**The State of Louisiana STD/HIV Program (SHP) Recruitment Protocol**

OVERVIEW

In keeping with the vision of the National HIV/AIDS Strategy, the Louisiana STD/HIV Program (SHP) is implementing a Recruitment protocol. The goal of this protocol is to:

* Intensify HIV prevention efforts in communities where HIV is most heavily concentrated,
* expand targeted efforts to prevent HIV infections using a combination of effective evidence based approaches,
* establish a seamless system to immediately link people to continuous and coordinated care when they learn they are infected,
* support people living with HIV with and co-occurring health conditions and those who have challenges meeting their basic needs, and
* adopt community level approaches to reduce HIV infection in high-risk communities.

Recruitment is the means by which an organization brings members of a population into HIV prevention interventions, programs, and services. Populations recruited (target populations) can be persons living with HIV or persons whose HIV serostatus is negative or unknown and who are at high risk for HIV. The ultimate goal is to have persons tested for HIV and become aware of their status.

## 

Recruitment will be conducted in three forms:

* Outreach
* Internal Referrals
* External Referrals

Core Elements of Recruitment

*A core element is a mandatory part of an intervention that MUST be done. In order to implement with fidelity, it cannot be changed. Core Elements come from behavioral theory upon which the intervention or strategy is based. They are thought to be responsible for the intervention’s effectiveness. They are essential, and cannot be ignored, added to, or changed.*

Core Elements of Recruitment

1. **Identifying common characteristics of target population**

* Use information from multiple sources to describe common characteristics of the target population. In Louisiana, the idea is for recruitment specialists to conduct outreach in the highest prevalence/incidence zip codes for HIV. The agency will annually map the areas, identifying resources, hot spots, and other geographic issues by using;
  + epidemiologic profiles;
  + information from key informant interviews;
  + focus group data;
  + ethnographic data;
  + surveys and questionnaires;
  + program records;
  + other relevant population-based research findings.
* The target population must be specified at least in terms of:
  + gender;
  + age;
  + race and ethnicity;
  + risk behaviors;
  + indicators of risk (such as IDU, MSM);
  + location.

1. **Developing and delivering health messages**

To increase the likelihood that prevention services will be accepted and that referrals will be completed, consider the characteristics of the population when devising health and prevention promotion messages.

* + Messages may be tested with community members to ensure the messages are clear and appropriate;
  + The messages must be approved by SHP staff prior to use and dissemination;
  + Messages will be delivered by a recruitment specialist or by a referral source that are appropriate for the setting;
  + Messages should be specific to the type of service for which the CBO is recruiting;
  + Messages should be developed in the language of the target population.

3. **Recruiting for specific services** (e.g., Counseling, Testing, and Referral Services; Gay Men’s Wellness Project, Teen Pregnancy Prevention interventions, and other prevention interventions);

* Link clients whose HIV serostatus is unknown to counseling, testing, and referral services;
* Link persons living with HIV to medical care/case management and prevention services;
* Re-connect out of care persons living with HIV to medical care/case management and prevention services.

1. **Tracking whether clients access their referrals** (to monitor the effectiveness of the recruitment strategy);

* Louisiana referral protocol will be followed for gathering and reporting referral information (found at [www.HIV.dhh.louisiana.gov](http://www.HIV.dhh.louisiana.gov));
* The agency will provide any additional tracking information requested by SHP.

5. **Revise strategies or settings, as needed.**

Key Characteristics of Recruitment

*A key characteristic is a part of an intervention (activities and delivery methods) that can be adapted to meet the needs of the CBO or target population.*

Key Characteristics of Recruitment:

* 1. **Go places where potential clients congregate, and go at times when they are likely to be there.**
     + Outreach may take place in settings such as housing developments, storefronts, recreation centers, neighborhoods and social gatherings during non-traditional hours (generally after 3pm or later and on weekend) when the target populations can be best reached
  2. **Conduct outreach in teams**
     + See safety protocol that is located at the end of this protocol.
  3. **Tracking whether clients complete their referrals** (to monitor the effectiveness of the recruitment strategy);
* Screen clients to determine their needs for specific prevention services such as counseling, testing, and referral; prevention case management or other prevention interventions.

