



## SECTION O: HIV/AIDS PREVENTION & INTERVENTION

O1. Local health departments participating in HIV counseling, testing, and referral (CTR) services and partner counseling and referral services (PCRS), must fulfill obligations of HIV prevention planning, data collection, collaboration with other local agencies, implementation, evaluation and reporting activities. [State of Michigan MPR 1-5, 2003]

O1.1 The local health department provides HIV counseling, testing, and referral (CTR) services and partner counseling and referral services (PCRS), consistent with standards listed in the MDCH/Division of HIV/AIDS & STD (DHAS) Quality Assurance Standards for HIV Prevention Interventions, or subsequent revisions), and other written standards as listed in this section.

**The agency must have copies of the following documents to fully meet this indicator:**

- a. Revised Recommendations for HIV Screening of Pregnant Women, Centers for Disease Control & Prevention, US Department of Health & Human Services, November 2001; **AND**
- b. Protocol for HIV Counseling & Testing Using Oral Mucosal Transudate Technology, Michigan Department of Community Health, HIV/AIDS Prevention & Intervention Section, March 1997; **AND**
- c. The Quality Assurance Standards for HIV Prevention Interventions; **AND**
- d. The Recommended Guidelines for Conducting Partner Counseling & Referral Services (PCRS) for Local Health Departments (January 2001), or subsequent revisions, **AND**
- e. Michigan HIV Laws: How They Affect Physicians and Other Health Care Providers (2002 edition), MDCH/DHAS; **AND**
- f. Strategies To Improve Client Failure To Return For HIV Test Results, MDCH/DHAS, (2002 edition).



The agency **must** have written evidence of each of the following policies and procedures to fully meet this indicator:

- a. Written evidence in client HIV records of client-centered counseling, testing, and referral activities, including:
  1. Documented client risk assessment and risk reduction plans, including listing of specific risks as well as steps clients intend to take to achieve plans; **AND**
  2. Current information of programming service data with relevant modules of HIV Event System (HES); **AND**
  3. Signed HIV test consent forms – MDCH DCH-6075 (previously HP-143), Revised June 1999; **AND**
- b. Written HIV client failure-to-return policy, including:
  1. Strategies to improve rates when return rates fall below the CDC/MDCH-DHAS standard of at least 95% for HIV-infected clients and at least 70% for seronegative clients; **AND**
  2. Documentation that the agency has made measurable improvement (within six to twelve months) in return rates when the standards have not been achieved; **AND**
  3. Strategies to maintain or exceed the standards listed above; **AND**
- c. Written description of staff responsibilities with regard to contacting confidentially tested clients who fail to return for HIV test results; **AND**
- d. Written procedures for scheduling or referring clients seeking anonymous testing; **AND**
- e. Written policies and procedures for providing and documenting follow-up services and referral of clients at high risk for HIV infection and HIV-infected clients (including pregnant women), which includes early intervention referrals for TB testing, case management, medical and psychosocial services. This effort should include assisting clients with completing and accessing referrals. Completion of referrals should be verified; **AND**
- f. Written documentation on the use of the Client Assisted Referral Form (CARF) and/or referrals; **AND**



- g. Current written list(s) of referral resources for prevention, medical and psychosocial support which are appropriate to the needs of the clients being served. Referral lists should include a description of services, including hours of operation, contact name, eligibility requirements, location and telephone number(s). The referral effort should include assisting clients with completing and accessing referrals. Completion of referrals should be verified; **AND**
- h. Documentation in client medical charts or client records that referrals are prompt and appropriate to the needs and priorities of the client. Documentation should include the person's name making the referral, specific reason for the referral, date referral was made, and the name of the agency where the client was referred; **AND**
- i. Documentation that all new brochures developed or used by the agency have been reviewed by the MDCH/DHAS Program Review Panel, and that brochures and materials given to clients are current, scientifically accurate, and culturally and linguistically sensitive; **AND**
- j. Documentation of counselor certification and counselor identification numbers, as well as documentation of completed update trainings as required by MDCH/DHAS standards; **AND**
- k. Documentation of PCRS certification of appropriate counselors; **AND**
- l. Written policies and procedures for investigating, counseling and/or referring recalcitrant clients who engage in sexual penetration or needle-sharing without first informing partners of their HIV infected status. Local health departments may refer recalcitrant clients, as needed, to appropriate legal and/or psychosocial services. Procedures should follow recalcitrant guidelines developed by MDCH/DHAS. Follow-up should be provided and documented as appropriate; **AND**
- m. Written policies or other evidence that clients are provided with condoms without having to ask for them; **AND**
- n. If appropriate, written policies that address the provision of HIV test results over the telephone for clients with negative test results. These policies must include protocols for protection of client confidentiality, as well as documentation that the agency has had these protocols approved in advance by HAPIS/DHAS; **AND**
- o. Written confidentiality policies, especially as they pertain to HIV/AIDS. These should include written staff agreements to abide by the agency's policy, as well as local and state laws/penalties, and should list staff responsibilities with regard to handling HIV/AIDS test results. The policy should include how staff will handle and store client medical



