

# Louisiana Wellness Center Project Protocol

2022

Louisiana Office of Public Health  
STD/HIV/Hepatitis Program (SHHP)



## **DESCRIPTION OF INTERVENTION**

### **Mission:**

The mission of the Louisiana Wellness Center (WC) Project is to actively engage and empower gay and bisexual men and transgender individuals in improving their health and wellness by providing holistic health programming, affordable health care services, and linkage to existing resources. The STD/HIV/Hepatitis Program (SHHP) defines “health” as a whole body, holistic concept, including mental/emotional, physical, sexual, and spiritual well-being.

This is a community-driven project that aims to decrease HIV/AIDS, STIs, Hepatitis, and health disparities affecting gay and bisexual men and people of transgender experience. In order to decrease health disparities, concerted effort is needed to address barriers to access that directly impact these priority populations. Furthermore, special consideration of the diversity among these prioritized groups is necessary for tailoring recruitment and programming. Community engagement is needed to adequately identify and address barriers to access to and maintenance in health care services. Individual health is linked to community health, and strengthening the *communities* of gay and bisexual men and transgender people across the state is a vital step to improving the *health* of gay men and transgender people across Louisiana.

### **Goals:**

The project aligns with several goals and recommendations outlined in the 2022-2025 National HIV/AIDS Strategy:

- Prevent new HIV infections
  - The project intensifies HIV prevention efforts in communities with the largest populations of gay and bisexual men and transgender people in Louisiana
  - The project utilizes a variety of effective approaches to address the psychosocial issues faced by these populations
- Reducing HIV-related disparities and health inequities for gay and bisexual men and transgender people
  - The project increases access to health services and prevention programs which are rarely accessed by these populations
  - The project provides a more holistic approach to health

### **Model:**

The project involves a community-engagement model involving local planning groups (e.g., Community Advisory Boards, Advisory Committees), inclusive of gay and bisexual men and persons of trans experience, to establish respectful and comfortable environments for the Wellness Center, and inform on relevant services, messaging, and recruitment strategies needed to ensure access. This model will impact the holistic health and well-being of participants through community-informed planning and implementation of four core components: 1) WC clinical services, 2) health and wellness support programming, 3) relevant recruitment efforts (e.g., outreach, in-reach, external agency referrals, social networking, program marketing), and 4) community building/involvement.

### **Guiding Principles:**

- Members of the priority population are engaged and directly involved in the planning, development, and sustained implementation of the project.

- Health and wellness services provided are determined and prioritized by direct community input.
- Individuals should be engaged in the process of improving their own well-being.
- Individuals should receive services in a respectful manner.
- Priority populations need to be aware of and linked to existing and appropriate community resources.
- Whole body health and wellness includes physical, mental, emotional, spiritual, and sexual health.
- Holistic health integrates services, which are also more cost effective than offering stand-alone STI/HIV services.
- Providing integrated services reduces stigma associated with STIs and HIV.
- Promoting self-value is an important goal of the Wellness Project, as valuing oneself promotes the desire to make healthier decisions and pursue services that could support one's health and wellness.
- Developing a sense of community among the priority population and enhancing the ability of individuals within the community to foster healthy relationships with one another reduces risk factors found in the gay men and transgender populations.

### **PREREQUISITES TO IMPLEMENTING WELLNESS PROJECT ACTIVITIES**

This section covers what must be done to assure effective implementation of Wellness Project activities.

#### **Coordination and Collaboration:**

Quarterly collaboration calls will be conducted by the WC Project Coordinator. This will provide an opportunity for all Wellness Center Coordinators to discuss their successes, challenges, and concerns and a venue to discuss information on improving the Centers' functionality. Peer-to-peer site visits may be scheduled for evaluation and education purposes on the functionality of other sites. Scheduled site visits (both virtually and in-person) by the WC Project Coordinator will be made regularly (up to quarterly), and when requested, to provide technical assistance.

In addition, the site WC Coordinators should reach out to the community and its providers to create a network that allows local gay males, bisexual males, and transgender people an opportunity to access all areas of wellness that they need. These partnerships will not only aid in prevention but also break down the walls of stigma.

#### **Priority Populations:**

This project focuses on meeting the sexual health needs of underserved priority populations, namely gay and bisexual males, and persons of trans experience.