**4**. **Use peers as recruitment specialists, when possible.**

**DESCRIPTION**

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**Outreach**

Outreach is a community-level recruitment strategy that occurs on the street and/or in community settings to meet potential clients in their own environment. Outreach involves promoting HIV prevention services through one-on-one encounters with targeted persons who may be in need of prevention services. It provides prevention messages and practical information on methods to reduce the risk of acquiring or transmitting HIV. It also includes the distribution of appropriate materials and information on obtaining other related services. Outreach is conducted in identified high- risk areas, including neighborhoods with high STD/HIV rates, neighborhoods in which drugs are sold and/or used, at housing developments, storefronts, recreation centers, night establishments, virtual sites (internet/hotlines) and social gatherings.Outreach activities can also use contacts established through social networking techniques. CBOs can work with current clients to reach partners or friends who may also be at high risk.

*ENCOUNTERS*

Encounters are defined as an episode in which an outreach worker or recruitment specialist has an extensive dialogue with the client including but not limited to, recruiting a client into a needed service, having a risk-reduction discussion, providing referrals, providing related health education, providing a condom demonstration, and facilitating a follow-up conversation about a referral or risk reduction plan.

Referrals that could be made during an outreach encounter are: HIV counseling and testing, STD screening and testing, Prevention Case Management, substance abuse treatment/counseling, or other referrals for related programs.

*CONTACTS*

Contacts are defined as an event in which an outreach worker or recruitment specialist provides minimal HIV/STD risk and referral information and condoms to clients. Contracts do not meet the requirements of Recruitment contract objectives with SHP.

Active vs. Fixed Outreach

Active street outreach – A recruitment specialist moves down a street, screening and engaging residents for the purposes of delivering risk reduction information; making available materials such as brochures, prevention materials and bleach kits; making referrals; and actively ensuring clients access services to which they have been referred.

Fixed site outreach - Outreach activities are conducted at a specific location also for the purposes of delivering risk reduction information; making available materials such as brochures, prevention materials and bleach kits; for making referrals; and actively ensuring patrons access services to which they have been referred.

Collaborative Outreach- In regions where there is more than one SHP funded agency, collaborative outreach is mandatory. Collaborative outreach entails multiple agencies funded within one region to, jointly with the Regional Prevention Coordinator, schedule and participate in outreach activities. Monthly outreach meetings will be held to discuss issues surrounding implementation, resources, trainings, and other topics/concerns that arise during outreach. Collaborative outreach can be both fixed and active outreach.

* For agencies in regions where collaboration is mandated recruitment teams will be made up of individuals from multiple agencies~~.~~
* Regions where there is only one funded agency for SHP recruitment will have teams made up of two or more individuals from that agency.
* For regions with only one agency funded by SHP for recruitment AND only one recruitment specialist, fixed site or virtual outreach is the only permissible form of outreach in order to adhere to the SHP safety protocol.

**Health fairs** are great ways to let communities know of the services an agency provides. In general, health fairs may not be used as a way to reach Outreach Encounter Objectives or used as regular sites to test individuals. An agency must receive prior approval, in writing, from their Regional Coordinator in order to count encounters at a health fair towards objectives or to test individuals.

Agencies must develop and submit their monthly outreach schedules prior to the month’s beginning.

It is essential that recruitment specialists adhere to the SHP Safety Protocol, attached at the end of this document.

**The Five Steps of the Outreach Process**

The five steps are observe, approach, engage, conduct, and conclude & follow-up.

**Observe:** Watch what is happening in the environment before you approach a client. Take in the cues, such as safety issues in the setting, client body language, and a quick read of a client’s emotional state. Observing can help you decide if a client is receptive to an outreach encounter at that moment.

**Approach:** Make conversation openers, attempt to get client’s attention and introduce yourself. Conversation openers can include comments about the setting or the environment. Have condoms in hand and visible. An opener can be, “Hey there, we’re out in the neighborhood passing out condoms.”

**Engage and Identify Needs:** Move into a discussion of client~~s’~~ needs. Move the conversation from small talk toward a discussion that first identifies and then prioritizes the client’s concerns.

**Conduct:** Further explore behaviors related to the goals of outreach. Use client-centered outreach skills to create small changes that reduce potential HIV exposure or transmission.

**Conclude and Follow-up:** Provide referrals, wrap up the conversation, and make a plan for referral follow-up. Wrap up the interaction with the intention of continuing contact at a later time. Part of concluding is ensuring that a client has relevant referral information, knows when your outreach team will next be in the area and knows how to access other relevant services.

Referrals

There are internal and external referrals. All referrals are made:

1. to connect people with needed services,

2. to reduce the barriers which delay access to services,

3. to increase the community’s awareness of resources; and

4. to provide the most effective and comprehensive support to clients.

