Wisconsin
Department of Health Services

Social Networks HIV Testing Program Manual

A Recruitment Program for HIV Counseling, Testing, and Referral Services

Health Resources and Services Administration, HIV/AIDS Bureau, Special Project of National Significance: Systems Linkages and Access to Care for Populations at High Risk of HIV Infection (2011-2015)

Wisconsin Department of Health Services, Division of Public Health, AIDS/HIV Program

P-01130

August 2015

Table of Contents

I. INTRODUCTION

This manual provides an overview of the *Social Networks Testing* (SNT) strategy as it was delivered within Wisconsin's Special Projects of National Significance (SPNS) Systems Linkages initiative. This initiative was funded by the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA) as a SPNS program from 2011-2015. The Systems Linkages initiative was implemented by six demonstration sites across the United States (U.S.). An evaluation and technical assistance center (ETAC) housed at the University of California-San Francisco, coordinated a multi-site program evaluation. This SPNS initiative was structured and based on the Institute for Healthcare Improvement's (IHI) Collaborative Learning Model[1], with the first two years of the initiative devoted to developing, piloting and refining programming, and the second two years to wider-scale implementation and evaluation.

The overall goal of the SPNS Systems Linkages initiative was to improve access to and retention in high-quality HIV care for individuals unaware of their HIV status, those receiving medical care but not HIV care, those who entered HIV care but later dropped out of care, and sporadic or infrequent users of HIV care. The primary outcome goal of this SPNS initiative are to increase the proportion of:

- Individuals living with HIV who know their serostatus.
- Newly diagnosed individuals linked to care within three months of diagnosis.
- Individuals living with HIV who are virally suppressed.
- Individuals living with HIV retained continuously in high-quality HIV medical care.

Wisconsin had two initiatives as part of the SPNS Systems Linkages initiative. The first initiative was to develop a new patient navigation program and the second was to improve an existing social networks strategy. The patient navigation program is described in a separate manual.

The purpose of this manual is to provide strategy planning and implementation information to service providers interested in adapting or replicating a local SNT strategy. Wisconsin encountered several challenges in its implementation of the SNT strategy. The manual addresses those challenges and offers lessons learned for those planning to implement the SNT strategy.

The goal of the SNT strategy was to identify individuals living with undiagnosed HIV infection, particularly individuals who had not previously accessed routine HIV screening. This goal was consistent with the objectives of the Linkage to Care project, which were to:

[1] Institute for Healthcare Improvement. *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement.* IHI Series white paper, 2003. Available at www.IHI.org.

- Increase the proportion of individuals living with HIV who know their serostatus.
- Ensure newly diagnosed people linked to care within three months of diagnosis.

This manual is organized into four sections: Background, Social Networks Testing (SNT) Strategy, Replicating the SNT Strategy, and Lessons Learned. The Background section contains a summary of the SNT strategy, data on HIV testing programs, and a summary of the epidemiology of HIV in Wisconsin. The SNT strategy section outlines the goals and key elements of the SNT strategy. The section on replicating the SNT strategy reviews models of care and leveraging existing systems of care. The Lessons Learned section describes the successes and challenges encountered during implementation, and recommendations for implementing a similar model.

II. BACKGROUND

Summary of the Social Networks Testing (SNT) Strategy

Increasing testing among persons at-risk for HIV has both public and individual health benefits. The U.S. Centers for Disease Control and Prevention (CDC) estimates that approximately 50,000 persons in the U.S. become infected with HIV every year. Of the 1 million persons living with HIV in the U.S., approximately 156,300 are not aware of their infection and their risk for transmitting HIV to others. Therefore, the CDC has established a national priority to identify HIV-infected persons and link them to medical, prevention, and other services as soon as possible after they become infected.

The CDC funds health departments and community-based organizations (CBO) to conduct HIV counseling, testing, and referral (CTR) in a variety of settings. These publicly funded sites perform approximately 2 million HIV tests annually and account for approximately 30 percent of positive tests in the U.S. (the remainder identified through private practice). The prevalence of positive tests in these sites is highly variable, and often less than 1 percent. This suggests a need for more efficient targeting that will reach persons at increased risk who are not being reached with current methods.

One method for reaching and providing HIV CTR to persons with undiagnosed HIV infection is a social networks testing (SNT) strategy. The strategy uses existing social networks to reach persons who are unaware of their HIV status and provide HIV CTR and linkage to services. HIV-positive and high-risk HIV-negative persons are enlisted to recruit persons from their social, sexual, and/or drug-using networks who may be at risk for HIV infection. The strategy is based, in part, on the concept that individuals are linked together to form larger social networks, and that infectious diseases often spread within or through these networks. Social networks often overlap with sexual or drug use networks where HIV risk activities can occur. The approach has proven to be a viable strategy to identify undiagnosed HIV infection[2].

Working with existing HIV testing service providers, the Wisconsin AIDS/HIV Program arranged for training in SNT, developed interim policies and protocols, and provided ongoing technical assistance. Provider agencies were chosen based on their ability to reach high-risk populations with targeted HIV testing and other interventions.

[2] CDC. Use of social networks to identify persons with undiagnosed HIV infection—Seven U.S. Cities—October 2003-September 2004. MMWR 2005; *54*: 601-605.

Traditionally, HIV prevention programs have used outreach testing, targeted clinic-based testing, and routine clinic-based testing to reach people at risk for HIV. With outreach testing, agencies offer testing services at gay bars, drug treatment centers, public sex environments, and other community locations where people at high risk are likely to be found. With targeted clinic testing, agencies establish a set time and location for HIV testing, and promote that service to people who are most at risk for HIV. *Routine clinic testing* takes place in medical settings and results in most patients between the ages of 18-64 being tested for HIV, regardless of risk. Persons who are HIV infected or at high-risk for becoming infected are linked to appropriate medical care and prevention services. Persons who are infected are also linked to HIV Partner Services (PS).

The SNT strategy is different in a number of important ways:

- SNT builds on the relationships and trust that exist among people in shared social networks. As such, it is a more focused, efficient, and effective method to increase access to existing testing services for high-risk individuals.
- SNT focuses on the rate of positivity and identifying undiagnosed infection and is less concerned with the number of persons tested.
- SNT has multiple steps and stages, along with core elements that agencies must have in place to successfully deliver the intervention. A key part of the SNT strategy is periodic review and evaluation to make certain all the core elements are in place and working as intended.

Behavioral Effectiveness

Between October 2003 and December 2005, the CDC conducted a demonstration project exploring a new strategy to increase the positivity rate at existing public HIV CTR sites[3]. Nine CBOs in seven U.S. cities participated in the project exploring the use of existing social networks to link persons at high risk for HIV infection to testing. The CBOs enlisted 424 high-risk persons to recruit individuals in their social network for testing services. A total of 3,179 individuals unaware of their HIV status were tested. Among those tested, 179 tested positive. This represents a 6% positivity rate, six times the positivity rate nationally at public HIV CTR sites. Individuals most likely to recruit network members who tested positive included men who have sex with men/injection drug users (MSM/IDU) (19%), MSM (13%), and transgender persons (13%).

[3] CDC. Use of social networks to identify persons with undiagnosed HIV infection—Seven U.S. Cities—October 2003-September 2004. MMWR 2005; *54*: 601-605.

This finding demonstrates that members of high-risk groups were more effective in identifying persons with HIV who were unaware of their status than traditional testing strategies such as public promotion of testing, community presentations, and outreach.

Figure 1 illustrates the phases of the social networks testing and the related activities involved with enlisting and engaging recruiters, recruiting network associates, and providing HIV counseling, testing and referral services.

Figure 1. Social Networks Testing Phases

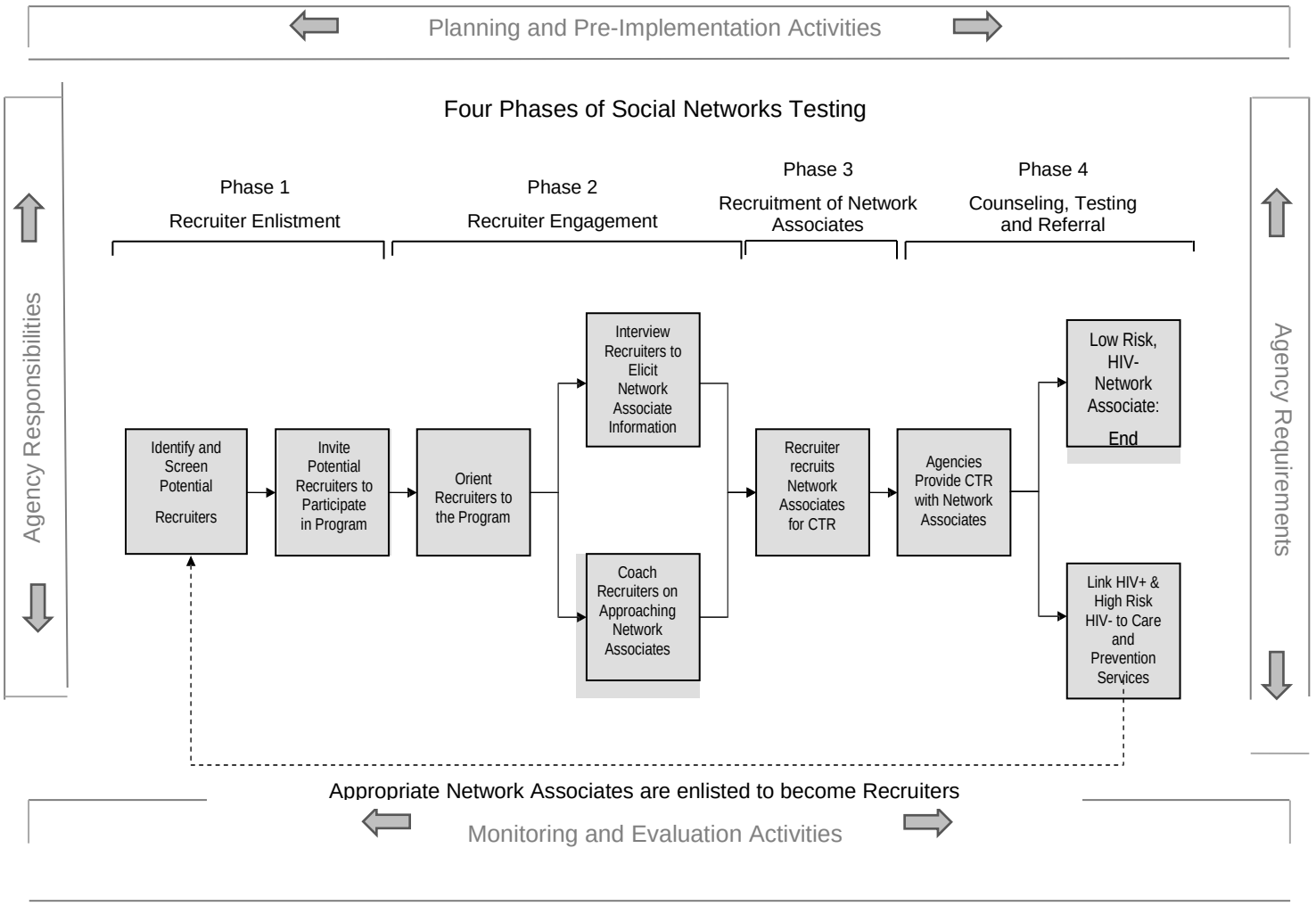
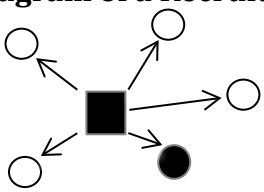


Figure 2 is an example of a social network of an HIV-positive recruiter (shaded square) and five network associates (represented by circles). Four associates tested HIV-negative (clear circles) and one associate tested HIV-positive (shaded circle).

