



Improving Health Outcomes

Moving Patients Along the HIV Care Continuum and Beyond

JUNE 2017

INTERVENTION OVERVIEW & REPLICATION TIPS

Social Networks Testing

Wisconsin Department of Health Services, Wisconsin

This intervention document is part of a training manual, “Improving Health Outcomes: Moving Patients Along the HIV Care Continuum and Beyond” and is published by the Special Projects of National Significance (SPNS), under the HIV/AIDS Bureau (HAB) of the Health and Human Service’s (HHS), Health Resources and Services Administration (HRSA).

The full manual highlights 10 interventions along the HIV Care Continuum. Individual intervention chapters as well as the full manual are available.



Diagnosing HIV



Linkage to Care



Retention in Care



Prescription of ART & Medication Access



Beyond the Care Continuum: Addressing HCV Comorbidity and Coinfection



U.S. Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau



Diagnosing HIV

In the U.S., approximately 1 in 8 HIV-positive individuals are unaware of their status.¹⁰ Awareness of HIV status is a necessary first step to link people living with HIV into medical care and move them along the HIV Care Continuum toward retention in HIV primary care, and ultimately, viral suppression.

A critical first step is educating and offering HIV testing to increase the number of persons who know their HIV status and linking them to HIV primary care. Once individuals know their status and are linked to care, they are far less likely to engage in risky behaviors and, thus, are less likely to transmit the virus. Current research has found that individuals who are unaware of their HIV status, and those diagnosed but not in medical care, account for 91.5% of new HIV transmissions.¹¹ Conversely, adherence to HIV medications can lead to decreased transmissibility by 96%, underscoring the importance of identifying HIV cases and securing treatment for these individuals.¹²

The Centers for Disease Control (CDC) and the U.S. Preventive Services Task Force (a government group of doctors and scientists) call for routine HIV screening for adolescents and adults and at least annual testing for persons at increased risk for HIV infection; HIV testing is considered a preventive service offering.^{13, 14, 15}

Increasing access to testing for HIV offers both public and individual health benefits. But a host of barriers prevent people from being tested, such as lack of access to health care; lack of perceived risk; competing priorities, particularly those related to basic survival needs; substance use and mental health issues; stigma; and more.

In the U.S., the burden of HIV is not distributed equally. At the time of this manual's publication, gay and bisexual men, including youth, black, gay and bisexual men; Black females; persons living in the

¹⁰ CDC. HIV in the United States: At a Glance. Fact Sheet. Available at: www.cdc.gov/hiv/pdf/statistics_basics_ataglance_factsheet.pdf.

¹¹ Skarbinski, J et al, Human Immunodeficiency Virus Transmission at Each Step of the Care Continuum in the United States, *JAMA Intern Med.* 2015; 175(4):588–596, published online February 23, 2015.

¹² Cohen MS, Chen YQ, McCauley M, et al; HPTN 052 Study Team. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med.* 2011.11;365(6):493-505.

¹³ The CDC recommends routine HIV screening for adults and adolescents ages 13-64 and the U.S. Preventive Services Task Force recommends HIV screening for individuals ages 15-65.

¹⁴ CDC. HIV Testing. November 5, 2015. Available at: www.cdc.gov/hiv/testing/

¹⁵ U.S. Preventive Services Task Force. Final Recommendation Statement: Human Immunodeficiency Virus (HIV) Infection: Screening. December 2016. Available at: www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening

Southern U.S.; youth; persons who inject drugs; and transgender persons are particularly affected. These groups are also most likely to be hard to reach and out of care.

Innovative intervention models such as the Wisconsin Department of Health Services' Social Networks HIV Testing Program (Social Networks Testing) can readily identify high-risk target populations, test them, and link high-risk target populations into care. In fact, Social Networks Testing (also known as Social Networks Strategy)¹⁶ has tested and diagnosed more HIV-positive people than more traditional outreach methods. Thus, Social Networks Testing may be more effective and a better use of staff time for contacting undiagnosed HIV-positive people than more common approaches.¹⁷

¹⁶ Social Networks Testing is the intervention name used by the Wisconsin Department of Health Services during their SPNS Intervention. This intervention may also be known by the CDC name of "Social Networks Strategy."