#### **Location:**

When considering a location for this project, care should be made to ensure that all state requirements for STI and HIV testing are met. The Regional Prevention Coordinator should be involved at this point. Any area used for STI/HIV testing must have a site visit by the Regional Prevention Coordinator who will make the recommendation for approval of the site. After the site visit is completed and the recommendation for approval is made, a Site ID will be issued. A Site Registration and ID are necessary for each WC site, including testing events and mobile units.

All spaces should provide a sense of confidentiality for the client, and functionality for the staff. Adequate confidential space will be needed for intake and other services offered during sessions. Use of white-noise machines in common areas and outside of counseling spaces is encouraged.

### Mobile Units

Agencies are welcome to use mobile units for clinical services as long as it has been approved by the Regional Prevention Coordinator. When possible, community members should be involved in the external design of the unit to ensure its acceptability. NOTE: In order for mobile unit testing to be counted toward this project, sessions must include all services required at the physical WC site. All WC mobile unit testing activities should be communicated to the SHHP Regional Prevention Coordinator.

### **Supplies and Equipment:**

Each WC location must decide if they will solely use a private lab, the state lab, or a combination of private lab and state lab. It is the agency's duty to implement cost effective negotiations and contracts with private labs. Agencies choosing to utilize the state lab must follow these directions for setting up the StarLIMS system:

### StarLIMS:

StarLIMS (aka LIMS) is an electronic laboratory test requisitioning system used by the state lab to submit specimens for testing.

- Each site must be set up in LIMS with a secure fax number so samples can be logged in and reported. Please email the Wellness Center Project Coordinator when the secure fax number registration form has been sent to the StarLIMS Administrator. (See Appendix I)
- The Wellness Center Project Coordinator must contact George Stephens (George.stephens@la.gov), at the SHHP office, to arrange delivery of the StarLIMS printer. The StarLIMS Setup & Documentation 2017 can be found in the appendix of this protocol.
- For CT/GC (Urethral Gonorrhea and Chlamydia) testing, collection kits, ice chests, and ice chest supplies must be requested using the Specimen Shipping Container and Form (See Appendix J)

### Ordering Medical Supplies (if Using the State Lab):

If your agency requires medical supplies to deliver WC services, a supply order can be placed through SHHP using the designated Medical Supply Order Form available online at the Louisiana Health Hub ([www.LouisianaHealthHub.org](http://www.LouisianaHealthHub.org)) under the Order Center tab, then click on Medical Supplies. The password to enter is "wellness". Ordered supplies are only for WC funded tests (HIV, HCV, Gonorrhea, Chlamydia, and Syphilis). **SHHP will only provide supplies for tests being conducted by the state lab. If the agency is using a private lab, then supplies must be ordered through that private entity.**

Note: Oral and anal Gonorrhea and Chlamydia swabs (APTIMA endocervical and urethral unisex swab) are generally provided by private labs, and can be ordered from SHHP for those using the state lab. WC should contact the identified lab for all supplies necessary.

### Ordering Test Kits (HIV, Syphilis, Hepatitis C):

Rapid test kits can be ordered through SHHP using the designated Medical Supply Order Form available online at the Louisiana Health Hub ([www.LouisianaHealthHub.org](http://www.LouisianaHealthHub.org)) under the Order Center tab, then click on Medical Supplies. The password to enter is "wellness".

### **Staffing and Volunteers:**

- Wellness Center volunteers may include clinical staff such as a medical doctor, nurse, mental health professional (psychiatrist, LCSW, licensed therapist experienced in working with LGBT population, MSW, MSW candidate supervised by a MSW, LPC/LPC candidate supervised by a LPC).
- Any person conducting HIV testing must be certified in the state of Louisiana.
- All staff will be members of the priority population and/or receive training in cultural humility and provide services that are affirming to gay, bisexual, and transgender clients.
- All staff and volunteers should be covered under the agency's malpractice insurance.
- All staff and volunteers conducting HIV Counseling and Testing will be trained and certified by SHHP.
- All staff and volunteers must complete HIPAA training as provided by their agency.
- Staff and volunteers of Wellness Center will attend ongoing Louisiana Wellness Center Project trainings as required by SHHP.

### **Role of WC Coordinator**

The WC Coordinator's sole responsibility is to ensure the success of the WC clinical sessions and social events. They are charged with, but not limited to the task of marketing and outreach for clinics and social events, completing the appropriate documentation required by SHHP, implementing all activities of the WC, conducting community advisory committee meetings, and any other task that is outlined in this protocol or requested by SHHP.

