



street smart

Procedural Guidance

for Community-based Organizations

Provisional

PCRS



Healthy Relationships

CRCS



VOICES/VOCES

TLC



HHRP

SAFETY COUNTS



RAPD



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NOTE: This document is provisional and will be updated as needed.

CDC is revising its HIV counseling and testing guidelines. Separate guidelines are being developed for HIV testing in health care settings and HIV counseling, testing, and referral in non-healthcare settings. The guidance provided in this document may change, depending on the results of the guideline revision process; however, until that time, the recommendations in this document should be adhered to.

Specifically, Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings will be published later in 2006. They will replace CDC's 1993 Recommendations for HIV Testing Services for Inpatients and Outpatients in Acute-Care Hospital Settings; and they will update aspects of CDC's 2001 Revised Guidelines for HIV Counseling, Testing, and Referral that apply to health care settings and the 2001 Revised Recommendations for HIV Screening of Pregnant Women. In addition, the process for updating recommendations for HIV testing in non-healthcare settings is under way, with publication expected in 2007.

Also, CDC is revising its guidelines for partner counseling and referral services. The revised guidelines will replace the Partner Counseling and Referral Services guidelines published in 1998. Publication of the revised guidelines is expected in 2007.

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Introduction

Why Was the At-a-Glance Version of the Procedural Guidance Developed?

The At-a-Glance version of the Procedural Guidance is an adaptation of the *Procedural Guidance for Community-based Organizations* for front line staff. You may view the full-text Procedural Guidance at http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/pro_guidance.htm.

The At-a-Glance document will provide staff with basic knowledge about interventions specific to the Advancing HIV Prevention (AHP) initiative, including information about recruitment, cultural competence, informed consent, confidentiality, and an overview of each intervention.

The At-a-Glance version is a companion document to the full-text Procedural Guidance. Together, these two documents provide you with the information needed to deliver and monitor the interventions. CDC provides specific training and technical assistance to help you successfully implement the interventions.

The Procedural Guidance and intervention kits, produced by the Replicating Effective Programs (**REP**) project and distributed by the Diffusion of Effective Behavioral Interventions (**DEBI**) project, represent the best science we have today to improve HIV prevention efforts.

REP helps make HIV prevention interventions that have been shown to work more accessible. They use everyday language and are packaged in a user-friendly way.

DEBI is CDC's national project that provides training and technical assistance for staff of health departments and community-based organizations (CBOs) that are conducting evidence-based interventions to prevent HIV and sexually transmitted diseases (STDs). Additional information about DEBI is available at www.effectiveinterventions.org.

Making the Interventions Work for My Community-based Organization

The interventions in the Procedural Guidance are based on theories of behavior change that can be applied to many behaviors and populations. Because of this, interventions can be adapted to meet the specific needs of groups that were not part of the studies done so far. Adapting these interventions will show success if changes made are based on the known needs and special conditions of the population for whom the work is to be done. When adapting an intervention, you can modify key characteristics (but not core elements) to meet the needs of your target population. Core elements and key characteristics are explained for each intervention.

Recruitment

Recruitment is the way that an organization brings people into HIV prevention interventions, programs, and services. Populations recruited (target populations) can be people living with HIV or people whose HIV status is negative or unknown and who are at high risk for HIV. Recruitment can take different forms—outreach, internal referrals, external referrals—depending on the target population and on the needs and abilities of the CBO doing the recruiting.

◆ Outreach

Outreach is a common way to meet potential clients in their own environment. Outreach activities can be done at physical sites where people at high risk gather and where high-risk behaviors take place (e.g., shooting galleries, the street, parks, bars, bathhouses) or at virtual sites (e.g., the Internet or telephone hotlines). Outreach activities can also use contacts gained through social networking. CBOs can work with current clients to reach partners or friends who may also be at high risk.

◆ **Referrals**

Referrals can be internal or external.

■ **Internal Referrals**

Often a CBO refers clients to HIV prevention interventions/programs within the same organization. This strategy takes advantage of the client's existing trust in the organization. When a referral is made to an HIV prevention intervention or program within an organization, the client may be more likely to accept and use the services.

■ **External Referrals**

Another source for meeting potential clients is referrals from outside organizations. Because people at risk for transmission or acquisition of HIV often have competing needs that make HIV prevention a lower priority, they may seek services other than HIV prevention. They can be referred from these other services to HIV prevention services. To reach clients in need of prevention services, it is important to obtain a commitment from other service providers to assess their clients for risk of transmitting or acquiring HIV and to make referrals as needed.

Cultural Competence

Individuals and groups can differ in ethnicity, gender, age, sexual orientation, and language. It is important to look at the cultural differences when setting up and delivering your programs and services. Having an intervention delivered by a member of the target population does not mean it will be appropriate or successful. Reaching a population means understanding the culture of the population. Cultural competence is important for your intervention to be successful.

To make your intervention successful, you need to know the health needs of the people you are trying to reach, as well as what their cultural experience is. This is a first step to a culturally competent program.

To be culturally competent, a person must value the differences between people and groups, understand any negative feelings against a group, be aware of what happens when different cultures come together, make the knowledge of a culture a part of oneself, and make changes as necessary guided by what is needed to reach diverse groups.

As always, CDC relies on its partners in the community to deliver services that work in the fight against HIV and to work with other partners in making sure that interventions are suited to the population for which they are being done.

CDC knows work will be done through partnerships nationally and on the state and local levels using these interventions and those in REP and DEBI to meet the needs of the people being served.

Informed Consent

CBOs must have a consent form that carefully and clearly explains (in appropriate language) the CBO's responsibility and the clients' rights. Individual state laws apply to consent procedures for minors; but at a minimum, consent should be obtained from each client and, if appropriate, a legal guardian if the client is a minor or unable to give legal consent. Participation must always be voluntary, and documentation of this informed consent must be maintained in the client's record.

Confidentiality

A system must be in place to ensure that confidentiality is maintained for all clients in the program. Before sharing any information with another agency to which a client is referred, permission to release the information must be received from the client.

Interventions in the Diffusion of Effective Behavioral Interventions (DEBI) Project

Interventions in the Diffusion of Effective Behavioral Interventions
(DEBI) Project

Community PROMISE

Overview

Community PROMISE (Peers Reaching Out and Modeling Intervention Strategies) is a community-level intervention model for any high-risk population in which there are established peer influences. Community PROMISE focuses on the influencing risk factors for a specific population. Community PROMISE is based on theories that indicate that messages in role model stories can change behavior by influencing attitudes, beliefs, and norms through peer influence within social networks. The intent of this intervention is to increase condom use, condom carrying, bleach use, and drug-related risk-reduction behavior. Community PROMISE uses a community identification process; produces role model stories; recruits, screens, and trains peer advocates to distribute the stories; and uses continuous formative evaluation to keep up with community trends.