¹⁷ Kimbrough LW, Fisher HE, Jones KT, et al. Accessing Social Networks With High Rates of Undiagnosed HIV Infection: The Social Networks Demonstration Project. *AJPH*. 2009;99(6): 1093–99.

Improving Health Outcomes

Moving Patients Along the HIV Care Continuum and Beyond

INTERVENTIONS AT-A-GLANCE | INTERVENTION SUMMARY TABLE



Diagnosing HIV

INTERVENTION OVERVIEW & REPLICATION TIPS

- ▶ **Social Networks Testing**
Wisconsin Department of Health Services



Linkage to Care

INTERVENTION OVERVIEW & REPLICATION TIPS

Assess, Test, Link: Achieve Success (ATLAS) Program
Care Alliance Health Center (OH)

Enhancing Linkages to Care for Women Leaving Jail
University of Illinois at Chicago

Video Conferencing Intervention
Louisiana Department of Health and Hospitals

Active Referral Intervention
Virginia Department of Health

Louisiana Public Health Information Exchange (LaPHIE)
Louisiana State University, Health Science Center and Louisiana Department of Health Hospitals, Office of Public Health



Retention in Care

INTERVENTION OVERVIEW & REPLICATION TIPS

My Health Profile
New York-Presbyterian Hospital



Prescription of ART & Medication Access

INTERVENTION OVERVIEW & REPLICATION TIPS

Care Coordination Intervention
Virginia Department of Health



Beyond the Care Continuum: Addressing HCV Comorbidity and Coinfection

INTERVENTION OVERVIEW & REPLICATION TIPS

Hepatitis Treatment Expansion Initiative
University of California, San Francisco, San Francisco General Hospital HIV Clinic

Hepatitis Treatment Expansion Initiative
Washington University School of Medicine (MO)








INTERVENTION OVERVIEW & REPLICATION TIPS

Social Networks Testing

Wisconsin Department of Health Services, Wisconsin



The table below provides a general overview of the Social Networks Testing intervention so readers can assess the necessary steps required for replication. Social Networks Testing demonstrates that members of high-risk groups are often more effective at identifying and recruiting HIV-positive and at-risk individuals than traditional testing and outreach models.

Intervention at-a-Glance	
<p>Step 1</p> 	<p>Identify and Enlist Recruiters</p> <p>Recruit HIV-positive or high-risk HIV-negative individuals whose social networks align with the target population for your proposed intervention. These individuals have likely previously tested at your agency.</p>
<p>Step 2</p> 	<p>Engage Recruiters</p> <p>Recruiters receive orientation, interviewing, and coaching. This requires one key staff person to serve as the primary point of contact for Recruiters throughout the project.</p>
<p>Step 3</p> 	<p>Solicit Network Associates</p> <p>Recruiters reach out to a set number of individuals within their social networks (known as Network Associates) and connect them to HIV counseling, testing, and referral. The number of recruited Network Associates is typically capped around 20.</p>
<p>Step 4</p> 	<p>Provide Counseling, Testing, and Referral</p> <p>Provide HIV counseling and testing to Network Associates and, as appropriate, active linkage to care. If Network Associates appear to be good fits as Recruiters, approach them about the position and, if interested, the process begins again.</p>
<p>Step 5</p> 	<p>Connect to a Linkage-to-Care Specialist</p> <p>After someone tests HIV positive, connect them to a dedicated Linkage-to-Care Specialist who serves as a patient navigator and provides short-term, more intensive care management and coordination services for patients to help them identify and overcome barriers to care.</p>

Source: Wisconsin Department of Health Services. *Social networks HIV testing program manual: a recruitment program for HIV counseling, testing, and referral services.* August 2015.