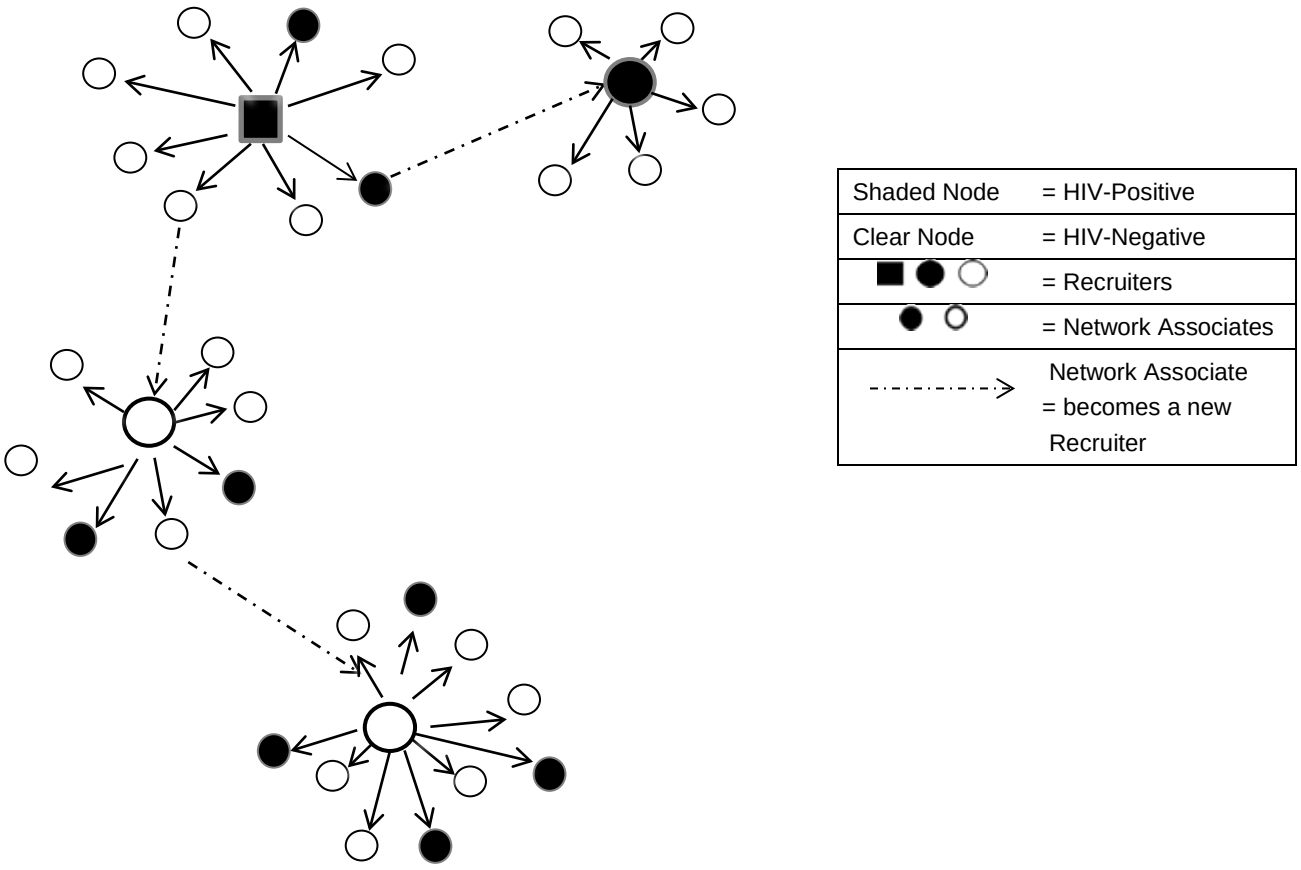
Figure 2: Social Network Diagram of a Recruiter and Network Associates



After network associates are provided HIV CTR services, they are screened as potential new recruiters, and the phases of SNT start over as part of *expanded* SNT.

Figure 3 is an illustration of an expanded network diagram. In this figure, an HIV-positive initial recruiter (shaded square) was responsible for the identification of eight individuals who were diagnosed with HIV and previously unaware of their infection (shaded circles). Two individuals were part of the original recruiter's network; the remaining six were part of the social networks of associates who later decided to enlist as recruiters.

Figure 3: Expanded Social Networks Diagram

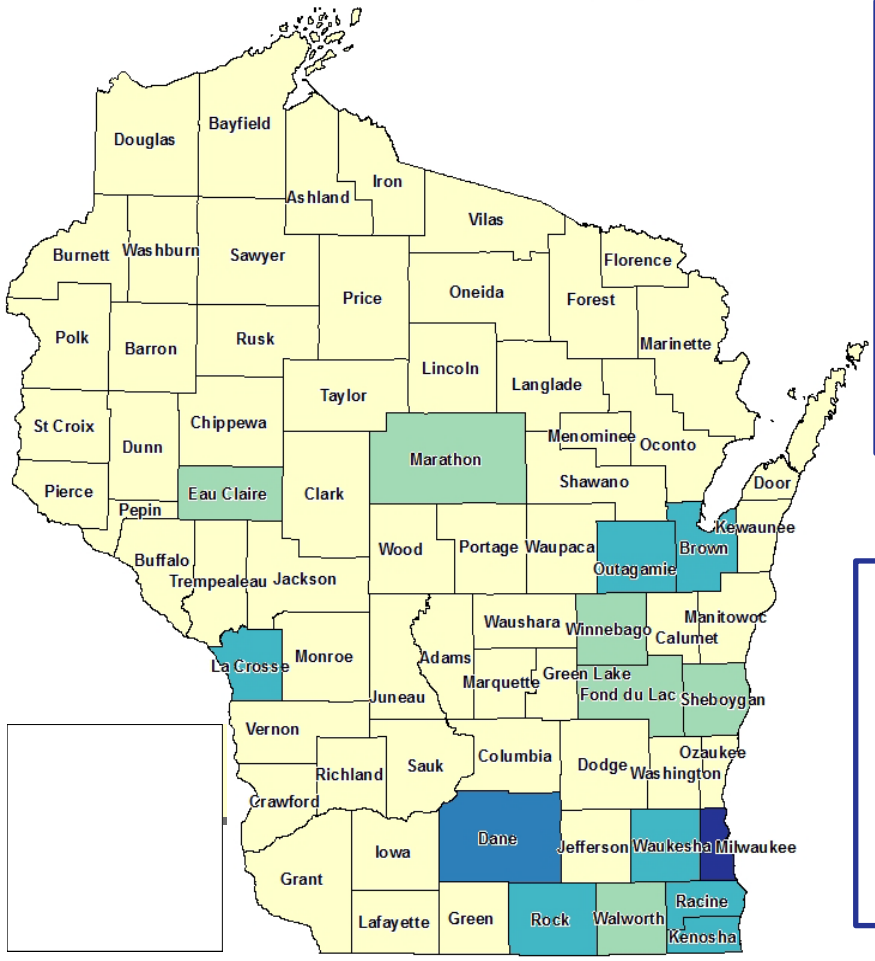


Description of Need

Wisconsin is a low-to-moderate HIV morbidity state, with a 2014 HIV diagnosis rate of 4/100,000 and a 2014 prevalence rate of 121/100,000. However, within Wisconsin are geographies and populations with diagnosis and prevalence rates that are comparable to other heavily impacted populations nationwide. For example Milwaukee County, which accounts for just 10% of the state's population but half of all new diagnoses and prevalent cases, has an HIV diagnosis rate of 14/100,000 and a prevalence rate of 353/100,000.

The SNT program is focused in Wisconsin geographies with the greatest number of new diagnoses and prevalent cases, which include Milwaukee and Dane counties and their surrounding areas (Figure 4). The HIV care continuum for these counties, as well as Wisconsin as a whole, is shown in Figure 5.

Figure 4. Reported cases of HIV infection presumed to be alive by county, Wisconsin, as of 12/31/2014 and Social Networks Testing Locations



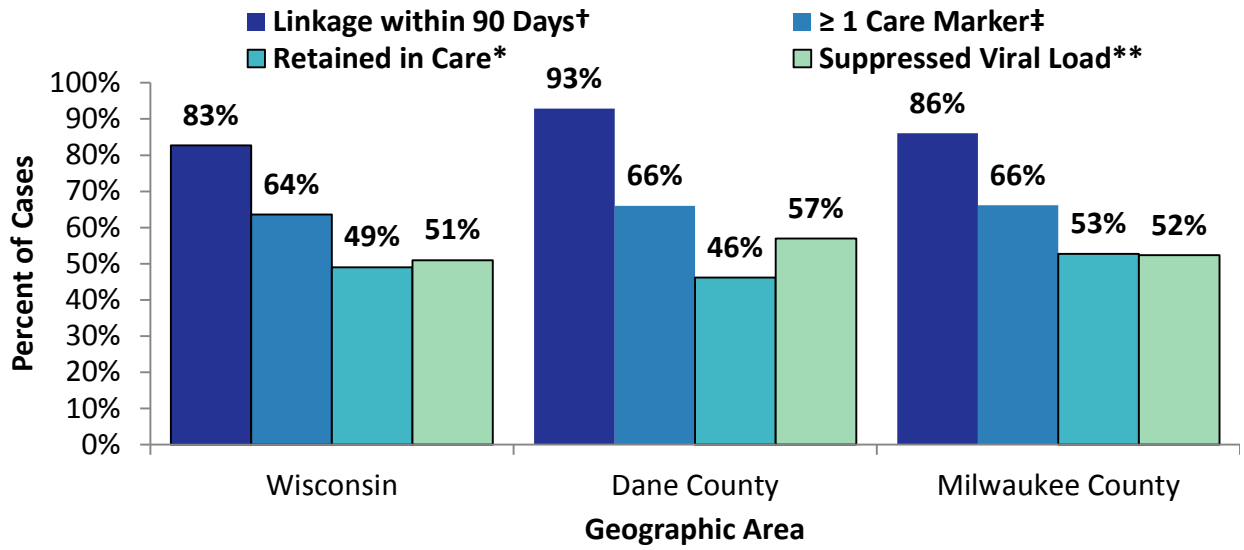
AIDS Resource Center of Wisconsin Locations:

- Appleton
- Eau Claire
- Green Bay
- Kenosha
- La Crosse
- Madison (formerly AIDS Network)
- Milwaukee
- Wausau

Other Milwaukee Locations:

- Diverse & Resilient
- Sixteenth Street Community Health Center
- United Migrant Opportunity Services (UMOS)

Figure 5. Wisconsin HIV Care Continuum: 2013 New Diagnoses and Prevalent Cases



†At least one laboratory value in the HIV surveillance system between 1 and 90 days after the earliest known HIV diagnosis date
‡At least one CD4 or viral load test result in the HIV surveillance system during the measurement year
**Two or more CD4 or viral load test results in the HIV surveillance system, at least three months apart, during the measurement year*
***Last viral load test result during the measurement year <200 copies/mL*

Low levels of engagement in HIV care and viral suppression, among other social and environmental factors, have led to an increase in HIV diagnoses among young MSM in Wisconsin, primarily in Milwaukee. While the number of new diagnoses has declined for older men and women of all ages, new diagnoses among males 13-29 years of age has increased by about 50 percent. Even more alarming is the doubling of new HIV diagnoses among young Black MSM over the last decade (2005-2014). Young Black MSM may be the most likely to be unaware that they are infected[4]. According to the CDC, 51% of HIV-infected individuals ages 13-24 and 15% of Blacks are unaware of their status[5].

Contributory factors, many of which are also barriers to accessing regular HIV testing and HIV care services, include:

- **Low levels of engagement in care and viral suppression:** Effective viral suppression has been shown to drastically reduce the risk of HIV transmission between partners. Young people and racial minority individuals are more likely to lack regular care services than older persons, or White individuals. Wisconsin's Linkage to Care Program is actively engaged with the young Black MSM population in Milwaukee to increase access, adherence and retention in care services.