Effective referrals are:

1. client centered,

2. specific,

3. accurate,

4. offer options, and

5. ones that the client wants and is likely to access.

Note: see referral protocol for specifics on follow-up documentation

Internal Referrals

A CBO will refer clients to other services within the same organization. This strategy takes advantage of the client’s existing trust in the organization. When a referral is made to another service within that organization, the client may be more likely to accept and access the services.

External Referrals

Another source for recruitment is referrals to outside organizations. Because persons at risk for transmission or acquisition of HIV often have competing needs that make HIV prevention a lower priority, they may initially seek services other than HIV prevention. They can be referred to these other services by external referrals. External referrals are for services offered at agencies that make up the community’s health and social service network.

Resource Requirements

Before implementing this Recruitment Intervention, it is important to consider the agency’s capacity to meet the resource requirements necessary to adhere to core elements.

* **People**- Ideally, staffing for recruitment reflects the identified target population(s).
* **For Active Outreach**-Recruitment requires at least 2 people as stated in safety protocol.
* **For Referral**-Agencies should identify a person responsible for referral tracking, follow-up, reporting and updating the referral resources.
* **Space**-Recruitment takes place where the target population congregates; this may or may not be where services are provided.

POLICIES AND STANDARDS

Before a CBO attempts to implement RECRUITMENT, the following policies and standards should be in place to protect clients, the CBO and the individual workers.

* 1. **CONFIDENTIALITY**-A system must be in place to ensure that confidentiality is maintained for all participants in the program. Before sharing any information with another agency to which a client is referred, signed informed consent from the client or his or her legal guardian must be obtained;
  2. **Cultural Competence**-CBOs must strive to offer culturally competent services by being aware of the demographic, cultural and epidemiologic profile of their communities. CBOs should hire, promote, and train all staff to be representative of and sensitive to these different cultures. In addition, they should offer materials and services in the preferred language of clients. If possible, make translation available, if appropriate. CBOs should facilitate community and client involvement in designing and implementing prevention services to ensure that important cultural issues are incorporated.
  3. **Data Security**-To ensure data security and client confidentiality, data must be collected and reported according to CDC and SHP requirements;
  4. **Linkage of Services**-Recruitment must link clients whose HIV serostatus is unknown to counseling, testing, and referral services and must link persons living with HIV to medical care/case management and prevention services. CBOs must develop ways to assess whether and how frequently the referrals made by their staff members were completed;
  5. **Personnel Policies**-CBOs conducting recruitment/outreach must establish a code of conduct. See Safety Protocol
  6. **Safety**-CBO policies must exist for maintaining safety of workers and clients. Plans for dealing with medical or psychological emergencies must be documented;
  7. **Selection of Target Populations**: Selection of target populations must be based on epidemiologic data, behavioral and clinical surveillance data, and the state or local HIV prevention plan created with input from state or local community planning groups. Persons living with HIV are expected to be the first priority population for community planning groups, and services for persons living with HIV should be addressed as such;
  8. **Volunteers:** If the CBO uses volunteers to assist with or conduct Recruitment, then the CBO should know and disclose how their liability insurance and worker’s compensation applies to volunteers. CBOs must ensure that volunteers also receive the same training and are held to the same performance standards as employees. All training should be documented. CBOs must also ensure that volunteers sign and adhere to a confidentiality statement.

**QUALITY ASSURANCE**

The following quality assurance activities must be in place when implementing Recruitment. CBOs must have in place a mechanism to ensure that all procedures for recruitment are followed. These include:

* + Records of formal or informal agreements with other CBOs and agencies;
  + Training for recruitment/outreach and referral staff;
  + Procedures for tracking referrals, including the number completed and barriers for those not completed;
  + Designated quality assurance coordinator to ensure timely and accurate submission of required documentation.

**DOCUMENTATION**

* + 1. All sites are required to be registered using a site registration form prior to outreach taking place.
       - After forms are submitted and approved, site numbers will be issued for each approved site.

1. Recruitment Specialists are to complete the daily recruitment log at the conclusion of each day to reflect activities of recruitment/outreach.
   * These logs are to be maintained on file in the contractor’s offices;
   * Logs are to be submitted by the end of the next working day after outreach has occurred.
2. Recruitment Specialists are to use the daily recruitment log to complete the Quarterly Recruitment Summary Report which is submitted quarterly to regional coordinators;
3. Each agency is required to document follow-up on referrals made through recruitment.
   * Follow referral protocol for follow-up;
   * Maintain documentation in line with CDC/SHP guidelines.