records, as well as how all staff will be trained about these policies and procedures.

**It is recommended that the agency have written evidence of each of the following:**

- a. Data tables or other records which list the number of clients counseled and tested in three and six month increments, including demographic records which are used to plan HIV prevention interventions; **AND**
- b. Written procedures for monitoring accuracy and completeness of HIV counseling and testing report forms; **AND**
- c. Written protocols or procedures for collecting, managing, and verify accuracy of data entered into the HIV Event System (HES).

O1.2 The local health department participates in community-based HIV prevention planning and coalition building activities.

**The following information must be provided to fully meet this indicator:**

- a. A copy of the Statewide Comprehensive Plan for HIV Prevention; **AND**
- b. Evidence of coordination and collaboration with other service providers, such as copies of documents and/or agreements, including letters of agreement/understanding, contracts, meeting minutes, or brochures, which demonstrate coordination and/or partnership with appropriate agencies (e.g., community-based organizations, AIDS service organizations, non-government organizations, advisory groups, etc.),

O1.3 The local health department provides HIV programming responsive to community identified needs and priorities, especially as articulated in the Statewide Comprehensive Plan for HIV Prevention.

**The following information must be provided to fully meet this indicator:**

- a. Evidence that CTR, PCRS and epidemiological data are obtained and utilized in planning prevention activities; **AND**
- b. Evidence that activities are appropriately targeted to priority populations as defined in the Statewide Comprehensive Plan for HIV Prevention. This would include collection and routine analyses of data related to prevention activities that are provided by the agency.



**It is recommended that the agency have written evidence of the following:**

- a. Evidence that prevention interventions and capacity building activities are implemented with direct input of affected/infected communities. This evidence may include meeting minutes, attendance records, client satisfaction and/or exit surveys, memoranda of agreement demonstrating collaboration for outreach and referral, documents which show how services are promoted, or needs assessments; **AND**
- b. Documentation of methods and tools used to obtain client feedback about agency services, including client satisfaction surveys, description of procedures for obtaining community input into services; and methods for promotion of services.

O1.4 The local health department conducts periodic evaluation of its prevention activities to ensure compliance with federal, regional, and state standards, guidelines and laws, and to assure program efficiency and effectiveness.

**The following information must be provided to fully meet this indicator:**

- a. Evidence that the facility has met standards for assuring privacy for client counseling and testing sessions; **AND**
- b. Evidence that staff are providing services which are culturally and linguistically sensitive, sensitive to sexual orientation, and which accommodate physical or other handicapping conditions.

**It is recommended that the agency have written evidence of the following:**

- a. Evidence of an internal process for reviewing data from prevention activities which can be compared to needs identified in the Statewide Comprehensive Plan, and which can be used to refine or redirect program activities to better meet the needs of at-risk and priority populations. These data include counseling, testing, and referral services data; summary activity documents, tables, or logs; internal reports, etc.; **AND**
- b. Written policies and procedures for supervisor assessment of staff proficiency with respect to providing client-centered prevention counseling, testing, and referral services, and partner counseling and referral services. This may include copies of agency performance evaluation procedures, staff evaluation forms, client exit surveys, MDCH/DHAS counselor training certification records, etc.