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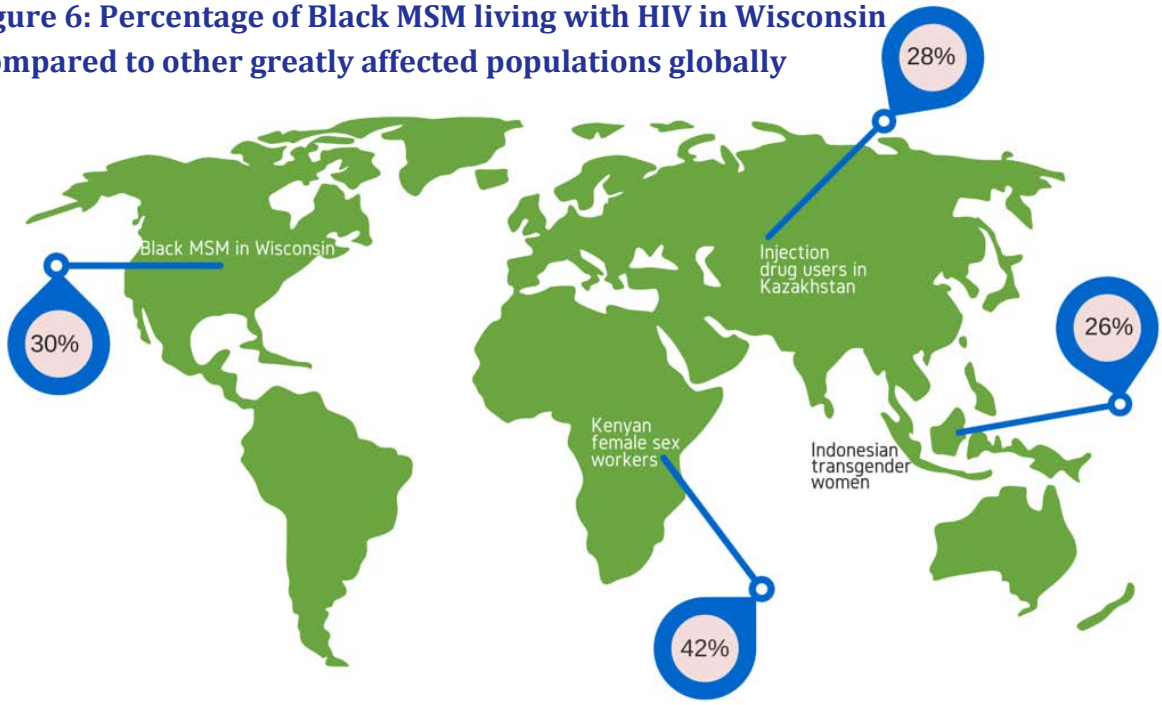
[4] CDC. HIV prevalence, unrecognized infection, and HIV testing among men who have sex with men—five U.S. cities, June 2004-April 2005, Morbidity and Mortality Weekly Report (MMWR) 2005: 54(24);597-601. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5424a2.htm.
[5] CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and six dependent areas—2012. *HIV Surveillance Supplemental Report* 2014;19(no.3). http://www.cdc.gov/hiv/library/reports/surveillance/. Published November 2014. Accessed April 2015.

- **Low Socioeconomic Status:** Many of the top zip codes of residence for people newly diagnosed with HIV in recent years have indicators of low socioeconomic status, including low income and educational attainment.
- **High HIV Prevalence:** Based on several variables, including the current number of new HIV diagnoses among Black MSM, the estimated proportion of individuals who are unaware of their HIV infection, and the estimated proportion of MSM in Wisconsin, the HIV prevalence among Black MSM in Wisconsin is estimated to be 30% percent, similar to other greatly impacted populations worldwide (Figure 6).

  The 2009 Epi-Aid study in Milwaukee, conducted by the CDC, the Wisconsin DHS and the City of Milwaukee Health Department, found a number of social factors among young Black MSM in Milwaukee that were consistent with those found in other metropolitan areas with high HIV prevalence. These included:

  - Young Black MSM were more likely to have had experienced non-consensual sexual activity than their White or Latino peers,
  - Young Black MSM were likely to have had sexual contact when they were minors, and on average had first sexual contact at a younger age than their White or Latino peers,
  - Young Black MSM were likely to have had sexual contact with a partner 5 or more years older; and
  - Young Black MSM were more likely than their White or Latino peers to report experiencing anti-gay stigma, as well as experiencing difficulty in addressing basic life needs such as housing, education and employment due to anti-gay stigma.

Figure 6: Percentage of Black MSM living with HIV in Wisconsin compared to other greatly affected populations globally



III. SOCIAL NETWORKS TESTING PROGRAM

Evolution of the Strategy

The SNT strategy has been used by some of Wisconsin's HIV CTR sites since 2008 and had demonstrated promising results prior to the SPNS initiative. The SNT strategy was initially implemented in response to increase in HIV incidence of more than 140 percent in young Black MSM under age 30 from 2000 to 2008[6]. The strategy was implemented with select sites in Milwaukee that have close ties to young Black MSM. SNT conducted at publicly funded sites in Wisconsin during 2008-2012 yielded a higher positivity rate (2.94%) compared to the overall positivity rate (0.91%) at publicly funded test sites[7]. The SNT strategy was included in the Systems Linkages initiative in an effort to expand its implementation and to reach more networks of high-risk individuals.

In order to effectively expand the SNT strategy, a team of staff and advisers drafted a protocol starting in April 2012. The expanded SNT strategy began in September 2013 by inviting local AIDS Service Organizations (ASO) and CBOs already doing HIV testing to use SNT as a new core testing strategy using the protocol (see Figure 4). The protocol was refined through several Plan-Do-Study-Act (PDSA) cycles and formal and informal feedback based on the successes and challenges encountered during implementation. Included below are several excerpts from the protocol that describe goals, core elements, and key milestones.

A. Goals

The SNT strategy is a technique for reaching people at very high risk for HIV with testing services. HIV testing agencies work with community peers who are HIV-positive or at very high risk for HIV. These peers contact friends, partners, and other people in their life—their social network—and encourage them to participate in HIV testing. The principle behind SNT is that people in the same social network share similar risk behaviors, and have a similar chance of being HIV infected. This targeted and focused approach has been shown to be very successful in reaching people at high risk for undiagnosed HIV infection.

B. Core Elements

Target Populations

The target populations for SNT strategy are generally the same populations identified for targeted or outreach HIV testing. These can vary, based on a jurisdiction's epidemiology and seroprevelance of HIV. For this project, populations of young Black MSM, their sexual partners, and young IDU living in Milwaukee were targeted.

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[6] Gasiorowicz, Mari and Johnson, Karen. "Investigation of Increased Cases of HIV Infection in Young Black MSM in Milwaukee." Wisconsin AIDS/HIV Program Notes. April 2010. https://www.dhs.wisconsin.gov/publications/p0/p00792-10-april.pdf

[7] Gasiorowicz, Mari. "Update: Activities in Milwaukee that Address HIV Infection in Young Black MSM." Wisconsin AIDS/HIV Program Notes. July 2014. https://www.dhs.wisconsin.gov/publications/p00792-14-july.pdf

Key Components and Milestones

The four phases of social networks testing include:

1. ***Recruiter Enlistment:*** The testing agency identifies clients or volunteers who are HIV positive, at high risk for HIV, or have many high-risk people within their existing social network, and enlists them to become recruiters.
2. ***Recruiter Engagement (orientation, interview, and coaching)***: The testing agency works with the recruiter to provide initial orientation, training (coaching), and some basic tools to help the recruiter talk to his or her peers about HIV testing, and to refer peers to the agency for testing services. Coaching is repeated periodically as the recruiter works with his or her peers.
3. ***Recruitment of Network Associates:*** The recruiters reach out to friends, acquaintances, co-workers, drug use partners, sex partners, or other peers who are participating in high-risk behaviors for HIV, and offer to connect them to HIV testing. These peers are referred to as network associates.
4. **HIV Counseling, Testing and Referral (CTR):** Based on the referral from the recruiter, network associates come into the agency for HIV testing, and are identified as SNT participants when this occurs.

In order to expand SNT into additional networks of high-risk peers, the testing agency identifies good candidates from the group of network associates to be the next generation of recruiters. This is referred to as ***expanded SNT.***

C. Adaptability

Throughout the course of the project, providers were encouraged to make changes to their implementation of SNT in order to make the strategy more culturally appropriate and attractive to the target populations. The four core elements were defined, as is discussed later in this manual, and providers ensured that the four elements were consistently present in their implementation of SNT.

Items the providers modified through the course of the project included:

- Language of promotional materials
- Type of incentive (dollar value of incentive was kept the same, with exceptions as discussed below)
- Venues where recruiters were identified
- Venues where HIV testing was performed
- Number/type/location of recruiter coaching sessions

IV. REPLICATING THE SNT INTERVENTION

The following are the agency infrastructure and implementation considerations to help clinics and states in determining whether to adopt or adapt the SNT strategy in their own jurisdictions. Described below are agency types, existing HIV Prevention programs leveraged in Wisconsin, and data and confidentiality considerations.

A. Agency Types

For the initial phase of the SNT project, the Program identified six agencies operating in metro Milwaukee and the Madison/Dane County areas of Wisconsin. Agencies varied in size and infrastructure and consisted of ASOs, federally qualified health centers (FQHC), and CBOs. Two key considerations were taken into account:

1. All of the agencies had staff trained to provide HIV counseling and testing under the Wisconsin AIDS/HIV Program protocols for counseling, testing, and referral.

2. All of the agencies had demonstrated the ability to reach HIV target populations within the geographic area of the proposed project.

Agencies initially selected to participate in the SNT component of the SPNS project included the following:

- **AIDS Network (AN)[8]:** An ASO located in Dane County, the AIDS/HIV Program grants CDC HIV Prevention funding to the agency to provide HIV testing, IDU harm reduction, condom distribution, and outreach services. The Program also grants funding from Ryan White Part B to provide case management, housing assistance, oral health, and legal services.

- **AIDS Resource Center of Wisconsin (ARCW):** A statewide ASO headquartered in Milwaukee County with nine satellite offices, ARCW receives CDC HIV prevention funding through the AIDS/HIV Program to conduct HIV testing, IDU harm reduction, condom distribution, outreach services, and prevention with HIV-positive clients. ARCW also receives Ryan White Part C funding and is a subcontractor for Parts B and D funding. ARCW offers HIV medical, oral health, mental health and substance abuse services, pharmacy, food pantry, housing assistance, legal services, and medical and non-medical case management to over 3,000 clients annually.

[8] AIDS Network merged with the AIDS Resource Center of Wisconsin in February 2015.

- **Diverse and Resilient, Inc. (D&R):** D&R is a CBO serving the LGBT community in Milwaukee. D&R conducts a number of programs funded from various private foundation, federal, state, and city sources, including ***414ALL,*** a condom campaign aimed at reducing sexually transmitted infection and teen pregnancy rates in Milwaukee; ***Be Y.O.U.*** (Be Young, Original, & Unique) an HIV prevention program for young MSM, and AIDS/HIV Program-funded HIV counseling and testing services.
- **Milwaukee Health Services, Inc. (MHSI):** MHSI is an FQHC that receives Ryan White Part C funding to provide HIV medical, mental health/AODA services, pharmacy, and non-medical case management. In addition, MHSI offers HIV testing services under the AIDS/HIV Program's fee-for-service agreement.
- **Sixteenth Street Community Health Center (SSCHC):** SSCHC is an FQHC that receives CDC HIV Prevention funding through the AIDS/HIV Program to conduct HIV testing, condom distribution, outreach services, and prevention with HIV+ clients. SSCHC also receives Ryan White Part C and is a subcontractor for Part B funding to provide HIV medical, mental health/substance abuse services, pharmacy, and medical and non-medical case management.
- **United Migrant Opportunity Services (UMOS):** UMOS is a CBO founded to provide health education and services to Milwaukee's Latino community. In the last several years, the agency has also greatly expanded their outreach to Milwaukee's African American community. UMOS receives CDC HIV Prevention funding through the AIDS/HIV Program to conduct HIV testing, condom distribution and prevention education services to high-risk clients.

B. Use of Existing HIV Testing Infrastructure

The success of Wisconsin's SNT strategy depended heavily on leveraging existing systems of HIV prevention and care in Wisconsin. A description of each prevention or care system and its role in the Social Networks Testing Strategy is provided below.

1. State AIDS/HIV Program

Description: The Wisconsin AIDS/HIV Program is the lead agency in Wisconsin government responsible for coordinating the state's public health response to the AIDS/HIV epidemic. The existing Program Director has served in this role since 1983 and is responsible for directing a 24-person staff and managing a $20 million annual budget. Housed within the AIDS/HIV Program are Surveillance; Prevention (including HIV CTR); PS; Care (including the Ryan White and AIDS Drug Assistance (ADAP) Programs); and the Hepatitis C Program. The AIDS/HIV Program provided overall coordination of the SPNS project. Much of the work needed to develop, monitor and evaluate the SNT strategy was provided as in-kind services by AIDS/HIV Program staff.

2. Counseling, Testing and Referral Program

Description: The CTR Program is a statewide network of publicly funded HIV antibody counseling, testing, and referral services staffed by trained counselors in local agencies. Clients receive risk assessment, personalized risk reduction education, free or low-cost testing, and referral for medical and supportive services. The CTR is an important prevention strategy that has been instrumental in assisting individuals with HIV in accessing medical treatment, social support, and PS services. Every client who is tested is also counseled to reduce their risk of acquiring or transmitting the disease. The Program currently consists of 33 agencies providing counseling and testing services in 49 locations throughout the state.

3. HIV Surveillance

Description: Confidential, name-associated reporting of confirmed HIV infection and AIDS to the State Epidemiologist, within the Wisconsin Division of Public Health, is required by Wis. Stat. § 252.15 (3m) and has been in place since the early 1980s. Case reports are submitted to the Wisconsin AIDS/HIV Program from private physicians, hospitals, clinics, ambulatory care facilities, sexually transmitted disease clinics, the Wisconsin correctional system, family planning clinics, perinatal clinics, Indian health clinics, blood and plasma centers, military entrance processing stations, and laboratories performing HIV testing. AIDS and HIV cases are reported directly to the state epidemiologist rather than local health departments, and are entered into the CDC-mandated Enhanced HIV AIDS Reporting System (eHARS).