Core Elements (*Must do all*)

- ◆ Conduct community identification (formative research to identify, prioritize, access, and understand populations).
- ◆ Write role model stories (printed personal accounts of others who have reduced their risk behavior).
- ◆ Recruit and train peer advocates (who distribute role model stories and reinforce the message of the role model story).
- ◆ Perform process evaluation and make programmatic changes as needed.

Key Characteristics (*Steps to follow for community identification*)

- ◆ Discuss intervention with stakeholders, other agencies, and community organizations.
- ◆ Form a Community Advisory Board.
- ◆ Assess the community to determine who is at risk and what behaviors place them at risk.
- ◆ Review epidemiologic data.
- ◆ Interview CBO staff and members of the target population.
- ◆ Conduct community mapping and focus groups.
- ◆ Identify most prevalent stages of change for various risk-reduction practices.
- ◆ Choose a specific risk-reduction behavior.
- ◆ Recruit and train peer advocates.
- ◆ Conduct program presentations at community events to promote recognition and community buy-in.
- ◆ Establish a system for retaining peer advocates' commitment.
- ◆ Interview members of the target population for material for role model stories.
- ◆ Write and pretest role model stories.
- ◆ Have peer advocates distribute role model stories and risk-reduction supplies to 10–20 peers each week.

Target Population

A particular group of people that are subject to (or affected by) the influencing risk factors that put them at higher risk for HIV. These are persons or groups who practice HIV risk behaviors (e.g., injection drug users and their sex partners, people living with HIV, sex workers, men who have sex with men but do not identify themselves as gay, youth).

Resources Needed

- ◆ **People**
 - 1 program manager (part time)
 - 1–2 outreach workers (full time)
 - Writing and production staff (part time)

- 1 support staff member (part time)
- Volunteer peer advocates
- ◆ **Supplies**
 - Computer, printer, digital camera or scanner
 - Transportation for outreach workers
 - Incentives for peer advocates

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations www.cdc.gov/hiv/resources/guidelines/proceduralguidance. See also www.effectiveinterventions.org.

Healthy Relationships

Overview

Healthy Relationships is a 5-session, small-group intervention designed specifically for men and women living with HIV/AIDS. The intervention was found to be effective for men who have sex with men (MSM) and heterosexual men and women. Healthy Relationships is based on the social cognitive theory and focuses on building skills related to problem solving, decision making, self-efficacy, and positive expectations.

Core Elements (*Must do all*)

- ◆ Define stress and reinforce coping skills across the following 3 life areas:
 - Disclosing HIV status to family and friends
 - Disclosing HIV status to sex partners and needle-sharing partners
 - Building healthier and safer relationships
- ◆ Use modeling, role-playing, and feedback to teach and practice skills for coping with stress.
- ◆ Teach decision-making skills with regard to disclosing HIV status.
- ◆ Provide personal feedback reports to motivate clients to change risky behaviors and continue protective behaviors.
- ◆ To stimulate discussions and role-playing, show movie-quality video clips to set up scenarios about HIV status disclosure and risk reduction.

Key Characteristics (*Steps to follow*)

- ◆ Meet in small groups of 5–12 clients with similar backgrounds (members cannot join once groups are established).
- ◆ Have clients sit in a circle.
- ◆ Meet for 5 sessions, 2 hours each.
- ◆ Have groups with members of the same gender and sexual orientation.
- ◆ Have 2 facilitators per group.
- ◆ Ensure the following for facilitators:
 - Each group should have 1 male and 1 female facilitator (essential for immediate group credibility and access).
 - At least 1 must be an experienced and skilled counselor, preferably a mental health professional who may or may not be HIV infected.
 - At least 1 should be HIV infected (essential for immediate group credibility and access).
 - At least 1 should be the same ethnicity as most group members.
 - Both should be effective facilitators.

Target Population

Men and women living with HIV/AIDS

Resources Needed

- ◆ **People**
 - 1 experienced counselor (full time), preferably a mental health professional
 - 1 HIV-infected peer facilitator (part time) for each population
 - 1 program manager (part time)
- ◆ **Supplies**
 - TV, VCR or DVD player with remote control
 - Easel, paper, markers

- Small incentives, 1 small prize
- Intervention package

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations www.cdc.gov/hiv/resources/guidelines/proceduralguidance. See also www.effectiveinterventions.org.

Holistic Health Recovery Program

Overview

Holistic Health Recovery Program (HHRP), formerly Holistic Harm Reduction Program, is a 12-session, manual-guided, group-level program for HIV-infected and HIV-negative injection drug users. The primary goals of HHRP are harm reduction, health promotion, and improved quality of life. HHRP is based on the information-motivation-behavioral skills (IMB) model of HIV prevention behavioral change.

Core Elements (*Must do all*)

- ◆ Teach skills to reduce harm of injection drug use and unprotected sexual activities.
- ◆ Teach negotiation skills to reduce unsafe sexual behaviors with sex partners, and teach skills to heal social relationships.
- ◆ Teach decision-making and problem-solving skills using cognitive remediation strategies.
- ◆ Teach goal-setting skills and develop action plans to achieve goals.
- ◆ Teach skills to manage stress, including relaxation exercises, and help clients understand what aspects of a stressful situation can and cannot be controlled.
- ◆ Teach skills to improve health, health care participation, and adherence to medical treatments.
- ◆ Teach skills to increase clients' access to their own self-defined spiritual beliefs, in order to increase motivation to engage in harm-reduction behaviors.
- ◆ Teach skills to increase awareness of how different senses of self can affect self-efficacy and hopelessness.

Key Characteristics (*Steps to follow*)

- ◆ Hold group sessions at the same time, place, with same format.
- ◆ Include 3–15 clients per group.
- ◆ Have 2 substance abuse counselors who have experience working with HIV-infected substance abusers and who are comfortable with the concepts of harm reduction in this population.
- ◆ Have 1 male and 1 female counselor, if possible.
- ◆ Have at least 1 counselor with a master's degree in a counseling discipline.
- ◆ Select enrollment option: open enrollment or cohort enrollment.

Target Population

- ◆ HIV-infected injection drug users
- ◆ HIV-negative injection drug users

Resources Needed

- ◆ **People**
 - A project coordinator
 - Two substance abuse counselors/session
- ◆ **Space**
 - Facility that treats clients with substance abuse or dependence issues or CBO that serves HIV-infected persons who use drugs
 - Space where confidentiality can be assured
- ◆ **Supplies**
 - Audiovisual set-up (slides or PowerPoint)
 - TV/VCR
 - Easel, paper, and markers
 - Money for small prizes (\$5–\$10/prize)

- Background information, manuals, instructional materials

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations www.cdc.gov/hiv/resources/guidelines/proceduralguidance. See also www.effectiveinterventions.org.

Many Men, Many Voices

Overview

Many Men, Many Voices (3MV) is a 7-session, group-level HIV/STD prevention intervention for black men who have sex with men (MSM). The intervention addresses factors that influence behavior specific to black MSM, including cultural, social, and religious norms; HIV/STD interactions; sexual relationship dynamics; and the social influences of racism and homophobia on HIV risk behaviors.