### **Advisory Committee:**

A community advisory committee is to be organized at all sites. This committee will help in the overall success of the center by guiding the project, providing critical input in the planning, implementation, and continuous improvement of services and community building/social event, marketing, advertising, activities of the wellness center. When selecting members of the committee, be aware that they should have areas of experience that will help the center in meeting its goals. The committee serves in an advisory capacity, and all members should understand their role when agreeing to serve. It is paramount that a WC agency representative is involved in the decision making process.

- Advisory Committee Role:
  - Guide long range planning of the Wellness Center
  - Act as liaison between the Wellness Center and the local gay, bisexual and transgender communities
  - Connect the Center with resources (such as space for events, access to volunteers, etc.)
  - Contribute suggestions when major program decisions are being made
  - Assist with recruitment by generating ideas around and/or facilitating strategies such as outreach, in-reach (internal referrals), agency referrals (external referrals), social networks, and program marketing
- The Advisory Committee will have at least 6, but no more than 10 members; additionally:
  - At least half of those members will identify as gay or bisexual men or someone of transgender experience
  - The committee will reflect the racial diversity of gay and bisexual men and transgender persons
- All Advisory Committee members will:
  - Be committed to cultural humility regarding the priority populations
  - Be non-homophobic/non-transphobic/anti-racist/anti-sexist

- Have expertise or life experience in an area relevant to the Wellness Center (i.e. young gay and bisexual men of color, HIV or STI prevention, clinical care of priority population, gender affirming care, etc.)
- The Advisory Committee will:
  - Meet at least quarterly, though monthly meetings are preferable
  - Require a minimum of 4 members present to hold a meeting, not including WC staff
  - A Wellness Center Coordinator or other WC agency representative will be present at every Advisory Committee meeting

**Training and Requirements:**

SHHP will provide training and onsite technical assistance to sites, strengthening their ability to implement the WC project with fidelity.

All staff and volunteers at each WC will be required to be trained in the following areas when the WC Project Coordinator and/or Regional Coordinator determine that it is appropriate:

- Gay/bisexual male and transgender health issues
- STI/HIV 101
- Cultural Humility
- Partner Service and Internet Partner Services
- WC protocol and paperwork

WC staff and volunteers will also be required to attend annual planning workshops to review previous work/progress and to strategize for the upcoming year. Capacity building assistance will be provided to WC staff during the annual planning workshops and the specific subject matter will be determined by the SHHP WC Project Coordinator. WC Project Coordinator will also determine which trainings/meetings are mandatory to WC staff.

Agencies can also request any capacity building trainings to the SHHP Capacity Building Specialists. All requests for capacity building/technical assistance are not guaranteed; however, the Capacity Building Specialists can help navigate the request.

**SHHP Staff Involvement:**

The WC Project Coordinator will be directly responsible for implementing and monitoring all activities of the WCs in partnership with the local planning groups, staff, and volunteers.

SHHP Regional Prevention Coordinators will conduct site visits (either virtually or in-person) to WC locations, at least quarterly, and recommend all sites needed for approval to do STI/HIV testing. They may provide technical assistance when appropriate.

Other prevention staff less directly involved, but who will still be instrumental in the overall success of this initiative, include:

- HIV Testing/CBA Supervisor, who develops all statewide HIV testing protocols and general quality assurance of testing services
- Training/CBA Coordinator who handles the logistics of all trainings and capacity building assistance
- Data Management/Analysis and Evaluation staff

- Social Marketing Coordinator

#### **HIV C&T Protocol and Forms:**

<http://ldh.la.gov/index.cfm/page/1107>

#### **STI Treatment:**

Standing orders (see OPH PHU STD Standing Orders 2017 in the appendix of this protocol)

The STD Standing Orders for STD Registered Nurses Syndromic Assessment provided in the appendix was created by the Bureau of Family Health for the nurses who serve under OPH, under supervision of OPH Medical Directors. This document provides guidelines for the evaluation and treatment of commonly encountered sexually transmitted diseases within the Public Health Units for OPH. These Standing Orders empower the STD nurses to provide clinical services with treatment in accordance with the 2015 CDC STD Treatment Guidelines. Agencies may be able to use it as reference material for their site, just as you would the CDC guidelines, but it is the responsibility of the agency and its Medical Director to sign off on the agency's own official Standing Orders.