Laboratory-based reporting is also required by law. Laboratories performing confidential name-associated HIV confirmatory testing report to the AIDS/HIV Program the name of the subject of all positive samples and the name of the physician who ordered the test. In addition, laboratories are required to report all CD4 and viral load test results, regardless of the result.

4. HIV Partner Services (PS)

Description: HIV PS assist persons with HIV infection in notifying their sexual and/or needle-sharing partners of the partner's possible exposure to HIV. Wisconsin state law authorizes the Wisconsin Division of Public Health (DPH) and local health departments (LHD) to conduct surveillance, follow-up and other public health activities in order to manage and control communicable diseases. The DPH has officially designated the LHDs to assist in conducting disease control activities, including HIV PS. The PS coordinator, located within the AIDS/HIV Program, coordinates statewide PS activities, including assigning all newly reported HIV cases to the local PS provider. Data on new cases are shared directly between the eHARS system in Surveillance and the *HIV PS Web* database, ensuring that every newly reported case of HIV generates a referral for follow-up by HIV PS.

5. Case Management System

Description: Wisconsin spends approximately $1.7 million annually in Ryan White Part B and state General Purpose Revenue to fund a long-standing case management system. Wisconsin's case managers are focused on ensuring adherence to HIV medical care and making referrals for necessary services. In some settings there are both clinical and non-clinical case managers, or nurse case managers and social work case managers. Non-clinical case managers may be responsible for 60-70 individuals while also providing brief services to lower acuity clients. Case managers at the larger hospital-based systems may have a smaller caseload of varying size but are also available to provide brief services to all patients within the clinic.

6. Linkage to Care

Description: One of the key strategies in Wisconsin's plan to improve engagement in HIV care across the care continuum is the development of a position known as a Linkage to Care Specialist (LTCS). The LTCS serves as a patient navigator, providing short-term, intensive case management and care coordination services aimed at assisting clients in identifying and overcoming barriers to accessing and maintaining engagement in HIV medical care. Because each client has a unique set of barriers, the individual tasks performed by the LTCS cannot be defined as a specific set of services. Through this client-centered approach, the LTCS provides the client with the knowledge and skills necessary to actively participate in their health care, and to maintain engagement in care and adherence to treatment after discharge from the LCTS program.

7. University of Wisconsin- Madison AIDS Outreach Program and Training System

Description: The Wisconsin AIDS/HIV Program has a unique relationship with the UW-Madison AIDS Outreach Program and Training System (hereafter the UW Training System). Funds from Ryan White and CDC grants are used to support the UW Training System to provide a series of 'core courses' for staff at grantee programs across the state. The grantee staff includes persons providing program-funded HIV testing, care case management, linkage to care, HIV prevention education, and other services. The UW Training System also coordinates the CDC and HRSA-mandated *HIV Community Planning* process for Wisconsin. In addition, the UW Training System works with the AIDS/HIV Program to bring in capacity building providers, including CDC Capacity Building Assistance (CBA) providers, to conduct training and workshops with local agencies.

C. Data Collection and Confidentiality

1. Data Collection

To evaluate HIV testing data, data on individual clients is entered into the online database called *EvaluationWeb*, a web-based system for collecting and evaluating HIV prevention services data in compliance with requirements of the CDC. *EvaluationWeb* was developed and is implemented by Luther Consulting LLC.

EvaluationWeb provides the opportunity to assess services clients receive across interventions and agencies by use of a unique client ID code. It also allows for the Wisconsin AIDS/HIV program and contracted agencies to easily access data for process and outcome evaluation. And, it has the ability to collect and analyze additional variables for special testing initiatives and testing evaluation projects.

Testing agencies use three forms for HIV testing data collection.

- *Client Questionnaire*: collects client demographic, HIV testing history, and risk data. All clients provided counseling, testing, and referral services at HIV CTR sites must complete a client risk questionnaire—regardless of whether or not a blood or oral fluid specimen is eventually obtained.
- *Testing Information*: collects pre- and post-test counseling information on a single form. The single form is used to collect both rapid and confirmatory testing data. All social networks related activities are also collected on this form.
- *Referral Tracking*: collects data for referrals made to link clients to services of an outside agency. Data collected conforms to CDC requirements regarding conducting referral follow-up and determining and documenting referral outcomes.

2. Confidentiality

Confidentiality related to HIV is governed by Wis. Stat. § 252.15 (3m). These laws allow for disclosure of an individual's HIV status without consent by the individual, for HIV and AIDS reporting, the provision of partner services, and other well-defined circumstances. The AIDS/HIV Program has established written guidance in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and state confidentiality laws surrounding health-related information. HIV care providers and agencies are required to ensure that their practice conforms to these policies and procedures.

Wisconsin's current implementation of *EvaluationWeb* follows CDC protocols and does not contain named client data. In cases where a client tests positive for HIV, follow up with Linkage to Care and other services relies heavily on agency participation, as the agencies are the only sources of client-identifying data. While all agencies make referrals for newly diagnosed positive individuals, and while the Program can track access to care services by newly reported HIV-positive individuals, it is not always possible to match each newly diagnosed client at the HIV Testing provider level with currently-enrolled clients in HIV care services. While this is not a barrier to ensuring clients are accessing services, it is a barrier to data reporting and analysis of client utilization of linkage to care referrals. In addition, as Wisconsin does not have a networked CAREWare system, there is no data sharing across sites for shared or transferred clients. This lack of data sharing makes it difficult to link specific clients as they journey from the counseling and testing provider to the medical care provider(s).

Protocol Section 1: Planning and Pre-Implementation

Initiating and Implementing the Strategy

Planning pre-implementation activities are steps to prepare for conducting social networks testing. Agencies submit a *Social Networks Testing Implementation Plan* by completing an implementation plan template provided by the AIDS/HIV Program. The template covers each of the key areas covered in this protocol. Implementation plans are submitted for AIDS/HIV Program review and approval. AIDS/HIV Program staff work with agencies if modifications are appropriate. Agencies and the AIDS/HIV Program review implementation plans annually for possible updates and revisions based on monitoring and evaluation outcomes.

Initiating and Implementing

Agency Core Responsibilities

1. **Integrate SNT with current testing services.**
2. **Promote the SNT among agency staff and populations served.**
3. **Identify key supervisory and direct service staff.**
4. **Identify the target population(s).**
5. **Involve target population in project development.**
6. **Identify incentives for strategy participants.**
7. **Determine a strategy timeline.**
8. **Identify anticipated measurable outcomes.**

1. Integrate SNT with Current Testing Services

Agencies review their existing testing program to assess how to integrate SNT and meet SNT strategy standards. Agencies should anticipate and address changes to traditional testing programs. This will include, but may not be limited to, the following:

- Ensure staff and agency buy-in; addressing staff questions and concerns.
- Assess current testing strategies and service delivery to determine how best to access the target population and enlist recruiters.
- Assess current outreach test site locations and discontinue services at sites with low or no prevalence of newly identified positives.
- Reassign staff and redefine staff roles and responsibilities.

The AIDS/HIV Program works with each agency to assist in these activities and provides technical assistance as appropriate.

2. Promote the Strategy

Agencies publicize and promote the strategy among agency staff and populations served. Agencies promote the program among staff through discussion or the use of materials and documents articulating the benefits of the strategy. Agencies develop and deliver messages appropriate to the target population that identify the benefits of testing and treatment and community involvement in curbing the incidence of HIV. Agencies also identify how promotional materials and strategies will be developed and used, and ensure materials clear the required approval process at their agency, and with the AIDS/HIV Program.

3. Identify Key Staff

Agencies designate and identify key staff who will implement the strategy. This includes direct service and supervisory staff and includes the full-time equivalent (FTE) of each person's time designated for the project. Direct service staff are responsible for delivering the strategy. Supervisory staff ensure the strategy is implemented as described and monitor service delivery and reporting.

4. Identify the Target Population

The agency identifies the population for which SNT is prioritized. Agencies identify the target population for their programs as clearly and narrowly as practical by specifying characteristics such as gender, sexual orientation, race/ethnicity, age group, risk group and, when appropriate, geographic location.

Example:

- Identifying MSM as the target population is insufficient.
- Identifying African American MSM under the age of 30 years in the City of Milwaukee is sufficient.

Example:

- Identifying females at risk as the target population is insufficient.
- Identifying female injection drug users who use secondary syringe exchange sites is sufficient.

The agency submits a description of the target population to the AIDS/HIV Program for review and approval before implementing or modifying the SNT strategy. Target populations are subject to approval based on surveillance data, projected HIV prevalence within risk groups, agency history with the target population, agency current testing services, and coordination among participating agencies. The AIDS/HIV Program works with agencies to modify or more specifically define target populations as appropriate.

5. Involve the Target Population

The purpose of SNT is to attract recruiters from the target population who are able to encourage their network associates with high-risk behaviors to undergo HIV testing. This requires active engagement of members of the target population in program development, implementation, and evaluation. Agencies establish an advisory group representative of the target population to provide input and feedback regarding the planning, implementation, and review of SNT activities and related materials.

The types of materials that should be reviewed with target population input include:

- Marketing materials
- Protocols, policies and procedures
- Participant incentives
- Objectives, outcomes, and achievement of program goals

The advisory group can be a structured group that meets collectively or a set of persons from whom feedback is gained individually.

6. Identify Participant Incentives

Agencies involve the target population to identify the most appropriate type of non-monetary incentives for program participants. Gift cards for gas, grocery stores, discount or department stores, and chain restaurants are appropriate options. Agencies may need to make more than one type of incentive available to ensure client options. Agencies identify and obtain appropriate incentives prior to implementing the SNT strategy.

Policies and procedures regarding the monetary equivalent and distribution of incentives will be negotiated between social networks testing agencies and the AIDS/HIV Program. Agencies adhere to a uniform incentive value and uniform practices for providing incentives. The current approved incentive amount is $20 to be evenly divided between the recruiter and the network associate, with each receiving a $10 gift card. Organizations do not supplement agreed upon universal incentive values and adhere to uniform distribution practices, to ensure participants have equal opportunities at any SNT agency.

7. Determine a Strategy Timeline

Agencies identify a strategy planning timeline consisting of the following objectives:

- Anticipated date by which direct and supervisory staff will be trained in the strategy.

  Example: By the end of the first quarter of year one, all program staff will receive SNT training.
- Anticipated date for formation of advisory group.

  Example: By the end of the 30 days after training, an advisory group will be formed.
- Anticipated date for completion of promotional materials.

  Example: By the end of 60 days after training, all promotional materials will be reviewed and approved by the advisory group.

8. Identify Anticipated Measurable Outcomes

Agencies identify the following seven anticipated program outcomes:

1. Number of SNT to be performed.
2. Percent of network associates tested that receive their final results.
3. Number of network associates with first-time positive results.
4. Number of network associates testing positive linked to medical care.
5. Number of network associates testing positive linked to HIV Partner Services.
6. Number of positives linked to prevention services.
7. Percent of high risk network associates testing negative linked to prevention services.

Standards:

- Number of SNT: ASOs and non-clinical CBOs = 15% of all tests in year one, 20% in year two.
- Percent of network associates tested who received their results = 85%.
- Percent of network associates testing positive, linked to medical care, and attending an initial appointment within 60 days = 85%.
- Percent of network associates testing positive linked to HIV Partner Services = 80%.
- Percent of high-risk network associates testing negative linked to prevention services = no minimum standard.

Documentation:

- Social Networks Testing *Readiness Assessment Checklist*.
- Social Networks Testing *Implementation Planning Checklist*.
- Social Networks Testing *Implementation Plan*, Section One: *Planning and Pre-Implementation*.

Recruitment Phase

Agency Core Responsibilities

1. **Identify and screen potential recruiters (both initially and ongoing).**
2. **Contact potential recruiters and invite participation in the project.**

Protocol Section 2: Implementation

Four Phases of Social Networks Testing Strategy

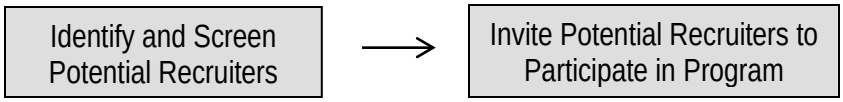
The following are descriptions of the four phases of SNT and the core responsibilities and expectations for SNT agencies.

