone him at 651-201-4029.

	Health Education/Risk Reduction (HERR) project	Clinical Setting
Who will be tested?	<ul style="list-style-type: none"> • High-risk Populations 	<ul style="list-style-type: none"> • High-risk Individuals
Who will collect test specimens?	<ul style="list-style-type: none"> • Project staff 	<ul style="list-style-type: none"> • Nurses/medical providers
Why is test performed? (The provider's intent of CTR)	<ul style="list-style-type: none"> • Primary: prevention • Secondary: diagnostic 	<ul style="list-style-type: none"> • Primary: diagnostic • Secondary: prevention
Where?	<ul style="list-style-type: none"> • In-house or outreach-based 	<ul style="list-style-type: none"> • Clinic-based (on or off site)
What? (The testing technology)	<ul style="list-style-type: none"> • Rapid Testing 	<ul style="list-style-type: none"> • Serum • Rapid Testing
Why? (The client/patient's reason for seeking to be tested)	<ul style="list-style-type: none"> • Member of an at-risk population, indicating high-risk behaviors. 	<ul style="list-style-type: none"> • Member of an at-risk population, being screened for disease. • Other Diagnosis (STD)
Required Activities (to be covered during the testing session) These are the minimum activities for a testing session. Please refer to Appendix B for more definitions.	<ul style="list-style-type: none"> • Informed consent. • Explain test. • Pre-test counseling includes the following: <ul style="list-style-type: none"> - Client-centered HIV Prevention Counseling - Risk assessment/reduction - Individual behavior change goals • Post-test counseling includes the following: <ul style="list-style-type: none"> - If HIV+: med/support referral - Refer to on-going prevention activities - Other referrals (STD testing) 	<ul style="list-style-type: none"> • Informed consent. • Explain test. • Patient risk assessment. • Post-test counseling includes the following: <ul style="list-style-type: none"> - Notify of results - If HIV+: med/support referral - Other referrals (STD testing)
Relevancy of Setting	The setting already serves a population that is at increased risk—members are coming in, or being sought out, for other HIV prevention services. This is another opportunity to provide HIV prevention.	The setting already serves individuals that are at increased risk—they may be coming in for other reasons, this is opportunity to routinely test them.

CDC Description:

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.

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.

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

Goals of HIV CTR:

- 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 (delivered according to recommended protocols for counseling, referral, and evaluation or regulatory standards for testing) HIV prevention counseling to reduce their risk for transmitting or acquiring HIV; and
 - 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 are provided information regarding transmission, prevention, and the meaning of HIV test results.

Required Core Elements:

- Prior to conducting CTR project staff must successfully complete the following MDH training sessions: “Fundamentals of HIV Prevention Counseling”, “HIV Test Results”, and “HIV Testing Data”; and complete the CDC training: “Fundamentals of Waived Rapid Testing” (either taught by the CDC or person who is CDC TOT certified). An orientation to the rapid test technology will be provided by MDH or the manufacture’s representative.

AND

Adherence to Principles of HIV CTR:

- Protect confidentiality of clients who are recommended or receive HIV CTR services.
- Obtain informed consent before HIV testing.
- Provide clients the option of anonymous HIV testing.
- Provide information regarding the HIV test to all who are recommended the test and to all who receive the test, regardless of whether prevention counseling is provided.
- Adhere to local, state, and federal regulations and policies that govern provision of HIV services.
- Provide services that are responsive to client and community needs and priorities.
- Provide services that are appropriate to the client’s culture, language, sex, sexual orientation, age, and developmental level.
- Ensure high-quality services (delivered according to recommended protocols for counseling, referral, and evaluation or regulatory standards for testing). This includes maintaining staff proficiency by adhering to the requirement of each testing staff conducting at least 50 tests per year.

Secondary Elements:

- Provide HIV risk reduction education.
- Provide STD and Hepatitis A, B, and C risks reduction education.
- Provide referrals for social services as need is identified.

Form to Use:

MDH-provided CDC PEMS CTR bubble form (one per test)

Completed by:

Agency staff conducting the CTR session

Recommendation:

To ensure reporting accuracy, test sites develop method of documenting information required for completing.