Link to referral protocol:

http://www.dhh.louisiana.gov/offices/miscdocs/docs-264/2010/REFERRAL\_PROTOCOL\_AND\_INSTRUCTIONS\_10.30.09.doc

<http://www.dhh.louisiana.gov/offices/page.asp?id=264&detail=9201>

## Personnel

Recruitment Specialists are required to be certified by the STD/HIV Program (SHP). Certification includes the successful completion of the following:

* Combined HIV Prevention Counseling & Rapid Testing Training and Certification;
* SHP Outreach Training & Observation;
  + Recruitment Specialists are observed in the field by the Regional Prevention Coordinator using a Skills Inventory worksheet;
* Continuing Education for Certified Recruitment Specialists;
* Certified Recruitment Specialists are required to attend a yearly HIV/STD course that will be provided by SHP;
* Certified Recruitment Specialists are required to attend yearly Outreach Refreshers;
* Basic HIV/STD Education;
* An in-depth understanding of virology and immunology is not necessary to conduct effective prevention activities; however, Recruitment Specialists are required to have a basic knowledge about medical and epidemiological concepts related to HIV as well as other STDs. These concepts include the following:
* Definitions of HIV, hepatitis A, B, & C and other STDs and how they are transmitted, prevented and treated;
* Relative risks of behaviors associated with transmission;
* Health consequences related to drug use;
* HIV, hepatitis and other STD testing procedures, and the meaning of seropositive and seronegative test results;
* Treatment options for HIV/AIDS, hepatitis and other STDs;
* The characteristics and natural environment of the target population;
* Current information on local seroprevalence rates and projections for the spread of HIV/AIDS, Hepatitis, and other STDs.

Copies of the certificates must be kept in the staff /volunteer file and will also be kept on file at SHP.

After completion of outreach training and basic HIV/STD training, recruitment specialists should receive agency specific instruction, including the specific objectives of the agency and local harm reduction programs. Agency training should include such topics as crisis intervention and the availability of community health and social service resources and may include visiting local agencies to facilitate community networking and coalition building.

Recruitment Specialists in training are likely to learn best by having the opportunity to first observe, and later conduct, relevant intervention components. Supervisors should be prepared to provide assistance and feedback to new outreach staff members. The recruitment staff should be familiarized with a daily routine for conducting outreach. They also should be provided with suggestions for improving the effectiveness of outreach, for correcting possibly inaccurate information they may believe to be true and for overcoming potential obstacles they may encounter. In addition, they should be assisted in completing all required paperwork.

**NOTE on Recruitment Training of Staff:**

If training is not available at the time a new recruitment specialist/volunteer/intern is hired, the following is acceptable supplemental guidance until training becomes available:

* The Regional Prevention Coordinator will conduct a condensed outreach training for the staff which will consist of, but not limited to:
  + Review of safety protocol;
  + Field training with a certified Recruitment Specialist;

The Recruitment Specialist must attend the next available training that is offered in their respective region, or if possible, travel to another recruitment training that is offered in another part of the state.

### Conducting Outreach during the Summer Months:

### Tips and Information

Information provided from the Emergency Medical Services Authority Online-Working in the Heat <http://www.emsaonline.com/heatworking.htm/>

* Bring water.
* Drink plenty of water - Do not rely on feeling thirsty, because it is possible to lose fluid so quickly that the normal thirst mechanism is overridden. Thirst is not a reliable sign that your body needs fluids.
* Water is the best drink to replace lost fluids.
* Do not drink beverages with caffeine because they speed up fluid loss.
* Schedule outreach for the coolest part of the day (keep in mind outreach is conducted during non-traditional hours; it can begin at 5pm on really hot days)
* Wear lightweight, light-colored clothing made from materials, such as cotton, so sweat can evaporate and to reflect away some of the sun’s energy.

#### Heat Exhaustion

Signs and Symptoms:

* Dry mouth
* Nausea and/or vomiting
* Headache
* Rapid and weak pulse
* Normal skin temperature, but damp and clammy feeling
* Muscle cramps
* Dizziness and disorientation

### Treatments

* Move to cool place, either indoors or in the shade
* Loosen clothing
* Slowly drink cool water

#### Outreach Attire

As a general rule, clothing worn by outreach workers should be somewhat loose fitting and comfortable. Clothes that outreach workers cannot afford to have dirtied, stained or damaged should not be worn during outreach.