Resource Assessment Checklist

Organizations should walk through a Resource Assessment (or Readiness) Checklist to assess their ability to conduct this work. If organizations do not have these components in place, they are encouraged to develop their capacity so that they can successfully conduct the Social Networks Testing intervention. Questions to consider include:

- Does your organization have a Counseling, Testing, and Referral program and, if not, does it have the capacity to establish one?
- Does staff have expertise in interviewing, counseling, testing, outreach, data collection, and project management and, if not, is there a plan in place to hire (if needed) and train staff to obtain this expertise?
- Has your organization identified a target population(s) and does the organization have experience working with this population? If not, is there a plan in place to access (and work with) this population?
- Does your organization have access to HIV-positive or high-risk HIV-negative individuals linked by social networks to your target audience? If not, is there a plan to access these individuals?
- Does your organization offer a range of HIV prevention services or have a strong formal referral relationship in place with an organization that does?
- Does your organization offer HIV primary care services or have a strong formal relationship in place with an organization that does?
- Is there a referral tracking system in place and, if not, does your organization have the capacity to develop one?
- Does your organization have—or can it free up—adequate time for staff to implement this intervention? The CDC recommends having at least two staff members who are trained in the intervention and a budget of 20 hours total per week for Social Network Testing activities. That said, it may be possible to weave some Social Network Testing intervention activities into existing HIV counseling and testing activities, such as screening potential new Recruiters as part of broader risk assessment screenings. This will depend on what scale your organization wants the intervention.

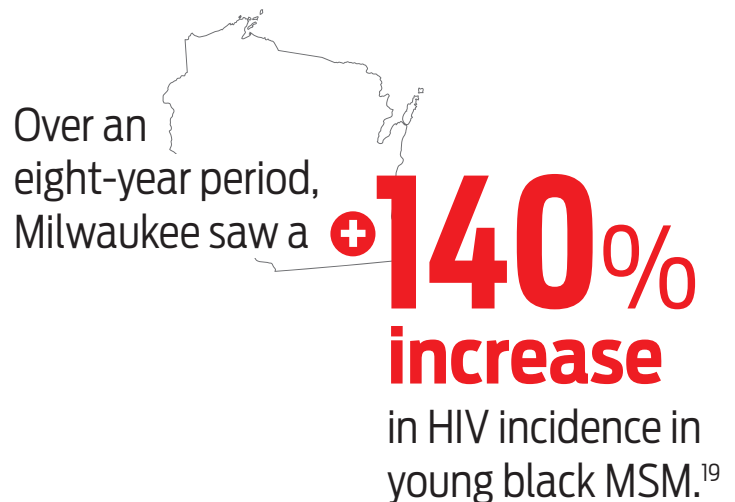
Source: Wisconsin Department of Health Services. *Social Networks HIV Testing Program Manual: A Recruitment Program for HIV Counseling, Testing, and Referral Services*. August 2015.

Centers for Disease Control and Prevention (CDC). Social Network Strategy: Frequently Asked Questions. n.d. Available at: <https://effectiveinterventions.cdc.gov/docs/default-source/sns/15-sns-frequently-asked-questions-handout-final.pdf?sfvrsn=0>.

Setting the Stage: Grantee Intervention Background

Wisconsin is a low-to-moderate HIV incidence state; however, diagnoses and prevalence rates in certain populations or parts of the state are comparable to other heavily impacted populations nationwide.¹⁸

Like many other parts of the country, Wisconsin—primarily Milwaukee—has seen an alarming spike in the number of new HIV diagnoses among young MSM. In the few years leading up to the SPNS intervention, new infections among males age 13–29 had nearly doubled. Over an eight-year period, Milwaukee saw a 140% increase in HIV incidence in young (under the age of 30) black MSM.¹⁹ Among all people with HIV in the U.S., young, black MSM are among the least likely to be aware of their infection²⁰ and experience lower levels of engagement in HIV care and viral suppression than other HIV-infected populations.