Phase One: Recruiter Enlistment

The recruiter enlistment phase is the process of identifying possible recruiters and providing them preliminary information about the project. The recruiter enlistment phase (see figure 4 below) includes two main activities:

1. Identify and screen potential recruiters.
2. Invite recruiters to participate in the program.

Figure 7: Recruiter Enlistment Phase of Social Networks Testing



1. Identify and Screen Potential Recruiters

To identify recruiters, agencies approach the clients of agency HIV counseling and testing, medical, social service, case management, and prevention programs that may be able to provide access to social networks. These clients should have access to the target population and be able and willing to recruit network associates for testing services.

Persons should be considered as potential recruiters if they have the following characteristics:

- Represent the target population; or have access to the target population through their already existing social networks,
- Have a desire to help their community;
- Feel positive about the SNT agency and believe testing is beneficial;
- Interact well with peers, and are considered as leaders in the community; and
- Are able and willing to:
  - ✓ access persons in social networks representative of the target population;
  - ✓ recruit members of social networks and refer to testing;
  - ✓ participate in two or more meetings with testing staff; and
  - ✓ agree and adhere to confidentiality and other project policies and procedures.

Persons should *not* be considered as recruiters if:

- participation is involuntary: e.g., pressured or coerced by partners or peers;
- have a history of coercion or violence among partners or peers;
- have mental illness in an acute stage; or
- have their health or social needs jeopardized or delayed or otherwise harmed by participation in the project—e.g., potential domestic violence, HIV status inferred by partners or peers.
- their primary interest in the program is receiving an incentive.

2. Invite Potential Recruiters to Participate in Strategy

Agencies identify how they will approach and invite potential recruiters to participate in the strategy, including who will invite potential recruiters and how the invitation will be extended. The invitation may be accomplished through the use of posters, brochures or flyers describing the project and displayed in the agency. The invitation may also be accomplished through a brief verbal description of the project provided by agency staff—with or without the supporting use of descriptive flyers or brochures. The description should include an explanation of the project, potential benefits of participation to the individual and the community, brief description of the roles and responsibilities of a recruiter, and important characteristics of recruiters. (Agencies will expand upon these items in *Phase 2: Engagement* with recruiters who meet eligibility criteria and express interest in becoming involved in the project.)

If using print materials, the message and images should be culturally and linguistically appropriate for the target audience as well as meeting appropriate literacy and reading levels (i.e., written at a 7th grade level). Materials should be pre-tested with the target population through a direct sample among the population or through feedback and approval by the advisory committee

Standard:

Agencies contact potential recruiters to provide them information about the strategy and determine if they meet screening criteria within three business days of their expressing interest in the project.

Documentation:

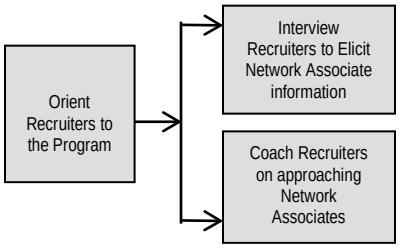
Social Networks Testing Implementation Plan, Section Two: *Phase 1 Recruiter Enlistment*.

Phase 2: Recruiter Engagement

The recruiter engagement phase is the process of providing potential recruiters with sufficient information for them to make a decision about participation. The phase also prepares recruiters to approach their network associates about testing by helping identify areas of their social network most likely to have persons at-risk for HIV and creating an action plan to offer SNT to those individuals. Recruiter engagement contains three main activities:

1. Orient recruiters who decide to participate in the strategy;
2. Interview recruiters to elicit information about their social networks and create an action plan; and
3. Coach recruiters on approaching their network associates for testing and linking them to services.

Figure 8: Engagement Phase of Social Networks Testing



1. Orient Recruiters

After recruiters are enlisted, the SNT agency provides an orientation session that builds upon and provides more in-depth information than the enlistment phase. The purpose is to provide potential recruiters with a clear picture of the strategy and what it means to be a recruiter. Orientation takes place as a 1:1 meeting and discussion with potential recruiters. Agencies can develop orientation materials to review prior to the meeting and may include written materials or a brief video. If using written or video materials, the message and images should be culturally appropriate and tested with the target population and/or approved by the advisory committee.

After the orientation, potential recruiters decide if they wish to participate as a recruiter. If so, data is gathered from Wisconsin *EvaluationWeb* Form 1 and Form 2 and entered into the data collection website to register the recruiter as a strategy participant. This allows for data analysis and program evaluation. (In accord with the Wisconsin AIDS/HIV Program HIV CTR protocol, data should never be entered in front of the client/recruiter.)

Recruiter Engagement

Agency Core Responsibilities

1. **Orient recruiters.**
2. **Interview recruiters.**
3. **Coach recruiters.**

During the orientation process, agencies cover the following points:

- Description of the strategy, its purpose and target population.
- Benefits of the strategy for recruiters and network associates.
- Description of the roles and responsibilities of recruiters and providers.
- Potential risks or concerns for the recruiter.
- Potential risks for persons linked to testing.
- Description of incentives for recruiters and network associates, including how and when they are provided.
- The name and contact information of agency staff who will assist with recruiter questions and concerns, and ways to stay in touch with them.
- Statement that participation is voluntary and participation may be discontinued at any time.
- Confidentiality standards for recruiter and provider.
- The R*ecruiter Participation Agreement*

  Agencies obtain signed and dated *participation agreements* from persons who decide to become recruiters. Agreements minimally cover the following:

  - ✓ Strategy title and brief description.
  - ✓ Target population(s) description.
  - ✓ Description of the roles and responsibilities of the recruiter and provider.
  - ✓ Description of potential risks.
  - ✓ Recruiter agreement:
    - o not to approach people the recruiter does not know or with whom the recruiter feels uncomfortable.
    - o to terminate any encounters during which the recruiter feels threatened.
    - o to terminate any encounters during which peers feel uncomfortable.
  - ✓ Assurances:
    - o that the recruiter has been counseled regarding personal disclosure of the recruiter's HIV status.
    - o that the choice of the recruiter to self-disclose HIV status is voluntary.
    - o that the expectation for confidentiality among associates ends after the recruiter self-discloses the recruiter's HIV status to associates.
  - ✓ Statement of confidentiality describing confidential information that includes potential personal identifying information and penalties for intentional or unintentional disclosure of HIV status.

Recruiter and Provider Responsibilities

The recruiter has the following responsibilities:

- Contact three to five network associates (fewer is appropriate depending upon individual recruiters) to attempt to recruit for CTR.
- Escort network associates to CTR site, provide associates with referral card on how to access CTR services (see Appendix E for an example), or work with agency staff to coordinate testing in recruiter's home, network associate's home, or some other location agreed upon by all parties.
- Contact program staff if experiencing challenges or barriers or faced with questions they are unable to answer during the recruitment process.
- Meet with staff at mutually agreed upon date and time for follow-up activities (e.g., coaching sessions.)

The provider has the following responsibilities:

- Assist the recruiter to identify social network members meeting the target population.
- Develop a plan with the recruiter to link network associates to testing.
- Assess recruiter concerns about recruiting associates.
- Provide support to the recruiter throughout the processing of linking associates to testing.

2. Interviewing Recruiters

Through a structured interview session, a provider will elicit information about the recruiter's network associates and discuss an action plan for linking associates to testing. The interview session has four main components:

- **Introduce (or reintroduce) self and explain purpose of the session.**
- **Reinforce the goal of the strategy and target audience for testing.**
- **Explain or summarize the role of the provider and the recruiter.**
- **Create an action plan for the recruiter.**

  The *action plan* is created by asking new recruiters to consider what they know about their social network –

  ✓ What risk group(s) [if any] does the recruiter belong to, personally?

  ✓ What risk groups(s) are represented in his/her social network?

  ✓ How many network associate(s) will the recruiter try to bring in, and from what risk group(s)?

- ✓ What locations, events, and times would be the most likely to find the associates the recruiter plans to reach?
- ✓ What are the potential challenges to recruiting associates?

The action plan should also outline recruiter participation in *coaching session*(s) and arrange for follow-up contact(s) between the recruiter and staff. Follow-up can be conducted in person or by phone.

3. Recruiter Coaching

The purpose of the initial recruiter coaching session is to prepare recruiters to approach network associates and discuss the benefits of testing. Follow-up coaching sessions review current activities for active recruiters, identify ongoing challenges, and suggest ways to address them. Coaching is an integral part of the SNT and the initial coaching session should be conducted as soon as possible after elicitation. Coaching provides staff support for the recruiter. It helps the recruiter anticipate and overcome potential challenges to recruiting associates. Coaching may be required on an ongoing basis as the recruiter attempts to link network associates to testing. Each recruiter is eligible for a $10 stipend for each of up to three coaching sessions as part of the SNT strategy.

Coaching should include discussion of:

- Approaches for raising the topic of HIV testing with network associates.
- Approaches to discuss HIV testing with network associates without revealing recruiter's HIV status.
- Approaches for disclosing the recruiter's HIV status to network associates if the recruiter chooses to do so.
- Advantages and potential risks associated with disclosing HIV-positive status with network associates.
- How to respond to network associates' questions about HIV transmission risks, available support services, confidentiality protections, and other issues.
- How to respond to network associates' reactions, including discomfort or angry responses.
- How and where each network associate can receive HIV testing.
- How to contact agency staff should problems arise.

The follow-up coaching session(s) should also involve review of the recruitment action plan. When reviewing the plan, agency staff should:

- Acknowledge Recruiter successes.

- Discuss and problem solve any challenges or barriers.
- Ensure network associates linked to testing meet target population description.
- Discuss potential additional associates to link to testing.

Standard(s):

- The orientation session should take place within seven days of inviting potential recruiters to participate in the strategy.
- The interview/coaching session should take place within seven days of orientation with clients that decide to become a recruiter. The interview session can also take place immediately after the orientation with clients that decide to become recruiters.
- Recruiter demographic and risk information from Wisconsin EvaluationWeb Form 1 should be entered in the website within 24 business hours of the conclusion of the interview and coaching session.

Documentation:

- Social Networks Testing Implementation Plan, Section Two: *Phase 3 Recruiter Engagement*.
- Network Recruiter Orientation Checklist.
- Network Recruiter Interview and Coaching Checklist and Meeting Log.
- *EvaluationWeb* Form 1 and Form 2 to register new recruiters.
- Recording of coaching sessions and stipends distributed in *EvaluationWeb.*

Phase 3: Recruitment of Network Associates

The *Recruitment of Network Associates* phase is the process of recruiters contacting persons in their social networks who are likely to be infected with HIV or at high risk for becoming infected in order to help them access HIV CTR services.

1. Develop a Recruitment Plan

Agencies work with recruiters to identify network associates representative of the target population to recruit for testing. The plan identifies the relationship of associates to the recruiter, description of each associate's risk, the order in which the recruiter will approach associates, methods to link each associate to testing, and a timeline for completion. The plan can be noted in writing or simply a verbal agreement. Agencies also distribute associate referral cards to new recruiters, and explain how they are used to assist associates in accessing SNT.

2. Maintain Contact with Recruiter

Agencies maintain contact with recruiters throughout the recruitment process. This activity includes providing the recruiter with staff contact information to answer questions and address problems or concerns during the recruitment process. Agencies also obtain contact information *from* the recruiter. This information is used in the event the recruitment timeline has passed without contact from the recruiter or if the recruiter missed pre-arranged meetings or phone contacts.

3. Conduct Follow-up Activities

Agencies conduct follow-up activities with recruiters to provide support, review the recruitment plan, and provide additional coaching sessions as needed. Follow-up activities should take place at mutually agreed times and may be in-person meetings or phone contacts.

Recruitment of Network Associates

Agency Core Responsibilities

1. **Develop a recruitment plan.**
2. **Maintain contact with recruiter.**
3. **Conduct follow-up activities.**

Documentation:

- Social Networks Testing Implementation Plan, Section Two: *Phase 3 Recruiting of Network Associates* (required).
- Network Associate Recruitment Strategy Session (recommended).

Standard(s):

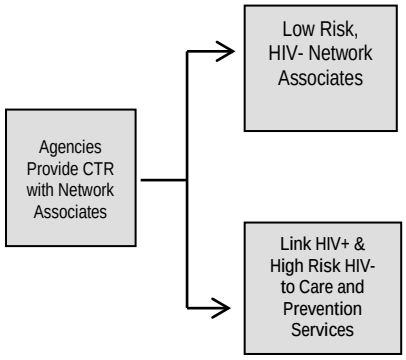
- Agency SNT staff respond to contacts from the recruiter within 24 business hours.
- Initial follow-up with recruiters should take place within one week of developing a recruitment plan.
- Additional follow-up meetings and/or discussions take place on dates and times mutually agreed upon by agency SNT staff and recruiter, but no longer than 30 days after development of recruitment plan.