Core Elements (*Must do all*)

- ◆ Enhance self-esteem related to racial identity and sexual behavior.
- ◆ Educate clients about HIV risk and sensitize them to personal risk.
- ◆ Educate clients about interactions between HIV and other STDs and sensitize to personal risk.
- ◆ Develop risk-reduction strategies.
- ◆ Build a menu of behavioral options for HIV and other STDs risk reduction, including those that one can act on individually and those that require partner involvement.
- ◆ Train in risk-reduction behavioral skills.
- ◆ Enhance self-efficacy related to risk-reduction behavioral skills.
- ◆ Train in partner communication and negotiation.
- ◆ Provide social support and relapse prevention.

Key Characteristics (*Steps to follow*)

- ◆ Foster positive identity.
- ◆ Discuss sexual relationship roles and risks.
- ◆ Address perceived personal risk and personal susceptibility for HIV/STD infection as well as perceived barriers to remaining HIV negative.
- ◆ Increase skills, self-efficacy, and intentions with regard to protective behaviors.
- ◆ Explore the dynamics of sexual relationships, including the dynamics of power.
- ◆ Address the importance of peer support and social influence on maintaining healthy behaviors.

Target Population

Black MSM of African, Caribbean, or Latino descent

Resources Needed

- ◆ **People**
 - 1–2 trained facilitators, 1 of whom must be a gay or bisexual black man
 - 1 program coordinator from CBO (to supervise facilitators)
 - Project staff (to recruit men into sessions)
- ◆ **Space**
 - Meeting space for 6–14 people
 - Safe, comfortable, not clinical, easy to get to using public transportation, appealing, quiet, private, secure
- ◆ **Supplies**
 - TV, VCR, overhead projector
 - Easels, paper, markers, poster boards, tape

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations www.cdc.gov/hiv/resources/guidelines/proceduralguidance. See also www.effectiveinterventions.org.

Mpowerment

Overview

Mpowerment is a community-level HIV prevention intervention for young gay/bisexual men. The goal is to decrease unprotected anal intercourse practices among this population. This intervention is conducted by a core group of 12–20 young gay/bisexual men who work to bring about communitywide change by carrying out a set of 4 activities (formal outreach, M-groups, informal outreach, publicity campaign) that convey safer sex as the norm throughout social networks.

Core Elements (*Must do all*)

Mpowerment Program Structure and Components

- ◆ Recruit a core group of young gay/bisexual men to design and carry out project activities.
- ◆ Recruit volunteers to help deliver services and make decisions.
- ◆ Use project coordinators to oversee project activities.
- ◆ Establish a dedicated project space.
- ◆ Conduct formal outreach, including educational activities and social events.
- ◆ Conduct informal outreach to influence behavior change.
- ◆ Convene M-groups (peer-led, 1-time discussion groups).
- ◆ Conduct a publicity campaign about the project.
- ◆ Convene a Community Advisory Board.

Key Characteristics (*Steps to follow*)

Mpowerment Guiding Principles

- ◆ Social focus. Address young gay/bisexual men's social needs.
- ◆ Empowerment philosophy. Empower young gay/bisexual men. Behavior change is most lasting when people are actively involved in creating and implementing solutions to their own problems.
- ◆ Peer-based. Mobilize peers to act as change agents.
- ◆ Multilevel/multicomponent. Operate Mpowerment at many levels and address multiple predictors of risk. Young gay/bisexual men engage in high-risk sex for a variety of reasons.
- ◆ Gay-positive/sex-positive. Enrich and strengthen young gay/bisexual men's sexual identity and pride in being gay/bisexual.
- ◆ Community building. Create healthy community; establish friendship networks; disseminate a norm of safer sex throughout the community.
- ◆ Diffusion of innovations. Have young gay/bisexual men talk and encourage their friends to be safe.

Target Population

Young gay and bisexual men of diverse race, ethnicity, socioeconomic status

Resources Needed

- ◆ **People**
 - Core group of 12–20 young gay and bisexual men
 - Young gay and bisexual volunteers (in addition to core group)
 - 2 M-group facilitators
 - Project coordinator(s)
 - Administrative staff member
 - Community Advisory Board members

For more information

See Procedural Guidance for Selected Strategies and Interventions www.cdc.gov/hiv/resources/guidelines/proceduralguidance. See also www.effectiveinterventions.org.

Popular Opinion Leader

Overview

Popular Opinion Leader (POL) is an HIV/AIDS risk-reduction program that has been successfully implemented and evaluated with men who have sex with men (MSM) and at-risk populations other than MSM. Trusted, well-liked people (opinion leaders) endorse targeted risk-reduction behaviors by having casual, 1-on-1 conversations with peers in their own social network. These endorsements change social norms about HIV prevention.

Core Elements (*Must do all*)

- ◆ Direct the intervention to an identifiable target population in well-defined community venues.
- ◆ Conduct community identification (formative research to identify, prioritize, access, and understand populations).
- ◆ Over the life of the program, train 15% of the target population found in intervention venues or social networks as opinion leaders.
- ◆ Teach opinion leaders skills for initiating HIV risk-reduction messages with friends and acquaintances.
- ◆ Teach opinion leaders characteristics of effective behavior change communication targeting risk-reduction factors. Opinion leaders personally endorse the benefits of safer behavior and recommend practical steps needed to implement change.
- ◆ Hold weekly sessions with opinion leaders, using different methods to help them refine their skills and gain confidence in delivering HIV prevention messages to others.
- ◆ Have opinion leaders set goals to engage in risk-reduction conversations with friends and acquaintances.
- ◆ Review, discuss, and reinforce at subsequent training sessions the outcomes of the opinion leaders' conversations.
- ◆ Use logos, symbols, or other devices as conversation starters.

Key Characteristics (*Steps to follow*)

- ◆ Identify gatekeepers (e.g., bar owners), who will help identify opinion leaders.
- ◆ Identify and characterize social networks within the population served.
- ◆ Use key informants to identify opinion leaders.
- ◆ Train opinion leaders with regard to HIV risk reduction.
- ◆ Ask opinion leaders to have a specific number (e.g., 14) of conversations with peers at risk.
- ◆ Hang program posters; give leaders buttons, caps, T-shirts, key chains, or temporary tattoos with program logo.
- ◆ Ask opinion leaders to recruit new groups of opinion leaders.
- ◆ Continue to train new groups of opinion leaders.
- ◆ Hold reunion meetings with all groups of opinion leaders and gatekeepers.