In response to rising HIV rates, the Wisconsin Department of Health Services launched its first Social Networks HIV Testing Strategy (Social Networks Testing) at select sites.²¹ Social Networks Testing is a recruitment intervention for HIV counseling, testing, and referral services. (The core concept, goals, and intervention steps of “Social Networks Testing” may also be known as “Social Networks Strategy,” as referred to by the CDC.)

The goal of Social Networks Testing is to leverage existing social networks to find members of high-risk groups and reach persons unaware of their HIV status, provide HIV testing, and link newly diagnosed clients into HIV primary care within 1 month of their diagnosis with the support from a Linkage-to-Care Specialist. Clients are also linked to HIV Partner Services.²² The Wisconsin Department of Health Services' addition of a dedicated Linkage-to-Care Specialist, including more robust patient navigation services following diagnosis, are unique

The goal of Social Networks Testing is to leverage existing social networks to find members of high-risk groups and reach persons unaware of their HIV status.

¹⁸ Wisconsin Department of Health Services. *Social Networks HIV Testing Program Manual: A Recruitment Program for HIV Counseling, Testing, and Referral Services*. August 2015.

¹⁹ Wisconsin Department of Health Services. *Social Networks HIV Testing Program Manual: A Recruitment Program for HIV Counseling, Testing, and Referral Services*. August 2015.

²⁰ CDC. HIV Prevalence, Unrecognized Infection, and HIV Testing Among Men Who Have Sex With Men—Five U.S. Cities, June 2004–April 2005. *MMWR*.2005;54(24):597–601.

²¹ Wisconsin Department of Health Services. *Social Networks HIV Testing Program Manual: A Recruitment Program for HIV Counseling, Testing, and Referral Services*. August 2015.

²² Wisconsin Department of Health Services. *Social Networks HIV Testing Program Manual: A Recruitment Program for HIV Counseling, Testing, and Referral Services*. August 2015.

The **Institute of Healthcare Improvement (IHI) Collaborative Learning Model** informs the Wisconsin Department of Health Services' Social Networks Testing intervention. IHI's Collaborative Learning Model is a systematic approach to healthcare quality improvement in which systems, organizations, and providers implement and measure small-scale interventions, then share their experiences to accelerate learning and implementation.

additions to this intervention. Because the Ryan White HIV/AIDS Program is focused primarily on care and treatment of PLWH and Social Networks Testing targets an earlier stage of the Care Continuum, the Wisconsin Department of Health Services created more intensive linkage services to ensure that newly diagnosed patients connect with Ryan White-funded care and treatment services and actively progress along the Care Continuum.

Wisconsin received SPNS funding as part of the **Systems Linkages and Access to Care for Populations at High Risk of HIV Infection (System Linkages) Initiative**.

Description of Intervention Model



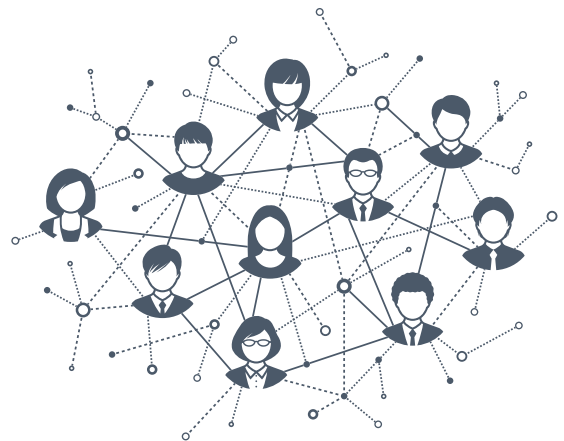
CHALLENGE ACCEPTED

THE CHALLENGE: finding hard-to-reach, high-risk, HIV-positive, previously undiagnosed individuals and actively linking them to HIV primary care and services.