#### **REQUIRED ACTIVITIES**

##### **Detail of Required Activities**

- Wellness Center Clinical Services must include HIV, hepatitis C, Syphilis, Gonorrhea, and Chlamydia testing, treatment for Syphilis, Gonorrhea, Chlamydia, HIV and hepatitis C linkage to care. SHHP does not encourage administering treatment in the field (i.e. bars, mobile units, Pride)
  - Education and Empowerment: A Wellness Center Clinic should educate clients and facilitate understanding of their sexual health maintenance while encouraging them to take control of their sexual health through routine testing and knowledge of their prevention options.
  - 'Opt-Out' Approach: Gonorrhea and Chlamydia are site-focused STIs and therefore the agency should use an 'Opt-Out' approach to testing. An 'Opt-Out' approach is one where the healthcare worker suggests that it would be good idea to take a test, and that it will be carried out unless the patient asks for it not to be done. The alternative approach, 'Opt-In,' is one where the healthcare workers asks what tests a client wants. The problem with this approach is that clients limit the tests they elect to take; as a result, healthcare workers run the risk of not identifying every infection. This is important for treatment and most times clients may not understand the importance of getting the various forms of tests. For example, someone who has anal Chlamydia would not result in a positive test if given a urine test only for Chlamydia. *It is important to provide tests for each anatomical location in order to truly tell a client that they are negative for Gonorrhea or Chlamydia.*
  - Wellness Centers should maintain clinics/sessions tailored specifically to gay and bisexual men and transgender people. This is meant to ensure the comfort of individuals who prefer to receive services in a clinic specifically for them; additionally, this communicates to the community that the agency provides services to and cares for

priority populations. Note: It may be beneficial to hold transgender clinics/sessions separately to facilitate discussion of or support for gender affirming care and procedures.

- (Optional) Vaccine assessments can be administered one time per year to identify a list of vaccines that could be beneficial to protect Wellness Center clients from serious illness and complications of vaccine-preventable diseases.
- Other issues will be identified based on input from the site-specific WC planning groups and any available research specific to health issues faced by gay and bisexual males and transgender people in the local area.
  - Examples of other health issues/services that may be provided include: screenings for other STIs, hepatitis A, B, anal cancer, heart health/cholesterol and diabetes, mental health/substance abuse, suicide prevention, violence prevention (hate crimes, intimate partner violence, etc.), hormone management
- Community Engagement/Community Advisory Committee: Community involvement is paramount to the success of the Wellness Center Project. Direct community input informs project planning and guides continued implementation, driving long-term sustainability through fundraising and integral partnerships.
  - The community advisory committee will largely consist of gay and bisexual men and transgender women and men clients to ensure the Centers are considered welcoming, affirming, and desirable by the priority population.
  - SHHP and WC staff and volunteers will also routinely gather input and feedback through a variety of structured qualitative and quantitative methods (e.g. focus groups, surveys, and quarterly calls) to determine the community's needs, priorities, and preferences to ensure their holistic needs are met. WC staff should expect to be involved in these efforts alongside SHHP.
  - WC staff/volunteers will have ongoing meetings with key community organizations to encourage and sustain involvement.
  - Logistics such as location and operating hours, needed staff and job descriptions/qualifications will also be determined on a site-by-site basis through the local planning group process.
- Community Engagement/Recruitment Activities: Activities will complement the clinical services and may or may not be offered at the physical WC site. These efforts aim to recruit clientele from priority populations utilizing recruitment strategies that are relevant to priority populations. Recruitment activities should locate prioritized populations, engage these populations, and motivate people to access Wellness Center services. These include a mix of strategies, but are not limited to Social Events, Marketing, and Advertising.
  - Social Events: Social events shall be planned and implemented to bring in priority populations for educational and/or social/community building activities. Events should include activities that are relevant to the priority populations and foster sexual health awareness, empowerment, and togetherness; they should also be marketed using relevant language, messaging, and placement (e.g. format/media, method of distribution). Events should motivate priority populations to access Wellness Center services.