Target Populations

MSM (including male sex workers and their clients and men who frequent gay bars) and other populations (e.g., women in low-income housing)

Resources Needed

- ◆ **People**
 - Senior/supervisory staff (full time)
 - Junior/front-line staff (full time)
 - Administrative assistant (part time)

- Volunteer gatekeepers
- Volunteer opinion leaders
- ◆ **Space**
 - Private, comfortable meeting space
 - Convenient to where leaders live, work, socialize
 - Accessible by public transportation
- ◆ **Supplies**
 - Video equipment
 - Incentives (e.g., transportation passes, snacks)
 - Copies of prevention materials

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations www.cdc.gov/hiv/resources/guidelines/proceduralguidance. See also www.effectiveinterventions.org.

Real AIDS Prevention Project

Overview

The Real AIDS Prevention Project (RAPP) is a community-level HIV prevention intervention to help women and their male partners reduce their risks for HIV. Specifically, the goals are to increase consistent condom use, change community norms so that practicing safer sex is the acceptable norm, and involve as many people in the community as possible. In this intervention, women are helped to move toward consistent condom use by being given condoms and messages tailored to their stage of change. The program has 3 phases: (1) preimplementation, which consists of staffing and logistics, materials development, and the completion of a community assessment; (2) implementation, which is putting the core elements into action; and (3) maintenance, which is done when project activities are running and evaluation activities are occurring.

Core Elements (*Must do all*)

- ◆ Peer Network. Recruit people from the community to talk to women and men about HIV prevention and related issues.
- ◆ Staged-based Encounters. Have 1-on-1 discussions with community members to find out their stage of change to begin or continue condom use.
- ◆ Role Model Stories. Write and disseminate role model stories about community members' decisions to change their behavior.
- ◆ Community Network. Recruit local businesses, organizations, and agencies to support HIV prevention activities.
- ◆ Small-Group Activities. Conduct small-group activities to promote safer sex, and host HIV/AIDS presentations.

Key Characteristics (*Steps to follow*)

- ◆ Hire a respected community leader, who represents the target population, as an outreach specialist.
- ◆ Gather community permission from key community officials to gain support and enthusiasm for the project.
- ◆ Conduct a community assessment during the preimplementation phase.
- ◆ Train peer volunteers to have 1-on-1 conversations with members of the target population.
- ◆ Write short role model stories, based on the interviews, about people in different situations and stages of change regarding condom use or abstinence.
- ◆ Provide monetary incentives or stipends to peer volunteers along with appreciation events.
- ◆ Debrief peer volunteers regularly and provide short refresher trainings.

Target Population

Women, aged 15–44, and their male sex partners

Note: The intervention was found to be effective in increasing condom negotiation and use among African American and Latina women with their male partners; however, CBOs are encouraged to adapt the intervention as needed to reflect the concerns and culture of their target population.

Resources Needed

- ◆ **People**
 - A project coordinator
 - 1 or more paid outreach specialists
 - 10–30 peer network members

◆ **Space**

- Place to hold trainings and staff meetings
- Comfortable seating for 6–12 people
- Near public transportation
- Near where target population lives, works, and congregates

◆ **Supplies**

- TV, VCR, computer, printer
- Condoms
- Incentives for focus group and small-group participants and stipends for peer network members

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations www.cdc.gov/hiv/resources/guidelines/proceduralguidance. See also www.effectiveinterventions.org.

Safety Counts

Overview

Safety Counts is a cognitive-behavioral intervention with a primary goal of reducing risks for HIV and viral hepatitis among active drug users who are not enrolled in drug treatment. It helps clients understand how their drug-use behaviors are related to influencing factors that put them at risk for HIV infection and how to design a plan to reduce these risks. Safety Counts uses structured group and individual activities conducted over a period of 4 months. Safety Counts also uses a client-centered approach, which helps create a partnership based on trust and understanding between staff and clients.

Core Elements (*Must do all*)

- ◆ Conduct 2 group sessions (to identify client's HIV risks and current stage of change, hear risk-reduction success stories, set personal goal, and identify first step to reduce HIV risk).
- ◆ Conduct 1 (or more) individual counseling session (to discuss/refine the risk-reduction goal, assess client's needs, and provide referrals [if needed] to counseling and testing and to medical and social services).
- ◆ Hold 2 (or more) group social events (to share meals and socialize, participate in planned HIV-related risk-reduction activities that help clients achieve personal risk-reduction goal, and receive reinforcement for personal risk reduction).
- ◆ Conduct 2 (or more) planned follow-up contacts (to review client's progress in achieving risk-reduction goal, discuss barriers encountered, identify concrete next step and possible barriers and solutions, and make referrals to HIV counseling and testing and to medical and social services).
- ◆ Conduct or refer to counseling and testing for HIV and hepatitis C.

Key Characteristics (*Steps to follow*)

- ◆ Help clients identify and access social support for accomplishing risk-reduction goal.
- ◆ Use different media for risk-reduction success stories.
- ◆ Provide ongoing guidance and reinforcement for each client's step-by-step progress in accomplishing the risk-reduction goal.

Target Population

HIV-infected and HIV-negative illicit-drug users who are not in a drug-treatment program (8–10/group)

Resources Needed

- ◆ **People**
 - 1 dedicated full-time outreach worker
 - 1 full-time behavioral counselor (need not be licensed)
 - 1 part-time (35%) program director
- ◆ **Space**
 - Office for individual counseling sessions
 - Facility for social events, large enough for up to 30 people
- ◆ **Supplies**
 - TV, VCR, photocopier, audiotape player, video camera (optional)
 - Easel, paper, and markers
 - Safer-sex and needle-hygiene kits
 - Transportation
 - Incentives
- ◆ **Referral network**

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations www.cdc.gov/hiv/resources/guidelines/proceduralguidance. See also www.effectiveinterventions.org.

SISTA

Overview

SISTA (Sisters Informing Sisters about Topics on AIDS) is a peer-led social skills training intervention to prevent HIV infection in African American women. Women are given the social and behavioral skills needed to adopt HIV risk-reduction strategies. SISTA includes discussions of self-esteem, relationships, and sexual health. This intervention is based on a theory that says that people need information, training in social and behavioral skills, and knowledge of norms to apply risk-reduction strategies. The intervention also examines a woman's willingness to adopt and maintain sexual risk-reduction strategies within heterosexual relationships according to how much power she has, her commitment to the relationship, and her role in the relationship. The information is delivered in the following 5 sessions: Ethnic/Gender Pride, HIV/AIDS Education, Assertiveness Skills Training, Behavioral Self-Management, and Coping Skills.

Core Elements (*Must do all*)

- ◆ Gather small groups of women to talk about what they will learn from the program and the challenges and joys of being African American women and to learn skills.
- ◆ Use a facilitator who is well trained and skilled in leading groups.
- ◆ Use materials that reflect pride in being an African American woman (e.g., poetry, artwork by other African American women).
- ◆ Train women how to stand up for themselves and insist on safer sex (sexual assertion skills).
- ◆ Teach women how to use condoms.
- ◆ Discuss why it is hard to talk about safer sex with partners.
- ◆ Emphasize how important it is for women to get their partner's buy-in for safer sex.