Intervention Model: **Social Networks Testing**

The HIV positivity rate among all people tested in a given area is variable, but often less than 1%. According to Wisconsin's Department of Health Services, "This suggests a need for more efficient targeting that will reach persons at increased risk who are not being reached with current methods."²³

Using Social Networks Testing, HIV-positive and high-risk HIV-negative persons are enlisted to recruit people from their social, sexual, and/or drug-using networks who may be at risk for HIV infection. They are linked to HIV counseling, testing, and referral services.^{24, 25} This strategy is based on the concept that social networks often overlap with sexual or drug-use networks, where HIV risk activities occur. The principle behind Social Networks Testing is that people in the same social network share similar risk behaviors and have a similar chance of being HIV infected. This creates a refined, targeted, and focused approach. Social Networks Testing builds on the relationships and trust among people in shared social networks and the influence they can exert on one another.



²³ Wisconsin Department of Health Services. *Social networks HIV testing program manual: a recruitment program for HIV counseling, testing, and referral services*. August 2015.

²⁴ Jordan WC, Tolbert L, Smith R. Partner notification and focused intervention as a means of identifying HIV-positive patients. *J Natl Med Assoc* 1998;90:542-6.

²⁵ CDC. Use of social networks to identify persons with undiagnosed HIV infection—Seven U.S. Cities—October 2003-September 2004. *MMWR* 2005;54:601-6

This approach is a viable strategy for identifying undiagnosed HIV infection.²⁶ For example: a CDC study on Social Networks Strategy (aka Social Networks Testing) found that 6% of study participants were newly identified as HIV-positive—six times the national positivity rate.²⁷ Additionally, 82% of participants in the CDC study, while HIV-negative, were deemed high-risk; this offered a critical opportunity to provide risk-reduction counseling where it was most needed.²⁸ Social Networks Testing demonstrates that members of high-risk groups are often more effective in identifying persons with HIV or at risk for HIV than traditional testing and outreach methods. Social Networks Testing may be particularly effective for reaching individuals who cannot be reached through other outreach activities.

Social Networks Testing staff screen and enlist HIV-positive and high-risk HIV-negative individuals as “Recruiters” to identify individuals from their social, sexual, and drug-using networks who may be at risk for HIV infection. Recruiters refer these members from their social networks (known as Network Associates) to HIV counseling, testing, and referral services. If Network Associates appear to be good candidates, then they are approached about becoming a Recruiter and the cyclical nature of the intervention continues.

Social Networks Testing: Terminology 101

Recruiter: An HIV-positive or high-risk HIV-negative individual with social networks that intersect with the organization’s target population(s). Recruiters serve a short-term position and require coaching (rather than more formal training). Recruiters identify Network Associates in their social networks (e.g., friends and sex or drug partners) that they believe are at risk for HIV, and refer or accompany them to HIV testing.

Network Associate: An individual who is believed to be HIV-positive or at risk for HIV, who comes in for testing based on the encouragement of a Recruiter (who is a person they know). Network Associates are representative of the target audience(s) that the CBO is trying to reach.

Positivity Rate Findings from Social Networks Testing Project²⁹

Wisconsin’s Social Networks Testing Project

2.94%

Publically
Funded Sites

0.91%

²⁶ 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.

²⁷ Wisconsin Department of Health Services. *Social networks HIV testing program manual: a recruitment program for HIV counseling, testing, and referral services*. August 2015.




²⁸ 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.

Wisconsin Department of Health Services has rolled out two iterations of the Social Networks Testing intervention. The Department recommends that state or local health departments looking to replicate this intervention consider selecting just a few sites when starting, where larger concentrations of the target audience can be reached, and where protocol adherence can be closely monitored, instead of a full statewide rollout. The Social Networks Testing intervention can be integrated and replicated directly by CBOs and other provider sites so long as they offer—or have a collaborative partner that offers—HIV testing and counseling. The items in the **Resource Assessment (Readiness) Checklist**, however, must still be met.

When rolled out on a smaller scale with full protocol compliance, Wisconsin's Social Networks Testing project yielded a much higher positivity rate (2.94%) than the overall positivity rate at publicly funded test sites (0.91%).²⁹

²⁹ Wisconsin Department of Health Services. *Social networks HIV testing program manual: a recruitment program for HIV counseling, testing, and referral services*. August 2015.