- Events should be submitted to the Wellness Center Project Coordinator in order to advertise on the STD/HIV/Hepatitis Program website/s.
- These activities will include programs addressing:
  - core health and wellness issues of the community (e.g. yoga, nutrition, tobacco cessation, hormones, etc.) and/or
  - social and community building activities (e.g. Pride, drag shows, holiday dinner, movie nights, etc.).
- All social events should include a discussion about the center and what is offered.
- All social events should have an educational and/or recruitment aspect.
- All social events should redirect the client back to clinical services.
- Social events will not fall on the same night as the wellness center clinic/session.
- All social events should be advertised as an event that the WC is implementing. This includes those that are advertised electronically (i.e. Facebook). An agency hosting another organization's event is not considered a social event.
- Types of WC events submitted for reimbursement should be varied. Reoccurring events exist in the project for routine purposes, but should be complimented with new and fresh events relevant enough to keep the community engaged.
  - Marketing: Marketing efforts shall be planned and implemented to motivate priority populations to access Wellness Center services. This process involves research and analysis as well as studying the priority population's response to best align (or make relevant) the idea of a service with the priority population. Efforts may include activities or services to support planning and implementation, such as data acquisition and review, priority population segmentation, focus groups, materials development, and printing.
  - Advertising: Advertising shall be planned and implemented to make the Wellness Center services known to the priority populations and should be based on marketing efforts and priority population input. Services can include placements in print, radio, television, and digital media.

In addition to the required activities of each local WC, SHHP will help facilitate opportunities for all of the local WC and other collaborators/partners to interact, network, and mobilize on issues affecting Louisiana LGBTQ communities (e.g., stigma, structural barriers to health and wellness services, etc.).

### **Step by Step of Wellness Center Flow**

Wellness Centers may provide designated Wellness Center services to individuals in the priority population categories (gay and bisexual men and transgender individuals) during all business hours, but they must also hold special sessions/clinics on a regular basis that specifically cater to gay and bisexual men and transgender women and men. Each individual center will have their unique way of functioning; however, there are steps that must occur.

- When entering a Wellness Center, a client should first enter a waiting area.

- This is where clients should return between steps but also be engaged by the local coordinator or volunteer staff (e.g. front desk receptionist).
  - All staff/volunteers handling client files must be HIPAA trained.
- Engagement can include group discussions on sexual health, games, etc.
- Upon signing in, the client must complete all required documentation.
  - Intake Well Being Assessment (New Clients) (see Appendix B)
  - Consent Form- new clients only (see Appendix A)
  - Intake Wellbeing Assessment (Return Clients) - given every visit when receiving full battery of tests (see Appendix B)
- The intake process
  - At this point the client should be informed of the process of the center, available STI tests, and reportable STIs.
    - This process should closely resemble the HIV counseling process and be administered by a state certified HIV counselor.
    - Utilizing an 'Opt-Out' approach, tests will be communicated to the client, and with the help of the intake counselor clients may determine if any are not needed.

The following steps of the Wellness Center process will vary based on the tests being conducted and availability of volunteer/staff at that time:

- Any HIV CTRS must be conducted by an Office of Public Health SHHP certified counselor. This process must be conducted in compliance with SHHP CTRS Protocols. Related appendices (see Appendix C, D, F).
- Optionally, a Vaccine Quiz can be administered:
  - To people 18 years of age and under via <https://www2a.cdc.gov/vaccines/childquiz/> or printed (see Appendix F), filled out, and then entered into the same webpage, clicking "My Results" to find out which vaccines the client may need.
  - To people age 19 or older via <https://www2.cdc.gov/nip/adultimmsched/> or printed (see Appendix F), filled out, and then entered into the same webpage, clicking "My Results" to find out which vaccines the client may need.
- Licensed medical provider - At this point of the process the client will undergo a preliminary medical assessment. The medical provider will check the client's temperature, blood pressure, weight, and height, while also conducting specified STI tests. This provider will then conduct an overall wellness exam. This is the only step that has a specific order so the practitioner has the needed vitals of the client. If visiting a practitioner, the Nurse must be visited first.
- Mental Well-being - Mental Health and Substance Abuse Screening Interviews are optional, yet encouraged (see optional appendices). The form should be administered by a trained mental health provider (i.e. psychiatrist, LCSW, licensed therapist experienced in working with LGBT population, MSW, MSW candidate supervised by a MSW, LPC/LPC candidate supervised by an LPC).
- After all steps have been completed, a client may fill out a Participant Feedback Form (see Appendix G) that is located in the waiting area. At this time any remaining questions should be

answered. The client should also be reminded and encouraged of when they should return to the center. Counselors use this moment to share any community activities that are in the near future.