Key Characteristics (*Steps to follow*)

- ◆ Adapt the intervention to different populations of African American women (e.g., women who are in substance abuse treatment facilities, incarcerated women, women living in shelters, and sex workers).
- ◆ Be sure facilitators show passion in their delivery of the intervention.
- ◆ Reflect African American culture.
- ◆ Cover many topics (e.g., relationships, dating, and sexual health) in addition to HIV prevention.

Target Population

Heterosexually active African American women

Resources Needed

- ◆ **People**
 - A project coordinator
 - 1–2 skilled peer health educators, to serve as facilitators
- ◆ **Space**

Quiet, accessible meeting space for 10–12 women
- ◆ **Supplies**
 - Anatomical models (male and female)
 - Condoms

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations www.cdc.gov/hiv/resources/guidelines/proceduralguidance. See also www.effectiveinterventions.org.

Street Smart

Overview

Street Smart is an intensive HIV/AIDS and STD prevention program for homeless and runaway youth whose behaviors place them at risk of becoming infected. It is a multisession, manual-guided, small-group intervention that teaches effective behavior change, problem-solving skills, and strategies for increasing safer sexual behaviors. Specifically, eight 90- to 120-minute group sessions address improving youths' social skills, assertiveness, and coping through exercises on solving problems, identifying triggers, and reducing harmful behaviors. CBO staff members provide 2 more opportunities in the form of an individual counseling session and a trip to a relevant community health provider. The intervention is based on social learning theory, which links feelings, attitudes, and thoughts to behavior change.

Core Elements (*Must do all*)

- ◆ Increase clients' knowledge about HIV and its transmission, the benefits of HIV testing and knowing one's status, the role of stigma, and the changing epidemiology of the epidemic.
- ◆ Have clients identify peers' and partners' social norms and expectations to increase self-efficacy.
- ◆ Have clients recognize and take control of feelings and emotional responses.
- ◆ Have clients identify risk, and teach personal use of HIV/AIDS risk hierarchy.
- ◆ Use peer support to identify personal triggers to unsafe behavior.
- ◆ Build skills in problem solving and assertiveness in social situations to reduce HIV/AIDS risk.

Key Characteristics (*Steps to follow*)

- ◆ Convene small mixed-gender groups (6–10 youth).
- ◆ Conduct 8 group sessions (90–120 minutes).
- ◆ Hold 1 individual counseling session and 1 trip to a local community resource serving at-risk youth.
- ◆ Have groups meet 2 to 4 times per week, with flexible scheduling.
- ◆ Be sure the curriculum is highly structured with built-in flexibility to individualize to particular groups of youth.

Target Population

- ◆ Youth, male and female, aged 11–18, at high risk for HIV/AIDS and STDs (Originally designed for runaway and homeless youth, but can be adapted to youth in other settings that place them at risk.)
- ◆ 6–10 youth/group

Resources Needed

- ◆ **People**
 - A project coordinator
 - 2 adult facilitators (At least 1 should have youth group facilitation skills, and 1 should have earned a degree in counseling or a behavioral science.)
- ◆ **Space**

Large, private, comfortable meeting space (e.g., at shelter) for group sessions

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations www.cdc.gov/hiv/resources/guidelines/proceduralguidance. See also www.effectiveinterventions.org.

Together Learning Choices

Overview

Together Learning Choices is an effective intervention for helping young people living with HIV identify ways to increase use of health care, decrease risky sexual behavior and drug and alcohol use, and improve quality of life. It emphasizes how contextual factors influence ability to respond effectively to stressful situations, solve problems, and act effectively to reach goals. Teens may be recruited or referred from HIV treatment programs. Delivering the TLC intervention involves delivering specific content for each session, determining a routine format for all sessions, and helping clients identify behavior-changing mechanisms for solving their problems.

Core Elements (*Must do all*)

- ◆ Help clients develop awareness and identify feelings, thoughts, and actions.
- ◆ Teach, model, and practice 4 core skills (emotional regulation, SMART problem solving, goal setting, assertiveness)
- ◆ Reinforce positive client behavior through the use of thanks tokens.
- ◆ Help clients identify their ideal self to help motivate and personalize behavior change.
- ◆ Deliver sessions in highly participatory, interactive small groups.

Key Characteristics (*Steps to follow*)

- ◆ Encourage clients to attend all sessions of the intervention, but give them flexibility to drop in for particular sessions on their own schedule.
- ◆ Determine whether incentives are appropriate and, if so, what type.
- ◆ Modify session times and frequencies as needed.
- ◆ Base group size and composition on clients' needs.
- ◆ Offer snacks and use visual aids.

Target Population

Young people, aged 13–29 years, living with HIV

Resources Needed

- ◆ **People**
 - 1 program supervisor (part time)
 - 2 trained facilitators
 - 1 program assistant
- ◆ **Space**
 - Private area or room, to ensure confidentiality
 - Enough space and privacy for small groups of young people living with HIV
- ◆ **Supplies**
 - Special intervention tokens
 - A “feeling thermometer”
 - Condoms and models for practicing condom use
 - Workbooks

NOTE: TLC is still being developed under the Replicating Effective Programs process and will transition into the Diffusion of Effective Behavioral Interventions project in 2006.

For more information

See Procedural Guidance for Selected Strategies and Interventions www.cdc.gov/hiv/resources/guidelines/proceduralguidance. See also www.effectiveinterventions.org.

VOICES/VOCES

Overview

VOICES/VOCES (Video Opportunities for Innovative Condom Education and Safer Sex) is a single-session, video-based workshop, in English and Spanish, for the prevention of HIV and other STDs. The intervention was designed to reach heterosexual African American and Latino men and women at very high risk for HIV/STDs during a “teachable moment.” The goals are to encourage condom use and to improve condom negotiation skills. During VOICES/VOCES sessions, clients watch culturally specific videos, participate in small-group skill-building sessions, learn about condoms, and receive condom samples.

Core Elements (*Must do all*)

- ◆ Show culturally specific videos portraying condom negotiation.
- ◆ Hold small-group, skill-building sessions to practice overcoming barriers to condom use.
- ◆ Educate clients about different types and features of condoms.
- ◆ Distribute condom types identified by clients as best meeting their needs.

Key Characteristics (*Steps to follow*)

- ◆ Introduce VOICES/VOCES as a routine part of clinic or CBO services.
- ◆ Convene 4–8 people of the same gender and race/ethnicity, to allow for open discussion of sensitive issues.
- ◆ Conduct the session in a private space.
- ◆ Deliver the intervention in a single 40- to 60-minute session.
- ◆ Start the session by showing the 15- to 20-minute culturally specific video, included in the intervention package, which
 - reflects up-to-date information on HIV/STDs
 - uses male and female actors of similar race/ethnicity as clients
 - depicts real-life situations
 - shows condom negotiation as a shared responsibility
 - models communication skills and prevention attitudes and behaviors
 - includes subject matter that is explicit but appropriate for viewing
- ◆ Use characters and situations depicted in the video to launch group discussion.
- ◆ Address barriers to condom use and safer sex by
 - increasing awareness of personal risk for HIV/STD infection
 - providing information on safer sex to prevent infection
 - correcting misinformation about condom use
 - presenting the features of different types of condoms to address objections to using them
- ◆ Give each client 3 condoms of the type he or she identified as best meeting his or her needs.