Staffing Requirements & Considerations for Replication

<p>Staffing Capacity</p> 	<p>Based on the Wisconsin Department of Health Services work, here are the types of staff capacity and characteristics necessary to replicate this intervention.</p> <ul style="list-style-type: none"> Staffing depends, in part, on the scale of the intervention and whether it is being used to bolster other agency outreach and recruitment strategies, or if it is being done as a stand-alone intervention. The CDC recommends having at least two staff trained in the intervention, and 20 hours total per week budgeted for Social Networks Testing activities, although some intervention activities can be woven into existing clinic HIV counseling and testing activities (such as screening potential new Recruiters as part of broader risk assessment screenings). A Linkage-to-Care Specialist or other similar personnel to provide patient navigation and short-term intensive care management should be available to patients who test HIV positive.
<p>Staff Characteristics</p> 	<ul style="list-style-type: none"> Recruiters are either HIV-positive or high-risk HIV-negative individuals. (Note: Recruiters do not have to disclose their HIV status, or engagement in or degree of high-risk behaviors to the Network Associates they recruit.) They are in good standing with your organization, have accessed your site, and are considered trusted community leaders. Recruiters are comfortable and knowledgeable with the topic of HIV. They are representative of the target population(s) or have access to target population(s) through their existing social networks. They desire to help their community and see value in Social Networks Testing. Recruiters should interact well with peers. Recruiters should be able and willing to <ul style="list-style-type: none"> ➤ access persons in social networks representative of the target population(s) (Note: These do not need to be people the Recruiter has engaged in high-risk behaviors with—only that the Recruiter believes the person has engaged in high-risk behavior(s) and is currently unaware of their HIV status). ➤ recruit members of social networks to refer to testing. ➤ participate in two or more total meetings with testing staff. ➤ agree and adhere to confidentiality and other project policies and procedures.
<p>Disqualifying Characteristics</p> 	<p>Persons should not be considered as Recruiters if</p> <ul style="list-style-type: none"> they have a history of coercion or violence against partners or peers have mental illness in an acute stage have their health or social needs jeopardized or delayed because of participation in the project their primary interest in the program is receiving an incentive (if one is given).

Sources: CDC. Social Networks Strategy: Frequently Asked Questions. n.d. Available at: <https://effectiveinterventions.cdc.gov/docs/default-source/sns/15-sns-frequently-asked-questions-handout-final.pdf?sfvrsn=0>.

Wisconsin Department of Health Services. *Social Networks HIV Testing Program Manual: A Recruitment Program for HIV Counseling, Testing, and Referral Services*. Final Report. August 2015.

Replication Tips for Intervention Procedures and Client Engagement

This section provides tips for readers interested in replicating the intervention and, where applicable, includes grantee examples for further context.

Recommendations for getting started:

- **Appoint a project leader and champion** who will serve as a point of contact to drive implementation of the intervention and be a key point of contact when challenges arise.
- **Select a specific number of agencies** to implement the strategy (if partnering with other organizations). These should ideally be organizations with which you have an established, trusting relationship.
 - **Walk through the intervention** components with these organizations.
 - **Determine a key target audience(s)**. This should be as specific as possible (e.g., gender, sexual orientation, race/ethnicity, age group), although not so narrow as to create obstacles for recruitment. Surveillance data should be consulted to inform the target audience(s).
 - **Establish communication channels** with dedicated staff at partner agencies and conduct monitoring.
 - **Create a protocol** and ensure key decision makers—and representatives of the target audience—have reviewed and provided feedback before it is implemented, and modify as necessary. Protocol standardization facilitates intervention consistency across sites and quicker ramp-up of new staff.
 - **Establish a Memorandum of Understanding (MOU)** outlining the roles and responsibilities of respective parties.
- Agencies should **determine the timing of their intervention** (i.e., goal dates for anticipated steps to occur) as well as any measurable outcomes they'd like to track.
- Determine if agencies can **conduct HIV testing outside of traditional business hours**, to better reach members of the target population.
- Encourage test sites to have **testing staff trained and familiar in Social Networks Testing**. Even clients trained under traditional HIV testing and counseling may be qualified candidates as Recruiters.
- **Conduct a Plan-Do-Study-Act (PDSA) cycle** in advance of formal rollout and make modifications as necessary. (If modifications are made in this step, or others, be sure to update the protocol accordingly.)
- **Conduct data collection** to assess the intervention.