Always consider the following:

* What does my clothing say about me;
* How will I be conceived:
* Will the way I dress affect my ability to access and work with the target population;

NOTE; your clothing should not be a distraction to the work you are doing as an outreach worker.

In general, the following examples of clothing are inappropriate to wear while conducting outreach:

* Pants: Very tight fitting, cutout, or physically revealing outfits, hot pants, cut-off jeans more than 2 inches above the knee;
* Shirts: Very tight fitting, cutout of physically revealing outfits, such as halter tops, tank tops, etc.;
* Shoes: Flip flops, high-heeled shoes or other types of male/female dress shores; work boots or sneakers are the most appropriate shoes for outreach.

## OUTREACH SAFETY PROTOCOL SECTION

SHP requires all paid staff, volunteers and interns conducting contracted outreach activities to adhere to the following procedures. In addition to consulting with Regional Coordinator before volunteers participate in any outreach activity

#### DO:

Carry identification at all times (preferably make the CBO’s name visible).

Wear your agency shirt.

Have condoms available at all times.

Disseminate correct and accurate information.

Stay client centered (within the limits of your role).

Know where your teammate is at all times.

Maintain eye contact with team member(s).

Maintain confidentiality.

Keep your supervisor informed of whereabouts.

Consult your supervisor about difficult situations.

Maintain relations with local police.

Know the limits of your job.

Make appropriate referrals.

Offer reasonable assistance when it is requested.

Avoid debate and escalating controversy.

Always be courteous.

Leave the area immediately if there appears to be any potential for violence.

Leave the area immediately if a member of the team feels uncomfortable.

Have a backup plan, an emergency plan and/or escape plan.

Work in teams of two or more during street outreach activities.

Dress in job related clothing.

#### DON’T:

Conduct Active Outreach alone.

Active Outreach must be conducted by a minimum of two (2) recruitment specialists at all times.

Participate in illegal activities.

Drink alcohol while on the job.

Argue with a teammate or a client.

Carry weapons.

Give money or gifts to clients

Carry large amounts of money.

Knock on doors.

Enter a private residence.

Drive clients in your car.

Distribute outreach materials to clients in their cars.

Distribute materials while seated in a car.

Allow clients to follow you to your car.

Enter shooting galleries or crack houses during outreach activities.

Bring recording devices into an area without permission from a community member.

Buy or receive drugs.

Buy or receive property from a client.

Buy or receive sexual favors from a client.

Linger with anyone who is carrying drugs or under the influence of drugs.

Eat/smoke while distributing outreach materials.

Wear jewelry/clothes/makeup that stands out.

Use cell phones unless in an emergency

Allow anyone to go into your outreach bag

RECRUITMENT SITE REGISTRATION FORM

*(please fill out all applicable information)*

**CBO Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact Person: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Outreach Site Type:**  Active Outreach Fixed Outreach **** Both Active and Fixed Outreach

**Name of Outreach Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(The name that your agency calls this site)*

**Populations Targeted in this site *(check all that apply)*:**

** Persons Living with HIV/AIDS  Men Who Have Sex With Men  High Risk Heterosexuals**

** Intravenous Drug Users  Mothers with or at Risk for HIV Infection**

** Special Populations**:

*Check all that apply to specify*-  Incarcerated/recently incarcerated,  Homelessness,

 Transgender,  Migrant workers  Persons living Hepatitis C.

**Geographic Description of Active Outreach site:** Include in this narrative all street boundaries and neighborhood names. Also describe hot spots and list key agencies, organizations and, businesses, as well as neighborhood gatekeepers within the defined area.

### Enter information on Fixed Outreach site

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name of Fixed Site Site Contact Name & Phone

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address/ City/Zip of Fixed Site

**Type of Fixed Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The STD/HIV Program requires that all sites are approved prior to an intervention taking place at that site. Approval of sites is based on regional community plans prioritization of interventions and high-risk sites/areas. Please allow two(2) weeks time to process and return this form. Once an approved site is returned, the Approved SHP Site Number below should be used on all reporting forms about the site.*

**For Office Use Only**

Date Received: Date Sent to SHP Central Office:\_\_\_\_\_\_\_\_\_\_\_

Regional Prevention Coordinator Initials: SHP Coordinator Supervisor’s Initials:\_\_\_\_\_\_\_\_\_\_\_

Site Approved**\_\_\_\_\_\_\_\_**  Disapproved: **Approved SHP Site Number**\_\_\_\_\_\_\_\_\_\_\_\_\_