Target Population

Heterosexual Latino and African American men and women, aged 18 and older, in community agencies (e.g., STD, family planning, community health, drug rehabilitation, correctional)

Resources Needed

- ◆ **People**
 - 1–2 facilitators
 - 1 program coordinator/manager

- ◆ **Space**
Private, quiet space for having confidential discussions and viewing videos
- ◆ **Supplies**
 - TV, VCR
 - A variety of condoms that match the types and features on the Condom Features poster board

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations www.cdc.gov/hiv/resources/guidelines/proceduralguidance. See also www.effectiveinterventions.org.

Other Activities, Services, and Strategies

Comprehensive Risk Counseling and Services for Persons at Very High Risk for HIV

Overview

Comprehensive Risk Counseling and Services (CRCS), formerly Prevention Case Management (PCM), for Persons at Very High Risk for HIV aims to help clients who have multiple, complex psychosocial challenges and risk-reduction needs adopt and maintain HIV risk-reduction behaviors. It provides intensive and ongoing client-centered HIV risk-reduction counseling, support, and it helps clients access other services. It helps clients initiate and maintain behavior change to prevent acquisition of HIV while addressing competing needs that may make HIV prevention a lower priority. CRCS for Persons at Very High Risk informs and screens clients, helps them develop prevention strategies, delivers counseling sessions, and coordinates and follows up with other services provided to CRCS clients.

Core Elements (Must do all)

- ◆ Provide CRCS as intensive HIV risk-reduction counseling combined with case management for those clients for whom case management services are not otherwise available.
- ◆ Base CRCS on the premise that some people may not be able to prioritize HIV prevention when faced with problems they perceive as more important.
- ◆ Consider persons whose HIV status is negative or unknown to be eligible if they have a recent (past 3–6 months) history of unprotected sex with a person living with HIV, unprotected sex in exchange for money or sex, multiple or anonymous sex or needle-sharing partners, or a diagnosis of an STD.
- ◆ Recruit persons who have some commitment to participating in ongoing risk-reduction counseling.
- ◆ Hire case managers with appropriate training and skills to complete CRCS activities within their job description.
- ◆ Develop clear procedures and protocols for your agency's CRCS program.

Key Characteristics (Steps to follow)

- ◆ Develop a client recruitment and engagement strategy.
- ◆ Identify clients who are at highest risk and appropriate for CRCS through screening and assessment.
- ◆ Develop a written, client-centered prevention plan.
- ◆ Provide multiple HIV risk-reduction counseling sessions.
- ◆ Coordinate services with follow-up.
- ◆ Monitor and reassess clients' needs, risks, and progress.
- ◆ Discharge clients once they have reached and maintained their risk-reduction goals. Agencies should establish protocols to classify clients as “active,” “inactive,” or “discharged” and outline the minimum effort required to retain clients.

Target Population

Persons who are at very high risk for HIV infection and who have difficulty reducing their risk due to multiple, complex psychosocial challenges.

Resources Needed

◆ People

Staff who are familiar and comfortable with CRCS clients, have training in CRCS, and have worked with or at least are able to identify people with mental health needs. Staffing needs vary according to number of clients and availability of other services (i.e., whether the CRCS counselor also does

case management); typical caseload is 12–20 clients/ full-time CRCS provider.

- ◆ **Space**
 - Should be private, secure, and safe location, accessible by public transportation.
 - May be outside office setting.
- ◆ **Appropriate referral resources**

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations www.cdc.gov/hiv/resources/guidelines/proceduralguidance.

Comprehensive Risk Counseling and Services for Persons Living with HIV

Overview

Comprehensive Risk Counseling and Services (CRCS), formerly Prevention Case Management (PCM), for Persons Living with HIV aims to help clients who have multiple, complex psychosocial challenges and risk-reduction needs adopt and maintain HIV risk-reduction behaviors. It provides intensive and ongoing, client-centered prevention counseling, support, and it helps clients to access other services. Priority is given to HIV-infected persons who are having, or are likely to have, difficulty initiating or sustaining practices that reduce or prevent HIV transmission and reinfection. It helps clients initiate and maintain behavior change to prevent the transmission of HIV while addressing competing needs that may make HIV prevention a lower priority. It addresses the relationship between HIV risk and other issues; e.g., substance abuse, mental health, social and cultural factors, and physical health.

Core Elements (Must do all)

- ◆ Provide CRCS as intensive HIV risk-reduction counseling combined with case management for those clients for whom case management services are not otherwise available.
- ◆ Base CRCS on the premise that some people may not be able to prioritize HIV prevention when faced with problems perceived as more important.
- ◆ Focus on persons living with HIV who have multiple, complex problems and risk-reduction needs who are having, or are likely to have, difficulty initiating or sustaining HIV-prevention practices.
- ◆ Recruit persons who have some level of commitment to participating in ongoing risk-reduction counseling.
- ◆ Hire case managers with appropriate training and skills to complete CRCS activities within their job description.
- ◆ Develop clear procedures and protocols for your agency's CRCS program.

Key Characteristics (Steps to follow)

- ◆ Develop a client recruitment and engagement strategy.
- ◆ Identify clients who are at highest risk and appropriate for CRCS through screening and assessment.
- ◆ Develop a written, client-centered prevention plan, based on ongoing assessments of risk and progress toward risk reduction.
- ◆ Provide multiple HIV risk-reduction counseling sessions.
- ◆ Coordinate active follow-up. Work with Ryan White CARE Act case managers and other case managers serving clients.
- ◆ Monitor and reassess clients' needs, risks, and progress.
- ◆ Discharge clients once they have reached and maintained their goals. Each agency should establish protocols to classify clients as "active," "inactive," or "discharged" and outline the minimum effort required to retain clients.

Target Population

Persons living with HIV who are having difficulty reducing risk behavior and maintaining healthy behaviors due to multiple and complex psychosocial challenges.

Resources Needed

◆ People

Staff who are familiar and comfortable with CRCS clients, have training in CRCS, and have worked with or at least know how to identify people with mental health issues. Staffing needs vary

according to number of clients and availability of other services (i.e., whether the CRCS counselor also does case management); typical caseload is 12–20 clients/ full-time CRCS provider.

◆ **Space**

- Should be private, secure, and safe location, accessible by public transportation.
- May be outside office setting.

◆ **Appropriate referral resources**

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations
www.cdc.gov/hiv/resources/guidelines/proceduralguidance.