Integrating Social Networks Testing into Current Testing Services

Review existing testing programs to assess how to integrate Social Networks Testing into existing systems and processes. This includes the following:

- **Secure agency and staff buy-in** of the intervention.
- **Assess current testing strategies and service delivery** to determine how best to access target population(s) and enlist Recruiters.

- **Assess current outreach test site locations** and discontinue services with little or no prevalence of newly identified HIV-positive people, as necessary.
- **Identify key staff to implement the program;** reassign or redefine their roles and responsibilities to include Social Networks Testing activities. (Staff members with volunteer management experience will work directly with Recruiters.)
- **Promote the strategy** to and involve participation of the target population. Agencies may want to establish an advisory group, comprised of target population representatives, to provide input and feedback at the onset of the intervention and during periodic check-ins.

Providing Incentives

Agencies will need to decide whether or not to use incentives in their Social Networks Testing intervention. Wisconsin has experienced successes and challenges with incentives. In an effort to avoid incentive “shopping,” Wisconsin has limited incentives to \$20, to be split evenly (as two \$10 gift cards) between the Recruiter and Network Associate.³⁰ However, despite this precaution, Wisconsin has still encountered “incentive shopping.” For example, although Recruiters may bring in an HIV-positive Network Associate who has not disclosed their status to the Recruiter, or Recruiters are unaware that the Network Associate is a routine tester, the Wisconsin Department of Health Services began seeing far too many of these instances for them to be chance.

Identifying Recruiters and Engaging Clients

Wisconsin Department of Health Services’ Social Networks Testing contains five primary phases.³¹

1. **Recruiter Enlistment Phase:** Create procedures to identify potential Recruiters from the target population(s). The testing agency then uses these procedures to identify clients or volunteers who are HIV-positive, at high-risk for HIV, or have many high-risk people within their existing social network, and enlist them to become Recruiters.

Wisconsin Department of Health Services strategically placed marketing materials around the agency. These explained the project, potential benefits, roles and responsibilities, and how to learn more, if interested.