Phase 4: Counseling, Testing, and Referral (CTR)

The *CTR* phase is the process of providing HIV CTR services to network associates linked by recruiters. Agencies provide a complete range of HIV CTR services as described in the Wisconsin HIV Counseling, Testing and Referral (CTR) Program Protocol. The CTR phase consists of two main activities:

1. Providing CTR with network associates.
2. Linking high-risk and HIV-positive to care and prevention services.

Figure 9: HIV Counseling, Testing and Referral Phase of Social Networks Testing



The CTR phase includes additional activities as identified in the *Core Agency Responsibilities*.

1. Provide HIV CTR to Network Associates

Agencies provide HIV CTR services to network associates in accordance with HIV CTR protocol established by the AIDS/HIV Program. This includes:

- Adhering to all confidentiality practices and requirements.
- Complying with confidentiality requirements for record keeping for all SNT documents containing any potentially identifying information of recruiter or network associates.
- Recommending confidential testing. Anonymous testing should only be conducted if the individual will otherwise not agree to an HIV test.
- Obtaining client informed consent prior to testing.
- Submitting an HIV/AIDS Confidential Case Report within 72 business hours of a client receiving a confirmed positive test result or within 72 hours of client's post-test appointment date if they do not return for results and the agency is unable to locate them.

HIV Counseling, Testing, and Referral

Agency Core Responsibilities

1. **Provide HIV CTR to network associates.**
2. **Link network associates with appropriate recruiters.**
3. **Provide and record incentives.**
4. **Transition recruiters.**
5. **Collect and enter data.**
6. **Conduct expanded social networks testing activities by identifying new recruiters from the network associates.**

- Offering HIV pre- and post-test prevention counseling to all network associates tested. If prevention counseling is declined at pre-test, provide this at post-test after client receives results.
- Assessing client needs for other services and offering referrals as appropriate.
- Providing linkage to the following services for all clients testing positive:
  - ✓ Medical evaluation and care
  - ✓ Partner Services
  - ✓ Prevention services
  - ✓ Linkage to Care Specialist Services
  - ✓ Case management services to assess and address social service needs
- Following up on referrals and documenting referral outcomes.

2. Link Network Associates with Appropriate Recruiters

Agencies conduct strategies to link network associates receiving HIV CTR services to specific recruiters. Linking associates to specific recruiters allows agencies to monitor and evaluate the number of associates identified by each recruiter and their risks, demographics, and test results. Network associates can be linked to specific recruiters through the following options:

- Recruiter escorts associate to agency.
- Agency provides recruiters with testing referral cards (see Appendix E for an example) containing their unique client code to give to their associates.
- Agencies work with recruiters to coordinate testing in recruiter's home, network associate's home, or other location agreed upon by all parties.

3. Provide and Record Incentives

Agencies provide incentives to recruiters for each network associate tested that meets the target population at mutually agreed upon intervals. Agencies provide incentives to network associates at post-test counseling. Agencies maintain records of all incentives dispensed including the type of incentive, monetary equivalent of the incentive, and date provided. Incentives can be various types of gift cards, vouchers, or other items of value but may not be distributed in the form of cash. Network associates should sign for receipt of cards, with date of receipt indicated. Materials signed by network associates must be maintained in a confidential manner, to assure other associates or unauthorized individuals cannot see who is participating in SNT. Initials or other individualized identifiers may be used in place of signature if client confidentiality is a concern.

4. Transition Recruiters

It is important that both SNT staff and recruiters know that the relationship is time-limited since everyone has a finite number of social networks and network associates. Some recruiters will bring in only one or two people, others will bring in more. Agencies will discuss the short-term nature of being a recruiter during enlistment and reinforce and review during follow-up. Each recruiter is limited to linking no more than 20 associates to testing. This ensures only high-risk members of the recruiter's network are tested and provides network associates who receive testing the opportunities to become new recruiters.

A recruiter is transitioned when:

- The original recruiting plan is complete and the recruiter agrees there are no additional associates meeting the target populations that can be linked to testing.
- The recruiter begins to link persons to testing who are not of the target population.
- The recruiter begins to approach people outside existing networks or persons unknown to the recruiter.
- The recruiter begins to link more people than is reasonable given everyone has a finite number of social networks.
- The recruiter discontinues voluntary participation.

During transition, the agency thanks the recruiter for participating and helping the community. The agency also reminds the recruiter that the confidentiality agreement is still active and will remain so indefinitely. Agencies may offer recruiters non-monetary tokens of appreciation such as certificates. Agencies may also inform the recruiter of any volunteer opportunities in the agency. Agencies should inform transitioning recruiters that "the door is always open" if they have questions or concerns or if their networks grow or change and they identify additional associates to link to testing in the future.

5. Data Collection and Entry

The *Wisconsin AIDS/HIV Program HIV CTR Protocol* regarding data collection and data entry applies to SNT. Additional requirements apply to HIV CTR provided in association with SNT. The additional requirements document demographic and risk data of recruiters and network associates, link network associates to specific recruiters, provide data to create social network diagrams, and allow agencies and the AIDS/HIV Program to monitor and evaluate program process and outcome objectives. The additional requirements are as follows:

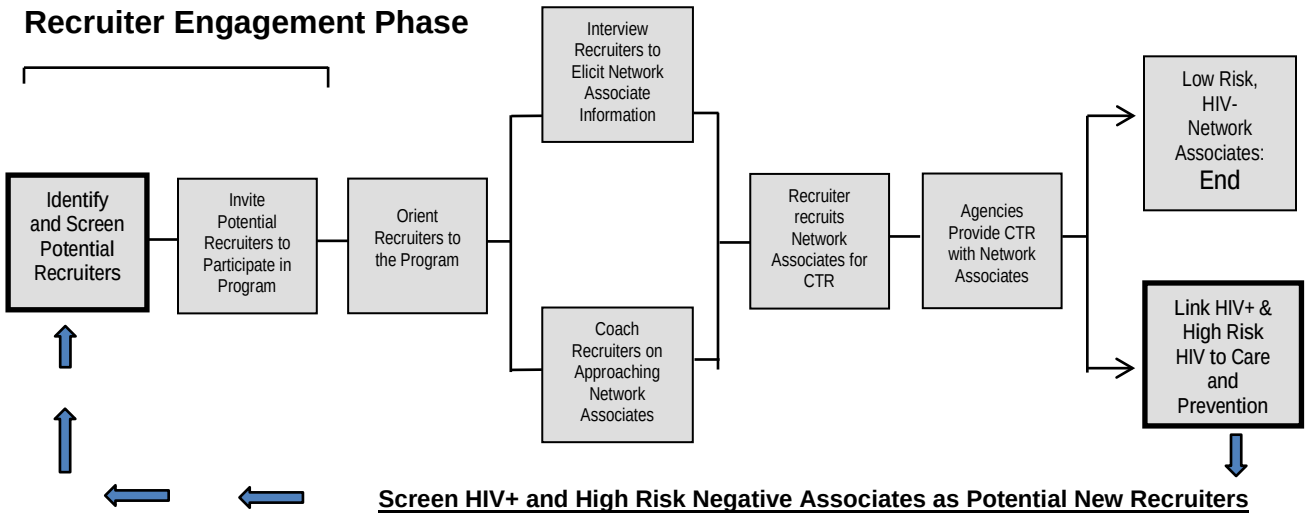
- All *recruiters* complete and enter information from *EvaluationWeb Form 1: Client Questionnaire.* This documents the recruiter's demographic, risk, and serostatus information.

- Agencies complete and enter information from *EvaluationWeb Form 2: Testing Information* for all *recruiters.* This registers the recruiter in the evaluation system allowing network associates tested to be linked to specific recruiters.
- All *network associates* tested complete and enter information from *EvaluationWeb Form 1: Client Questionnaire.* This documents associates' demographic, risk, and testing history information.
- Agencies complete and enter information from *EvaluationWeb Form 2: Testing Information* for all network associates tested. This links associates to specific recruiters by entering the recruiter's unique client code and documents the type of test(s) provided, test results, and post-test counseling activities
- Agencies complete and enter information from *EvaluationWeb Form 3: Referrals* for all network associates testing positive. This documents the types of referrals provided and referral outcomes.

6. Conduct Expanded Social Networks Testing

The four phases of social network testing are an ongoing and cyclical process. The agency screens HIV-positive and high-risk network associates matching the target population as potential new recruiters (Figure 10 below). Network associates who become recruiters link members of their social networks to testing. This expanded form of the social networks testing strategy often taps into new networks, gets closer to sexual and drug using networks, and identifies additional positives. It also provides high-risk network associates the opportunity to help their community by becoming new recruiters.

Figure 10: Ongoing and Cyclical Process of SNT



Agencies continue activities of each SNT phase with high-risk network associates testing negative who meet eligibility criteria. Network associates testing positive are linked to care and prevention services, then assessed to determine if they have people in their life they are concerned about and who they think would benefit from testing. Agencies offer testing directly or facilitate an immediate direct link to PS.

Standard(s):

HIV CTR services and activities must comply with all Wisconsin AIDS/HIV Program HIV CTR Protocol standards, including:

- Entering HIV CTR data into *EvaluationWeb* within 72 business hours of a testing event.
- Submitting HIV confidential case reports within 72 hours of the client post-test appointment.

Documentation:

- Social Networks Testing Implementation Plan, Section Two: *Phase 4 Counseling, Testing and Referral*.
- Wisconsin Department of Health Services *Consent for HIV Testing*.
- Wisconsin EvaluationWeb HIV CTR Forms 1, 2, 3, 4.
- Social Networks Testing Incentive Log.
- Wisconsin Department of Health Services *HIV Confidential Case Report*.

Protocol Section 3: Monitoring and Evaluation

Monitoring and Evaluation

The *Monitoring and Evaluation* phase is the process of determining if anticipated outcomes of the program are being met and, if not, assessing the service delivery process to identify barriers and adjust services. The AIDS/HIV Program provides technical assistance to agencies to conduct monitoring and evaluation activities upon request. The monitoring and evaluation phase consists of two main activities identified as agency core requirements.

1. Assess Program Outcomes and Processes

Agencies review the anticipated outcomes identified in their Implementation Plan. If outcomes are not being met, agencies conduct strategies and review processes in each of the SNT four phases to determine problem areas. A *Social Networks Problem Indicator Tool* is provided to agencies. The tool identifies problem indicators, potential problems, potential causes of the problem, and in which phase of the SNT strategy each potential problem occurs.

Monitoring and Evaluation

Agency Core Responsibilities:

1. **Assess program outcomes and processes.**
2. **Adjust services as required.**

2. Adjust Services as Required

Agencies adjust services to meet anticipated outcomes based on monitoring and evaluating program processes. The *Social Networks Problem Indicator Tool* also identifies potential solutions for specific problem areas. Agencies re-evaluate program outcomes after making service adjustments.

Standard(s):

Agency conducts monitoring and evaluation activities quarterly.

Documentation:

- Social Networks Testing *Implementation Plan*, Section Three: Monitoring and Evaluation.
- Social Networks Testing *Agency Monitoring and Evaluation Tool*.
- Social Networks *Problem Indicator Tool*.

AIDS/HIV Program Monitoring and Evaluation

The AIDS/HIV Program monitored and evaluated program aggregate data quarterly and shared with participating agencies quarterly.

The following outcomes and targets were monitored and evaluated:

- Increase by 10% the proportion of individuals testing through SNT who are first time testers.
- Increase by 50% the number of young MSM of color and transgender individuals tested through SNT, compared to baseline.
- Increase to 20% the proportion of HIV tests that are SNT at funded agencies.
- Increase by 15% the proportion of individuals testing positive who are not diagnosed with AIDS within three months of HIV diagnosis.
- Proportion of new positives linked to HIV medical care within 90 days of diagnosis.

The following process measures and data were monitored and evaluated:

- Demographics, risk, and HIV status of recruiters and associates who receive testing.
- Number of network associates tested.
- Proportion of tests that are confidential versus anonymous.
- Proportion of those tested who return for their results.
- Positivity rate.
- New positivity rate (i.e., including new positives only).
- Number of coaching sessions per recruiter and the effect on number of associated tested and positivity rate.
- Number of associates who become recruiters and effect on number of persons tested and positivity rates.

Protocol Section 4: Agency Requirements

Ensuring Accessibility

The agency makes reasonable accommodations to address barriers that would prevent access to HIV testing, including architectural, attitudinal, financial, communication, and transportation barriers.

1. Architectural Barriers

The agency is handicapped accessible and complies with all Americans with Disabilities Act (ADA) regulations.

2. Attitudinal Barriers

The agency actively participates in practices to reduce and/or eliminate stigma attached to HIV testing and persons at risk for HIV infection. The agency ensures that all materials used for the social networking program are culturally, linguistically, and developmentally appropriate for the target population.