## DELIVERABLES/INDICATORS

### 1. ADMINISTRATIVE:

#### a. Monthly Report Narrative

- i. Each month, agencies will be expected to complete a narrative, using the provided template, where they document their activities. Deadlines for submission are due no later than 10 working days after the end of the month being reported.
- ii. The Executive Director MUST sign off on monthly reports as an indication that the report is correct before submission.
- iii. Documentation: On-time signed and submitted reports (signed by E.D.) (see Appendix AA and BB)

#### a. Quarterly Report Narrative

- i. Each quarter, agencies will be expected to complete a narrative, using the provided template, where they document their activities. Deadlines for submission are due no later than 10 working days after the end of the month being reported.
- ii. The Executive Director MUST sign off on quarterly reports as an indication that the report is correct before submission.
- iii. Documentation: On-time signed and submitted reports (signed by E.D.) (see Appendix AA and BB)

#### b. Quarterly Site Visits

- i. The Regional Prevention Coordinator will conduct a site-visit (either virtual or in-person) at least once per quarter. This meeting will serve as an opportunity to discuss progress and goals for each quarter. The WC Project Coordinator will attend at least two of these, relying on Regional Prevention Coordinator reports for the others.
- ii. A site visit can consist of a CAB meeting, core health activity, social or community building activity, educational session, administrative technical assistance, conference call, or any other activity approved by the WC Project Coordinator or Regional Prevention Coordinator.
- iii. The agency's WC Coordinator and Administrative contact (e.g. Prevention Director, Wellness Center Director, Executive Director) must be present at this site visit. The Executive Director must be present when mandated by SHHP.
- iv. It is the responsibility of the agency to schedule site visits with the Regional Prevention Coordinator and/or WC Project Coordinator.
- v. Documentation: Site-Visit Report completed by Regional Prevention Coordinator or WC Project Coordinator (see Appendix 1 and 2)

- c. Quarterly Statewide Call
    - i. Quarterly calls will be the third Wednesday after the quarter has ended at 1:00 PM unless otherwise noted. If a call date or time will be changed, the WC Project Coordinator will notify agencies by email.
    - ii. At least one WC representative is expected to be present on the call.
    - iii. Documentation: Minutes completed by WC Project Coordinator
  - d. Statewide Meetings
    - i. Each agency will be responsible for travel arrangements for one statewide meeting.
    - ii. Documentation: Sign-in sheet and agenda
2. PROGRAMMATIC:
- Agency may be required to submit any documentation required by SHHP to verify activities prior to execution (WC Clinics, Events, Activities, CAC, etc.)

Programmatic reporting on Community Engagement Activities, Testing, and Linkage will be provided in monthly reports using templates provided in the appendices (see Appendix AA and BB).

- a. Community Advisory Board Meetings (CAB)
  - i. CAB meetings can be held multiple times per month, but agencies will not be reimbursed for more than 12 CAB meetings per year
  - ii. At minimum, CAB meetings should occur once per quarter
  - iii. CAB membership must include at least 6, but no more than 10 members
    - 1. There must be a minimum of 4 members present to hold a meeting, not including WC staff.
    - 2. Members must be physically present. Members in attendance by phone are not considered present.
    - 3. Each agency or CAB should decide the rules for attendance, replacing unengaged members with new members.
  - iv. WC coordinators or WC agency representative will be present at every CAB Meeting
  - v. Documentation Required: Sign-in Sheet, Agenda, Minutes in detailed format
- b. Social Events
  - i. Health and Wellness Support Activities will complement the clinical services and may or may not be offered at the physical WC site.
  - ii. WC monthly calendar should be submitted to the Regional Prevention Coordinator and WC Project Coordinator along with monthly reports.
    - 1. These activities will include programs addressing:
      - a. core health and wellness issues of the community (e.g., yoga, nutrition, tobacco cessation, hormones, etc.) and/or

- b. social and community building activities (e.g., Pride, drag shows, holiday dinner, etc.).
  - 2. All social events should include a discussion about the center and what is offered.
  - 3. All social events should have an educational and/or recruitment aspect.
  - 4. All social events should redirect the client back to clinical services.
  - 5. Social events will not fall on the same night as the wellness center clinic night.
  - 6. The Executive Director must sign off on narrative of the event. The narrative should include the number of non-staff attendees and a short write-up of the purpose of the event.
  - 7. Documentation: Event agenda or flyer, narrative, and signature of E.D. (see Appendix DD)
- c. Clinic Sessions
  - i. Wellness Center Clinical Services must include, HIV, HCV, Syphilis, Gonorrhea, and Chlamydia testing, treatment and/or referral for treatment for Syphilis, Gonorrhea, and Chlamydia, and HIV and HCV linkage to care
  - ii. (optional) Vaccine assessments for all clients
  - iii. Documentation Required: Monthly reports, and required documentation for the clients per the WC Protocol (see Appendix CC)