HIV Counseling, Testing, and Referral

Overview

HIV Counseling, Testing, and Referral (CTR) is a collection of activities designed to increase clients' knowledge of their HIV status; encourage and support risk reduction; and secure needed referrals for appropriate medical, prevention, and partner counseling and referral services. HIV CTR can be anonymous (client's name is neither known nor solicited) or confidential (client provides name). Clients can refer themselves or be referred to CTR, which can be accessed through clinics, dedicated sites, outreach, and other services.

Core Elements (*Must do all*)

- ◆ Obtain informed consent before delivering CTR, which is a voluntary service.
- ◆ Provide information and education about risk for HIV transmission and how to prevent HIV, type of test used, meaning of test result (including window period), and where to get more information.
- ◆ Deliver client-centered counseling.
- ◆ Set clear standards for determining when clients are not competent to give informed consent.
- ◆ Use only HIV tests approved by the FDA.
- ◆ Deliver test results in a supportive and understandable way.
- ◆ Refer clients, as needed.
- ◆ Track referrals made and completed.

Key Characteristics (*Steps to follow*)

- ◆ Provide information about testing 1 on 1, in groups, or through materials.
- ◆ Deliver client-centered counseling and test results face to face.
- ◆ Vary the types of tests used (oral fluid, blood, urine, rapid), depending on needs of the CBO or client.
- ◆ Match referrals to clients' priorities.
- ◆ For clients whose HIV test results are positive, give high priority to referrals for medical care, partner counseling and referral services, and prevention and support services.

Target Population

Persons at risk for HIV

Resources Needed

- ◆ **People**
Paid or volunteer staff, trained in CTR (Rapid testing has special training requirements.)
- ◆ **Space**
Any location that can provide confidentiality (private area or room), specimen collection according to minimal OSHA standards, flat surface, acceptable lighting, and temperature in the range recommended by the test manufacturer
- ◆ **Supplies**
FDA-approved testing materials

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations
www.cdc.gov/hiv/resources/guidelines/proceduralguidance.

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV

Overview

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV is a set of recommendations for using outpatient clinics and care providers to screen for HIV transmission risk behaviors and STDs, provide brief behavioral prevention interventions, and facilitate partner notification and counseling. The objectives are to reach a large number of HIV-infected persons, implement a safer-sex program, integrate HIV prevention into routine medical care, and involve clinic staff in HIV prevention counseling. These objectives are accomplished by screening patients; providing brief behavioral risk-reduction interventions in the office and referring clients, if needed; and facilitating notification and counseling of sex partners and drug-using partners.

Core Elements (*Must do all*)

- ◆ Adopt prevention as a standard part of clinical practice.
- ◆ Briefly assess patients' behavioral and clinical factors associated with transmission of HIV and other STDs (risk screening).
- ◆ Identify patients at greatest risk for transmission of HIV who should receive more in-depth risk assessment and HIV risk-reduction counseling, other risk-reduction interventions, or referral for other services.
- ◆ Deliver a brief prevention message to every patient at every visit.
- ◆ Screen for and treat STDs, as appropriate.
- ◆ Discuss reproductive health options with female patients of childbearing age.
- ◆ Hang posters in waiting and exam rooms, and hand out brochures that reinforce HIV education and prevention messages.

Key Characteristics (*Steps to follow*)

- ◆ Train all clinic staff to use open-ended questions, demonstrate empathy, and remain nonjudgmental.
- ◆ Base session length on the needs of the patient; repeat messages over time.
- ◆ Make condoms available in a way that patients are comfortable taking them.

Target Population

People living with HIV

Resources Needed

- ◆ **People**
No new staffing required, but a nurse, physician's assistant, or physician should be designated as a part-time prevention coordinator.
- ◆ **Supplies**
 - Training materials
 - Condoms, lubricant, anatomical models
 - Intervention kit (posters, brochures, flyers, and patient chart reminder stickers)
- ◆ **Space**
 - Private, quiet space for having confidential discussions

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations
www.cdc.gov/hiv/resources/guidelines/proceduralguidance.

Partner Counseling and Referral Services

Overview

Partner Counseling and Referral Services (PCRS) is a public health strategy to control and prevent the spread of HIV and other STDs. PCRS is the practice of informing current and past partners that a person who is HIV-infected has identified them as a partner at risk (sex partner or injection-drug-equipment-sharing partner). PCRS advises these informed partners to have HIV counseling and testing. For partners who are not infected with HIV, PCRS provides an opportunity for intervention to prevent them from becoming infected; for partners who are found to be infected, it provides an opportunity to link them to medical evaluation, treatment, and other services and an opportunity for intervention to prevent transmission to others.

Core Elements (*Must do all*)

- ◆ Ensure that all services are voluntary and confidential.
- ◆ Identify and contact all persons with HIV (index clients) to offer PCRS.
- ◆ Interview index clients who accept PCRS to elicit names and locating information for partners.
- ◆ Locate named partners and notify them, providing HIV prevention counseling and recommending HIV testing.
- ◆ Provide HIV counseling and testing to partners; ensure that they receive test results.
- ◆ Link partners, especially those with positive test results, to appropriate medical evaluation, treatment, prevention, and other services.

Key Characteristics (*Steps to follow*)

- ◆ Deliver through provider referral, client referral, or combination.
- ◆ Deliver PCRS as part of a continuum of care that includes capacity to refer or test.
- ◆ Provide client-centered counseling for HIV-infected persons and their partners.
- ◆ Offer PCRS as soon as an HIV-infected person learns status and whenever new partners are exposed, not 1 time only.

Target Population

HIV-infected persons and persons they identify as sex partners or injection-drug-equipment-sharing partners

Resources Needed

- ◆ **People**
 - 1 or more persons for all 3 phases (eliciting, locating, and notifying)
 - 1 full-time supervisor/5–7 PCRS providers
 - 1 full-time PCRS provider/5–7 clients
- ◆ **Space**
 - Client counseling and interviewing can be done anywhere that ensures confidentiality and privacy (CBO's office, clinic, home).
 - Partner notification can be done at a place most convenient to partner, while ensuring confidentiality.

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations
www.cdc.gov/hiv/resources/guidelines/proceduralguidance.

Rapid HIV Testing in Nonclinical Settings

Overview

Rapid HIV testing is HIV testing that can be performed in selected nonclinical settings, can provide results in 20 minutes (e.g., OraQuick), takes advantage of the benefits of outreach testing, increases the likelihood that tested persons receive their results, and requires confirmation if test results are positive. Rapid HIV Testing in Nonclinical Settings aims to increase knowledge of HIV status among many groups. By bringing testing into the community and providing test results quickly, rapid HIV testing can be used to reach groups in which HIV infection has been underdiagnosed. Testing programs in nonclinical settings are more likely to reach members of some racial and ethnic minorities and persons at increased risk for HIV.