3. Environmental Barriers

The agency establishes/maintains an environment in which services provided are reflective of the cultures and customs of the clients and their peers.

4. Communication Barriers

Materials for project marketing and services will be developmentally appropriate for the target population to ensure an understanding of the material in a manner that is comfortable and nonthreatening. English and Spanish are the two primary languages of clients. Essential materials and forms (including testing forms and project-related forms such as client confidentiality agreements) are provided in Spanish when appropriate for the target population.

5. Transportation

Whenever feasible, the agency makes appropriate efforts to assist clients in effectively addressing transportation needs required to access HIV CTR services.

Standard(s):

Agencies conduct an annual review to ensure compliance with practices that ensure accessibility.

Documentation:

Social Networks Testing Implementation Plan, Section Four: *Agency Requirements* (required)

Ensuring reasonable accommodation by addressing barriers

Agency Core Responsibilities

1. **Architectural**
2. **Attitudinal**
3. **Environmental**
4. **Communication**
5. **Transportation**

Protocol Section 5: Agency Administrative Responsibilities

Agency Responsibilities

The agency maintains practices to ensure the organization meets or exceeds federal standards for the protection of program participant identifying information.

1. Record Keeping and Documentation

The agency develops systems for maintaining appropriate records and documentation of social networks testing activities. The agency maintains records in accordance with the policies and procedures of the Wisconsin AIDS/HIV Program. This includes all records containing potential personal identifying information of recruiters or network associates.

Protection of Client Information

Agency Core Responsibilities

1. **Record Keeping and Documentation.**
2. **Maintaining Privacy and Confidentiality.**
3. **Data Security.**

2. Maintaining Privacy and Confidentiality

All employees, volunteers, and professional staff associated with the social networks testing agency maintain strict confidentiality consistent with state and federal laws and regulations. Social network recruiters do not have a "need to know" in reference to any program participant or potential program participant. Therefore, confidential health and personal information maintained by the SNT agency will not be available to the recruiter. The social network recruiter will hold confidential any HIV status information disclosed by a network associate.

3. Data Security

- The agency maintains procedures to protect all client-related data collected for monitoring and evaluation purposes.
- Data collected are limited to that necessary for program monitoring and evaluation.
- Personal unique identifiers are included with data only as necessary for program operations, monitoring, and evaluation.
- Alpha-numeric identification schemes are used whenever possible.
- Personal identifiers are removed from data prior to transmission or storing in unencrypted electronic files.
- Electronic data are password protected.
- Computers containing or having access to data are kept in locked offices and will be accessible only to authorized program staff.

- Hardcopy data is kept in locked file cabinets in locked offices. Hardcopy data collected during testing outside of the agency is transported in locked file boxes and returned to the agency immediately after the event.
- Data are recorded and reported in accordance with existing guidelines, policies and protocols of the AIDS/HIV Program.

Standard(s):

- The agency conducts an annual review to ensure compliance with client privacy and data security practices.
- The agency reports any breach of confidentiality or data security to the AIDS/HIV Program within 24 business hours of occurrence.

Documentation:

Social Networks Testing Implementation Plan, Section Five: *Agency Administrative Responsibilities* (required).

V. LESSONS LEARNED

Introduction

Despite the earlier success of the SNT strategy when implemented with a few select agencies from 2008 to 2012, the AIDS/HIV Program did not experience similar results with this SPNS demonstration project. In the earlier implementation of the SNT, the sites that implemented SNT along with their traditional HIV CTR programs experienced a higher seropositivity rate among SNT (2.94%) when compared to traditional HIV CTR tests (0.91%) during the time period June 2008-June 2012[9]. Sites participating in the expanded SNT strategy as part of this demonstration showed a 0.56% seropositivity rate for SNT and a 0.75% seropositivity rate for traditional HIV CTR tests during the time period of the demonstration project (September 16, 2013-September 5, 2015). In addition, a qualitative analysis conducted by the Medical College of Wisconsin's Center for AIDS Intervention Research (CAIR) revealed several challenges which adversely affected program outcomes. Detailed below are the key challenges experienced by the AIDS/HIV Program and recommendations that other entities implementing a standardized SNT strategy should consider.

Challenge: Agency Buy-in

Agencies expressed positive support for the expansion of the SNT strategy and actively participated in the development of the protocol. A one-day meeting was held in June 2013 to review the protocol and begin the implementation phase of the SNT strategy under the guidelines of the new protocol. It became clear during the course of the meeting that agencies were not prepared to implement the new protocol and the implementation date was pushed back to September of 2013. The information collected from *EvaluationWeb*, monthly and quarterly meetings, and qualitative evaluation efforts revealed that agencies were not following the protocol post-implementation. The agencies implementing the program also encountered several data collection and data entry challenges working with the data collection forms and *EvaluationWeb*.

In qualitative interviews, agencies described experiencing challenges related to finding and retaining competent recruiters and differentiating between HIV tests conducted for the SNT strategy and the traditional HIV CTR strategy. The State AIDS/HIV program provided two additional training sessions to assist agencies—a refresher training on the SNT strategy provided by the AIDS Project Los Angeles and training on techniques to find new HIV-positives provided by the Latino Commission on AIDS. Despite being provided these training sessions,

[9] Gasiorowicz, Mari and Johnson, Karen. "Investigation of Increased Cases of HIV Infection in Young Black MSM in Milwaukee." Wisconsin AIDS/HIV Program Notes. April 2010. https://www.dhs.wisconsin.gov/publications/p0/p00792-10-april.pdf

agencies continued to struggle. Qualitative interviews also revealed that agencies did not believe the SNT strategy was a worthwhile strategy, indicating a lack of buy-in to the program.

Recommendations

- In the pre-implementation phase, conduct on-site visits with each agency to ensure that management and front-line staff understand the strategy and related protocol and are in agreement.
- Establish Memoranda of Understanding (MOUs) with each participating agency that clearly outlines objectives, expectations, and possible corrective actions if objectives are not met.
- Work closely with each agency to make clear the expected goals/outcomes of the SNT strategy and to jointly develop a plan with clearly established action steps to meet the goal/outcomes.
- Closely monitor results and immediately provide technical assistance to agencies that are not meeting goals.
- Provide more on-site training for agencies experiencing data entry challenges.
- Appoint a project lead for the SNT strategy at the state level who can serve as a point of contact when agencies encounter challenges.
- Obtain community and peer buy-in before implementing the strategy. This can be done by hosting a series of community meetings explaining the strategy and engaging the community in how the strategy is working throughout the implementation period.

Challenge: Incentives

Incentives have been used to varying degrees of success with HIV CTR sites in Wisconsin in the past as a method for agencies to bring high-risk individuals into the agency for testing. Initially, each agency determined if incentives would be used, the type of incentive to use, and the monetary value of the incentive. Collected anecdotal information revealed this led to large discrepancies in provided incentives which led to clients "shopping" for the test site with the best incentive. To prevent incentive "shopping" the protocol standardized the incentive amount at $20 to be shared evenly between the recruiter and the network associate. Each test site determined the appropriate incentive based on their knowledge of and feedback from their clients. Information collected during quarterly meetings and through the qualitative evaluation interviews revealed that test sites were not following the protocol and that the high number of repeat testers may be the result of individuals shopping for incentives.

Recommendations

- Determine if monetary incentives are necessary. While incentives often initially bring in high-risk individuals for testing, they are costly and challenging to manage at the agency level, and can lead to competition between participating agencies that are working towards a common purpose.

- If incentives are used, the amount should be consistent across participating agencies. If gift cards are used as incentives, participating agencies should agree on a location from which to purchase the gift cards. Cash and competing gift cards should not be used, as this creates an additional reporting burden and competition between participating agencies.
- If a recruiter appears to be mostly interested in recruiting network associates in order to receive an incentive during the recruiter screening process, consider whether this recruiter's motivations are in line with the goals of the SNT strategy. Recruiters mostly interested in incentives tended to bring lower risk individuals and repeat testers more often than recruiters for whom the incentive was not their primary motivation for participation.

Challenge: Service Area

Wisconsin is a low to medium incidence state. The majority of HIV-positive individuals reside in the state's southeastern region, with most living in the city of Milwaukee. The city of Milwaukee has approximately 600,000 residents with another 1 million individuals in the surrounding areas that make up the Milwaukee-Waukesha-West Allis Metropolitan Statistical Area. This is a relatively small area, and with five agencies conducting SNT, there was a great deal of service overlap between the agencies. Most agencies are clustered within the same geographic area of the city of Milwaukee, and most serve the same high-risk target populations. Most agencies are also open at the same time of day. Agencies reported feeling like they were competing to test the same clients.

Recommendations

- Do not implement the SNT strategy at all test sites. Select a limited number of agencies that have established and trusted relationships with the target populations.
- Coordinate with all test sites and clearly define service areas and target populations.
- Determine if some agencies can conduct HIV testing outside of traditional business hours to reach different members of the target population(s).

Challenge: Staff Skills and Turnover

Agency staff skills and turnover impacted the initiative. The strategy and protocol relied heavily on staff trained to do HIV counseling, testing, and referral to recruit social networks recruiters and coach them to be successful, and often these staff had little or no experience in volunteer management or training. Throughout the demonstration period, agencies reported staff vacancies, which meant there were not always dedicated staff to work with the SNT strategy. Additionally there is considerable lag time between when new staff started and developed the comfort level and skills necessary to successfully lead a SNT strategy.

Recommendations

- Encourage test sites to have all testing staff trained and familiar with the SNT strategy. Even clients tested under traditional HIV CTR strategies may be qualified candidates for SNT recruiters.
- Allow only staff experienced in volunteer management or training to work with social networks recruiters. If no staff has this type of experience, find training that may give them the skills they need to successfully coach and manage social networks recruiters.

SUSTAINABILITY

The SNT strategy has been used by most publicly funded HIV CTR sites for several years, and the program will continue at limited sites as an optional strategy to reach high-risk individuals for HIV testing. The SPNS demonstration project allowed the AIDS/HIV Program to learn valuable lessons in how best to implement the SNT strategy going forward, and we will use the lessons learned to implement the recommendations above with any site considering implementing the SNT strategy in the future. The SNT strategy works best when used in conjunction with other HIV testing strategies (such as Internet outreach), and any site considering implementing SNT in the future should not implement it as the sole strategy for reaching clients for their HIV testing program.

ACKNOWLEDGEMENTS

The Wisconsin Division of Public Health AIDS/HIV Program would like to acknowledge and thank the Health Resources and Services Administration HIV/AIDS Bureau for funding this effort, the Education and Technical Assistance Center at the University of California-San Francisco for their technical assistance and guidance, the other demonstration sites for their sharing of ideas and documents, the Wisconsin SPNS Steering Committee for their planning assistance, AIDS Project Los Angeles and the Latino Commission on AIDS for providing additional training and technical assistance, Linkage to Care Specialists, Case Managers, and health care providers for providing linkage and retention to care and medical care for HIV-positive individuals, and the community-based HIV testers for their unwavering commitment to serving their clients. In addition, we would like to thank all of our community partners who attended the learning sessions, provided information and feedback, and worked to help individuals learn their serostatus and make connections to the appropriate resources. Their continued commitment to persons living with HIV in Wisconsin is invaluable. A list of key implementation and evaluation staff are listed below in Table 1.

For more information about the Social Networks Testing and/or Counseling, Testing, and Referral programs, please contact Jacob Dougherty (jacob.dougherty@dhs.wisconsin.gov) with the Wisconsin AIDS/HIV Program.

Table 1. Key staff involved in the LTCS program implementation

Program Development and Implementation Casey Schumann* Jacob Dougherty James Stodola James Vergeront* Karen Johnson Kathleen Krchnavek* Leslie Anderson* Mari Ruetten* Megan Elderbrook Timothy Pilcher **Local Evaluation** Mary Peng Michelle Broaddus* Ryan Westergaard Timothy Hess **Social Networks Testing Staff** Allison Harder Anthony Evans Buenaventura Castrejon Chloe Jackson Chris Lee Danielle Flores Fredy Roberts Hugo Jimenez James Ford Joel Duffrin Laura Runchey Lawrence Harris Lorenzo Scott Matt Hazelberg Megan Vande Hei Monty Scott Naronne Cole Pedro Perez Ricardo Wynn Ronnie Grace Tae Veasy Terry Fox	**Social Networks Testing Supervisors** Charles Smart Ericka Sinclair Gina Allende Jacob Dougherty Jeff Smith Jennifer Ward Jenny Shafer Jose Salazar Katie Hamm Kimberly Sherard Laura Stephens Lisa Danelski Scott Stokes **Steering Committee** Andrew Petroll Laura Johnson Kathleen Krchnavek Mandy Kastner Mary Jo Hussey Tony Somlai **HRAS Project Officer** Pamela Belton* **Education and Technical Assistance Center Coach** Jane Fox*

**Also participated in the Steering Committee*

I. APPENDICES

Appendix A
Social Networks Readiness Checklist

1. Do you have a Counseling, Testing and Referral program? Yes ☐ No ☐

If no, do you have the capacity to establish testing services?