**DELIVERABLES**

Service Category	Unit of Service Description
Community Engagement	Monthly Community Advisory Board Meeting (minimum 1 per quarter)
	Recruitment (Social Events, Advertising, Marketing, etc.) (12 per yr)
Screening & Testing	Client Visits and Assessments (New and Return Combined)
	Vaccine Assessment Tool (once per year per client only)
	HIV Screening (including Risk Reduction Counseling)
	Collecting Full Contact & Demographic Information
	Providing HIV/STI Test Results
	Syphilis Screening
	Syphilis Confirmatory (8% of syphilis screens)
	Oral CT/GC Test

	Rectal CT/GC Test
	Urethral CT/GC Test
	HCV Screening
Linkage to Treatment & Care	HIV Linkage to Care (within 30 days, 2% of HIV tests)
	Linkage to STI Treatment (within 14 days; 12% of total clients)
	Linkage to HCV Care and/or Confirmatory Testing (within 60 days)

All programmatic deliverables will follow a cost reimbursement model and include the services in the table above. **The documentation required for reimbursement will be the SHHP Part 1 form (included in the client file), the Cost Reimbursement Report emailed to the agency on the 10<sup>th</sup> business day of the month, and Monthly and Quarterly reporting templates, which are due no later than 10 working days after the end of the month being invoiced** (see Appendix AA and BB).

SUBMISSION OF INVOICES

Submission of invoices should include the appropriate cover sheet and the outlined documentation attached for required administrative and programmatic deliverables. Only when documentation has been submitted properly will the invoice be considered complete. Client files are submitted on a weekly basis (at minimum), allowing for timely data entry and reimbursement report compilation. By the tenth working day of the month, agencies will receive a reimbursement report by email. The report will include all intake forms, vaccine assessment tool, STI screenings and tests, and linkage to care entered into the data system since the last reimbursement report was issued. The agency will then need to complete the invoice cover sheet included in the appendix (see Appendix CC and DD), attach the reimbursement report, and all other appropriate documentation (coversheet and supporting documentation) for activities that occurred during the reporting month.

All documents required for invoicing purposes should have the correct signatures and be scanned directly to the designated SHHP Business Unit staff with a CC to the Wellness Center Project Coordinator by the 15<sup>th</sup> working day after the end of the month.

REQUIRED DOCUMENTATION OF WELLNESS ACTIVITIES

Data submission occurs as follows:

- After completing each session, all Intake Wellbeing Assessments are mailed to Tesha Washington as required by OPH for confidentiality. Please keep the top sheet with client information attached.
- All STI/HIV forms and Referral Follow-up forms should be completed as required by the relevant protocols
- For Gonorrhea and Chlamydia test(s): use one column and check mark each specimen type used for the test(s)

- If needed, attach a second, photocopied Part 1 form to the original Part 1 form to capture all of the tests conducted
  - StarLIMS sticker(s): Place the sticker(s) over the boxes noted 'test result' and 'result provided' in the column where the corresponding STI test has been recorded
  - There is no need to affix a LabCorp sticker to the test form.
  - The pink copy of the Part 1 form should be kept until all lab results are in.
- Client information is submitted by the double envelope method (keep copies and tracking number) found in the CT Protocol in the following manner:
    - Keep all client information attached to Intake forms
    - Place a P# on all forms, including Intake form
    - UIN should be the same for clients that use different names (i.e. Billy Smith and William Smith)
    - Complete and attach the Wellness Center Project Client File checklist to the top of the following documents:
      - Intake/Return Form
      - Vaccine Assessment Tool
      - Part 1 Form
      - Results for Part 1 Form
      - Lab Results- client file should be kept by the agency until all results have been received
        - Mail to addressee on WC Client File Checklist (see Appendix H)
      - On a monthly and quarterly basis, the reporting templates should be submitted to the Regional Coordinators. A copy of all information, should be sent to the WC Project Coordinator as well.
      - Also at this time, the client file should be set up properly. Maintenance of files is required to assure quality assurance of the project.