Core Elements (*Must do all*)

- ◆ Assess the community to determine
 - in which populations HIV is likely to be underdiagnosed
 - where and when to reach persons who are at risk or underdiagnosed
- ◆ Have written agreement ensuring compliance with Clinical Laboratory Improvement Amendments (CLIA) and state and local regulations and policies.
- ◆ Have a clear supervisory structure.
- ◆ Train nonclinical providers how to
 - perform the test
 - integrate rapid testing into the overall HIV counseling and testing program
 - develop and implement quality assurance
 - collect and transport confirmatory specimens
 - ensure specimen integrity
 - document and deliver confirmatory results
 - comply with universal and biohazard safety precautions
 - ensure confidentiality and data security
 - ensure compliance with relevant state or local regulations
- ◆ Set clear standards for determining when clients are not competent to provide consent.
- ◆ Send specimens collected from persons with preliminary positive test results for confirmatory testing.
- ◆ Provide referrals to care and other services.

Key Characteristics (*Steps to follow*)

- ◆ Make referral agreements (e.g., memoranda of understanding with agencies who may offer clinical or other services for persons who are HIV infected or at high risk for infection) and follow-up strategies.
- ◆ Get detailed contact information for clients with positive confirmatory test results. Specify who will follow up, and identify strategies for ensuring client follow-through with confirmatory results appointment (e.g., assistance with transportation, incentives, reminders).
- ◆ Assemble testing supplies for easy storage and transportation to testing sites, and arrange for transportation of preliminary positive specimens to laboratories or referral for confirmatory testing.

Target Population

Persons at risk for HIV

Resources Needed

◆ People

Trained staff members to conduct outreach activities, counseling and testing, follow-up and linkage to care activities, and to provide security (if testing is offered in unsafe areas or during the evening or nighttime hours). Number needed depends on number of tests, needs of clients, and abilities of counselors.

◆ Space

Any location that can provide confidentiality (private area or room), specimen collection according to minimal OSHA standards, flat surface, acceptable lighting, and temperature in the range recommended by the test manufacturer

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations
www.cdc.gov/hiv/resources/guidelines/proceduralguidance.

Routine HIV Testing of Inmates in Correctional Facilities

Overview

Routine HIV Testing of Inmates in Correctional Facilities is a service in which inmates are informed of the availability of free voluntary rapid HIV counseling and testing. The goal is to identify HIV infection among inmates who are unaware of their status or who have previous negative test results. Prevention and care services can then be provided to those who need them, during incarceration and after release. For those incarcerated for fewer than 30 days, routinely providing rapid HIV testing will increase the proportion tested and notified of their test results before release.

Core Elements (*Must do all*)

- ◆ Adhere to all rules and regulations of the correctional facility.
- ◆ Provide HIV counseling and testing to all inmates who receive a medical evaluation at intake.
- ◆ Provide services consistent with CDC's *Revised Guidelines for HIV Counseling, Testing, and Referral*.
- ◆ Comply with all standards and procedures related to the use of the HIV rapid test.
- ◆ Notify inmates of their test results confidentially and in person.
- ◆ Refer HIV-infected persons to partner counseling and referral services; medical care and treatment; and prevention services in the correctional facility, community, or both.
- ◆ Refer HIV-negative persons at high risk to prevention services in the correctional facility, community, or both.
- ◆ Provide referrals and linkage to care, treatment, and prevention services in the community for HIV-infected persons or HIV-negative persons at high risk who are being released from the correctional facility.

Key Characteristics (*Steps to follow*)

- ◆ Develop an information sheet about HIV prevention counseling, testing, and referral to give to all inmates upon entry into the facility.
- ◆ Comply with state HIV counseling and testing requirements for documenting consent for testing, refusal of testing, and tracking laboratory specimens sent for confirmatory testing.
- ◆ Test inmates before, during, or soon after intake medical evaluation.
- ◆ Devise a strategy (with the correctional facility) for confidentially reporting positive test results to the state health department.
- ◆ Identify key contacts within the CBO and correctional facility to provide accountability and continuity.

Target Population

Inmates

Resources Needed

- ◆ **People**
Staff certified in HIV counseling, testing, and referral and trained in delivery of rapid testing
- ◆ **Space**
Location in correctional facility that offers confidentiality (private area/room), specimen collection according to minimal OSHA standards, flat surface, acceptable lighting, and temperature in the range recommended by the test manufacturer

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations
www.cdc.gov/hiv/resources/guidelines/proceduralguidance.

Universal HIV Testing of Pregnant Women

Overview

Universal HIV Testing of Pregnant Women is an intervention to reduce perinatal transmission of HIV in the United States. It identifies pregnant women for whom antiretroviral and obstetric interventions can reduce the risk of having an HIV-infected baby. There are 2 approaches to offering HIV testing to pregnant women: 1) opt-in, in which pregnant women are given pretest counseling and must specifically consent, usually in writing, to an HIV test, and 2) opt-out, in which pregnant women are notified that an HIV test will be included in the standard battery of prenatal tests and that they may decline testing.

Core Elements (*Must do all*)

- ◆ Routinely offer universal prenatal HIV testing.
- ◆ Routinely offer rapid HIV testing during labor for women whose HIV status is unknown.
- ◆ Offer rapid HIV testing after delivery for women of unknown HIV status or for their newborns when rapid testing during labor is not possible or has been refused. (Some states mandate newborn screening in this situation.)
- ◆ Perform confirmatory testing for all preliminary positive rapid HIV test results.
- ◆ Comply with all standards and procedures for use of HIV rapid testing.
- ◆ For women whose HIV test results are positive, help them access appropriate obstetric, medical, and social services for HIV prevention, care, treatment, and follow-up care for their infants.

Key Characteristics (*Steps to follow*)

- ◆ Develop an information sheet about HIV counseling, testing, and referral to give to pregnant women.
- ◆ Use the opt-out approach for HIV testing.
- ◆ In the third trimester of pregnancy, retest all women who were previously HIV negative or refused testing if they are at high risk for HIV infection or are in a facility with high HIV prevalence (>0.5%).
- ◆ Establish a system to document prenatal HIV testing (along with date and results) in the women's prenatal medical chart, and have the information available during labor. HIV testing of the newborn also must be documented in the labor and delivery chart.
- ◆ Develop a system to document and track refusal of HIV testing.
- ◆ Work with care provider partners to provide information about expected public health benefits of opt-out approach.

Target Population

All pregnant women

Resources Needed

- ◆ **People**
Staff trained to offer HIV testing and provide referrals as well as to offer and conduct rapid HIV testing to women in labor whose HIV status is unknown

◆ **Space**

Any location that can provide confidentiality (private area or room), specimen collection according to minimal OSHA standards, flat surface, acceptable lighting, and temperature in the range recommended by the test manufacturer

For more information

See Procedural Guidance for Selected Strategies and Interventions for Community-based Organizations
www.cdc.gov/hiv/resources/guidelines/proceduralguidance.