2. Do you have expertise in working with the designated target population? Yes ☐ No ☐

If no, what is your plan to access the target population?

3. Do you have staff with expertise in interviewing, counseling, testing, outreach, data collection, coordination, project management? Yes ☐ No ☐

If no, what is your plan to obtain staff with this expertise?

4. Do you have access to high-risk and HIV-positive persons who may serve as potential recruiters? Yes ☐ No ☐

If no, what is your plan to access these persons?

5. Does your program offer a variety of HIV prevention services? Yes ☐ No ☐

If not, do you have a referral relationship with other agencies that offer these services?

6. Does your program offer medical care services for HIV-positive clients? Yes ☐ No ☐

If not, do you have a referral relationship with other agencies that offer these services?

7. Do you currently have referral tracking systems in place? Yes ☐ No ☐

If not, do you have the capacity to develop and implement a referral tracking system?

Appendix B

SOCIAL NETWORKS TESTING PROGRAM: Implementation Checklist

Planning and Pre-Implementation

Integrate SN Strategy into current services

1. Promoted SN within agency and obtained buy-in from management and direct service staff. **Yes** ☐
2. Assessed current testing sites and procedures planned to discontinue low-prevalence sites. **Yes** ☐
3. Identified key supervisory and direct service staff and defined percent of FTE equivalent for each staff. **Yes** ☐

Involving the target population

8. Identified target population. **Yes** ☐
9. Procedures identified for obtaining input from the target population (e.g., advisory group, focus groups). **Yes** ☐
10. Identified incentives appropriate for target population and procedures to obtain and record incentives. **Yes** ☐
11. Determined a program timeline and identified procedures and to implement timeline. **Yes** ☐
12. Identified obtainable anticipated measurable outcomes. **Yes** ☐
13. Procedures identified for meeting state protocol standards and documentation requirements for planning and pre-implementation activities. **Yes** ☐

Implementation

Phase 1: Recruiter Enlistment

1. Procedures by which potential recruiters will be identified from this population or pool. **Yes** ☐
2. Procedures for identifying additional potential recruiters during the course of the project. **Yes** ☐
3. Procedures and criteria (inclusion and exclusion) for screening potential recruiters to determine eligibility for the project. **Yes** ☐

Phase 2: Recruiter Engagement (Orientation, interview, and coaching)
Orientation

1. Developed materials to orient potential recruiters. **Yes** ☐
2. Procedures for how and when new recruiters will be oriented to the project. **Yes** ☐
3. Developed *Participant Agreement* and procedures for obtaining consent. **Yes** ☐
4. Procedures for documenting persons who receive the orientation and elect to participate in the project. **Yes** ☐

Interview/Coaching

1. Procedures for eliciting network associates meeting target population. **Yes** ☐
2. Procedures for developing a plan for linking network associates to testing. **Yes** ☐
3. Procedures for coaching recruiters on approaching network associates. **Yes** ☐
4. Procedures for providing follow-up and ongoing agency support and coaching of recruiters. **Yes** ☐

Phase 3: Recruitment of Network Associates

1. Procedures for recruitment of network associates. **Yes** ☐
2. Procedures for determining if network associates for whom recruiter referral is planned reported for CTR and meet target population. **Yes** ☐
3. Procedures to conduct follow-up activities with recruiters. **Yes** ☐

Phase Four: Counseling, Testing, and Referral

1. Procedures for providing CTR to network associates. ***Yes*** ☐
2. Procedures for linking network associates testing positive to HIV specialty services and documenting outcomes ***Yes*** ☐
3. Procedures for identifying which recruiter linked network associates to CTR. ***Yes*** ☐
4. Procedures for providing and recording recruiter and network associates' incentives. ***Yes*** ☐
5. Procedures for transitioning recruiters **Yes** ☐
6. Procedures for meeting data collection and entry requirements. **Yes** ☐
7. Procedures for conducting expanded SNT activities. **Yes** ☐

Monitoring and Evaluation

1. Procedures to monitor program process and outcomes **Yes** ■
2. Procedures to adjust process as appropriate to meet outcomes. **Yes** ■

Agency Requirements

Procedures to conduct initial and annual assessment of potential barriers to accessing services:

- Architectural **Yes** ☐
- Attitudinal **Yes** ☐
- Environmental **Yes** ☐
- Communication **Yes** ☐
- Transportation **Yes** ☐

Agency Administrative Responsibilities

Procedures to ensure ongoing protection of client information in three categories:

- Record Keeping and Documentation Practices **Yes** ☐
- Maintaining Privacy and Confidentiality **Yes** ☐
- Data Security Practices **Yes** ☐

Appendix C

Social Networks Testing

A Community-Based, Peer-Driven Strategy for Identifying Persons with Undiagnosed HIV Infection

Implementation Plan

Agency information

Agency Name:

Contact Person for Implementation Plan

Name:

Phone:

Email:

Program Overview

Instructions: Provide a one-sentence overview of the project.

(Example*: Social Networks testing strategy with Latina women who are at high risk for HIV but are not receiving HIV Counseling, Testing, and Referral through other strategies.)*

Appendix C

SECTION ONE: *PLANNING AND PRE-IMPLEMENTATION*

Key staff	
Instructions: Provide names, titles, phone and emails for each of the following:	
SNT Supervisor	
SNT Service Delivery Staff:	
Data Entry Staff (if different than direct service staff)	

Full-time Equivalent (FTE) Employees for Implementing Social Networks Testing Strategy			
From AIDS/HIV Program:		**From all Sources:**	

Integrating SNT with Current Services

Use one to two paragraphs to describe how SNT will be integrated with current testing services. Include methods to obtain staff buy-in, assess current testing services and discontinue test sites with no or no recent prevalence of newly identified positives.

Promote the Program

Use one paragraph to describe strategies/materials that will be developed to publicize and promote the program among staff. Use one paragraph to describe strategies/materials that will be developed to publicize and promote the clients.

Identify the Target Population:

Use one paragraph to describe target population with whom your program will work to provide social networks testing. Specify characteristics such as gender, sexual orientation, race/ethnicity, age group, risk group, geographic location, etc. Describe any other demographic, cultural, or social characteristics of the population that are relevant to the program.

Involve the Target Population

Use one or two paragraphs to describe how the target population will be involved in planning, implementation, and evaluation of the program. Include a description of any advisory group or committee comprised of members of the target population that will be formed. Specify the group's role and responsibilities. For example, an advisory group is useful for giving feedback on proposed incentives, promotional brochures for the program, recruiter orientation training materials, etc.

Appendix D

SNT STAFF TRAINING DESCRIPTIONS

The Wisconsin AIDS/HIV Program has a unique relationship with the UW-Madison AIDS Outreach Program and Training System (hereafter the UW Training System). Funds from Ryan White and CDC grants are used to support the UW Training System to provide a series of "core courses" for staff at grantee programs across the state. The grantee staff includes persons providing Program-funded HIV testing, care case management, linkage to care, HIV prevention education, and other services. The UW Training System also coordinates the CDC and HRSA-mandated *HIV Community Planning* process for Wisconsin. In addition, the UW Training System works with the AIDS/HIV Program to bring in capacity-building providers, including CDC CBA providers, to conduct training and workshops with local agencies. The State of Wisconsin AIDS/HIV Training System can be accessed at http://wihiv.wisc.edu/trainingsystem/

Required Courses

HIV: Basic Facts

This online course provides an introduction to HIV/AIDS for practitioners beginning to work in the field of HIV services. It examines basic information about the virus, transmission, disease progression, epidemiology, prevention, and services. The course focuses on the socio-behavioral aspects of HIV infection rather than the biomedical aspects.

Objectives:

- Answer basic questions about HIV, HIV transmission, and disease progression.
- Describe evidence-based interventions to reduce risks of transmission, including HIV testing.
- Identify agencies and organizations providing prevention and care services.
- State facts about populations affected by HIV in Wisconsin.
- Describe populations at greatest risk for HIV transmission in Wisconsin.
- Discuss implications for prevention and care related to the HIV health disparities.

Audience: Staff and managers of agencies funded by the Wisconsin AIDS/HIV Program or permission of instructor.

HIV Counseling Skills

HIV Counseling Skills is a two-day workshop that provides an introduction to counseling skills essential for effective HIV counseling in a variety of settings, including community-based organizations and other venues. Participants learn about the federal Centers for Disease Control and Prevention (CDC) counseling protocol and have opportunities to develop

counseling skills in the context of HIV work. HIV counseling skills use techniques similar to motivational interviewing.

Objectives:

- Describe and demonstrate fundamental counseling concepts and skills.
- Describe the Stages of Change model of behavior change.
- Describe and demonstrate in practice sessions the steps of the HIV prevention counseling protocol.
- Demonstrate barrier methods to reduce sexual risk transmission.

Audience: Staff and managers of agencies funded by the Wisconsin AIDS/HIV Program or permission of instructor.

HIV Counseling, Testing, and Referral New Provider Training

This two-day workshop provides an overview of HIV Counseling, Testing, and Referral (CTR) services. It includes a description of the history of CTR services and identifies the target audience for, and objectives of, the Wisconsin AIDS/HIV CTR Program, program protocols, HIV test types and their uses, HIV testing algorithms, the Clearview Complete rapid test, HIV care and treatment advances, referral expectations, and data collection requirements.

In addition, the course is designed to build upon skills from previous workshops to support providers to develop test decision counseling skills, giving test results, and linking consumers to community resources.

Objectives:

- Identify the history, purpose, target audience, and goals of HIV CTR services.
- Identify and apply government, regulatory and program requirements for conducting HIV testing, including client confidentiality, disclosure of test results, and record keeping
- Identify and explain information on HIV testing options, limitations, meaning of test results, and recommendations for additional testing.
- Identify how HIV treatment advances have affected the epidemic and HIV testing services, including how they benefit individual and public health.
- Apply fundamental counseling concepts and skills in the course of an HIV testing session and development of client-centered risk assessment and risk reduction planning.
- Utilize community resources to effectively meet client needs, particularly clients testing positive for HIV.
- Document referral process, including documenting referral follow-up and outcomes.

Audience: Staff of agencies serving as publicly funded HIV Counseling, Testing, and Referral (CTR) or HIV Partner Services (PS) testing sites. Individuals wishing to register who are not directly associated with an HIV CTR or PS site must get permission from the instructor.

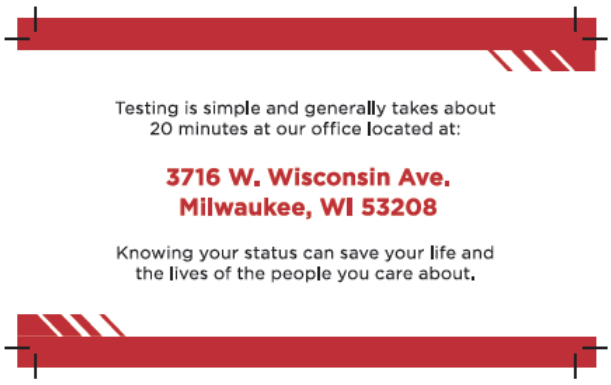
Appendix E

Social Networks Testing Agency Referral Card

The following is an example of a referral card used by an agency to promote their Social Networks Testing program. The referral card is referenced in the protocol in Section 2: Implementation in the box labeled "Recruiter and Provider Responsibilities." The Social Networks Recruiter enters their ID in the section labeled 'R' on the card.

FRONT

FRONT



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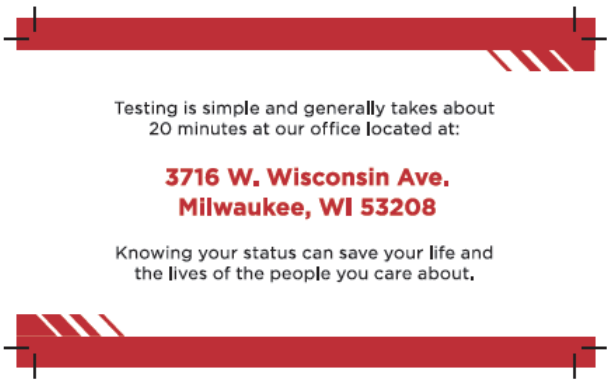

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