Case file with this setup:

1. The first side is for the intake form and the consent.
2. The second side is for the medical provider notes.
3. The third side is for the labs.
4. The fourth side is for vaccination records.
5. The fifth side is for treatment records.
6. This sixth side will include the Follow-up Well-being assessment and any other documents (i.e. consent for photographs, etc.).

### Documenting Treatment

Documenting treatment for clients that attend WC clinical session is crucial to the success of the program. If you are using the state lab for an STI test, a form will come to you with the results of the client. This form should be completed and submitted to the SHHP office (address is posted on the form). If the STI test is being completed by a private lab, you must use the form found at <http://new.dhh.louisiana.gov/index.cfm/page/1019>, and submit it to the proper addressee.

## **Data and Information Use**

WC Project staff will prepare an annual report for SHHP that details activities and accomplishments, including aggregate data from client initial and follow-up assessments, number and results of health screenings, description of wellness activities, the impact of community involvement, success stories, and updated epidemiological data on community members served. These findings will be included in SHHP's Annual Report, which is distributed statewide, and will be shared with local/regional public health officials to inform policy and treatment of HIV/STIs in the gay and transgender population. These results will also be shared with the local WC advisory boards and the statewide LGBTQ coalition to engage them in the monitoring and evaluation of the project. Finally, as opportunities are presented, SHHP and WC staff will prepare posters, presentations, and journal articles related to planning implementing, maintaining, monitoring and evaluating effectiveness of the WC demonstration project in addition to progress reports required by CDC.

## **Data Quality**

SHHP will maintain the following procedures to ensure that data is collected, entered, reviewed, analyzed and disseminated in a timely and accurate manner.

1. All WC staff will receive comprehensive training on data collection and specific data collection tools and forms that will be used at their local WC clinic.
2. WC staff will submit all data collection forms a week after completion of session to the SHHP central office, where data entry staff will enter data into locally developed ACCESS databases.
3. Quality control queries will be run at least monthly to correct any data errors prior to preparing monthly program monitoring analyses/reports, which will be represented at bi-monthly SHHP Prevention Evaluation Team meetings and to other stakeholders.

Data security and confidentiality: All prevention data are maintained in accordance with the Louisiana STI/HIV Program Confidentiality Policy (Appendix K) to ensure client confidentiality and security. This is a program-wide policy that incorporates CDC's Security and Confidentiality Guidelines, as well as the Louisiana DHH HIPAA Guidelines.

## **CONSEQUENCES OF PROTOCOL VIOLATIONS**

### **An immediate halt of Wellness Project activities can occur when:**

- Confidentiality is compromised in the STI testing processing area or through handling of documentation
- Quality assurance records/documents are not maintained as specified in this protocol
- Test kits and supplies are distributed to and/or used by unauthorized entities
- STI testing is performed in a location or by someone not approved by the SHHP program
- Testing site's CLIA waiver expires without renewal
- Violation of protocol for HIV Testing occurs
- Wellness Center does not provide all three required activities (Clinical Services, Community Involvement, and Health and Wellness Support Activities)
- Documentation is not submitted as outlined in the Wellness Center Project Protocol
- Liquidated damages are outlined in the WC contract. See contract for details.

## APPENDICES

- A. Session Log sample (optional)
- B. Consent Form (with or without phone number)
- C. Intake Well Being Assessment—New Clients
- D. Intake Well Being Assessment—Return Clients
- E. Participant Feedback Form
- F. 8 Best Practices for HIV Prevention among Trans People
- G. (Optional) Mental Health and Substance Abuse Screening Interview
- H. Transgender Competence and Quality Care
- I. Linkage Into Care and Treatment (LINCT) Form (formerly STD-43 and Part 2 forms)
- J. LINCT Form Instructions and FAQ
- K. STARLIMS Portal - Onboarding Reference Documents
- L. STI Standing Orders for STD Registered Nurses
- M. 2021 STI Treatment Guidelines
- N. Part 1 Form
- O. Quarterly Call Standing Agenda
- P. Quarterly WC Site Assessment Report Template
- Q. WC Quarterly Mid-Year Annual Data Review
- R. PrEP and PEP Provider Starter Packet
- S. WC Monthly & Quarterly Data Report Template
- T. Testing and Counseling Harm Reduction Worksheet
- U. Client File Checklist
- V. Counseling and Testing Protocols 2022
- W. Counseling and Rapid Testing Forms and Logs 2022
- X. STD\_HIV\_HEP Confidentiality Policy\_2022

Wellness Center Project