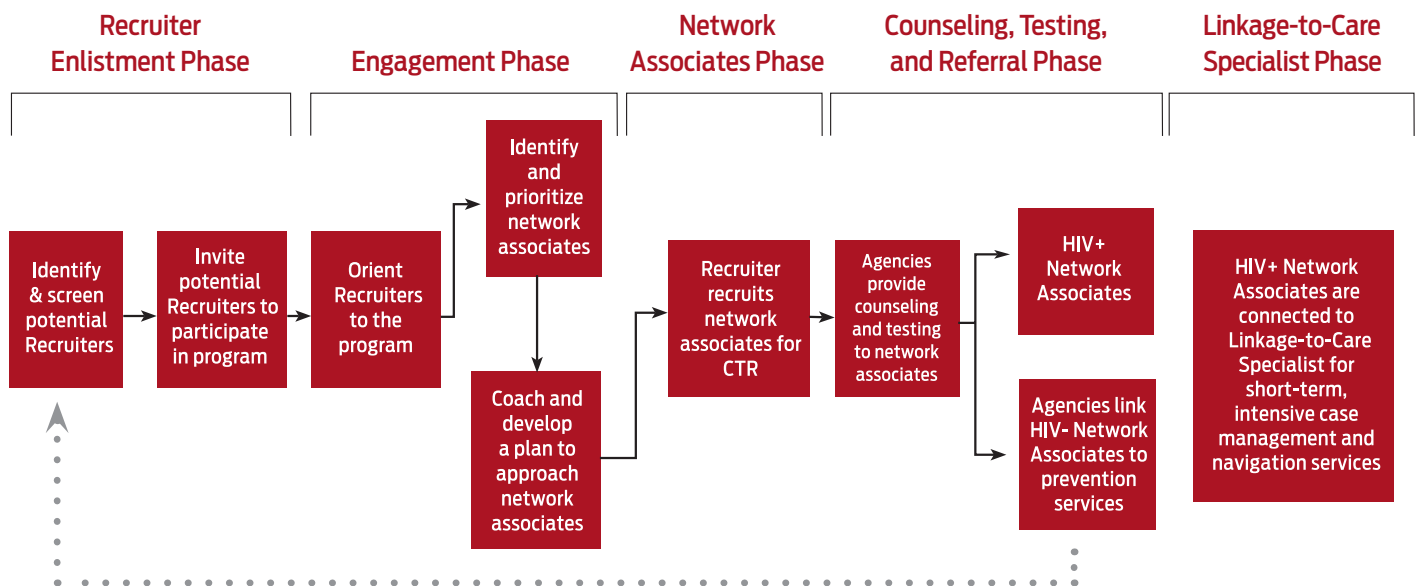
2. **Recruiter Engagement Phase:** This phase includes orientation, interviewing, and coaching. The testing agency works with the Recruiter to provide initial orientation about the program and training (coaching) on the process. Orientation can be done 1:1 or as a group. Recruiters receive basic tools and tips on how to talk about and refer peers to HIV testing. Coaching is conducted 1:1 and is repeated regularly as the Recruiter works with peers. (Note: All intervention participants, including Recruiters, need to be aware of and compliant with the Health Insurance Portability and Accountability Act [HIPAA]).

³⁰ Wisconsin Department of Health Services. *Social networks HIV testing program manual: a recruitment program for HIV counseling, testing, and referral services.* August 2015.

³¹ Wisconsin Department of Health Services. *Social networks HIV testing program manual: a recruitment program for HIV counseling, testing, and referral services.* August 2015.

3. **Recruitment of Network Associates Phase:** Recruiters reach out to friends, acquaintances, co-workers, drug use partners, sex partners, or other peers participating in high-risk behaviors for HIV. The Recruiter offers to connect them to HIV testing. These peers are referred to as “Network Associates.”
4. **Counseling, Testing, and Referral (CTR) Phase:** Based on referral from the Recruiter, Network Associates come into the agency for HIV testing. They are identified as Social Networks Testing participants when this occurs, since Recruiters either accompany them into the clinic or give them a card which lists the clinic information (e.g., address and phone number), the intervention (in this case, Social Networks Testing), and the Recruiter (via ID number, not name) who referred them.
5. **Linkage-to-Care Specialist Phase:** After someone tests HIV positive, they are connected to a dedicated Linkage-to-Care Specialist who serves as a patient navigator and provides short-term, more intensive care management and coordination services for patients to help them identify and overcome barriers to care. Because each client has a unique set of barriers, individual tasks performed by the Linkage-to-Care Specialist are tailored to patient needs. These barriers are addressed through a standardized process including intake, assessment, service plan development and implementation, transition planning, and discharge. The Linkage-to-Care Specialist actively links newly diagnosed individuals to HIV primary care and provides assistance to navigate the healthcare system. Upon engagement into services, the Linkage-to-Care Specialist focuses on actively building out the patient's participation in their health care, building engagement-in-care skills, and increasing knowledge around treatment adherence and maintenance. The Linkage-to-Care Specialist works with the patient for up to nine months. During this period the patient must attend at least three HIV medical visits with a prescribing provider prior to discharge. At intake, the

The Five Phases of Wisconsin’s Social Networks Testing Intervention for Counseling, Testing, Referral, and Linkage to Care



Source: Modified from CDC. Four Phases of SNS for CTR. n.d. Available at: <https://effectiveinterventions.cdc.gov/docs/default-source/sns/28-phases-diagram.png?sfvrsn=0>.

patient is informed of the time-limited nature of the Linkage-to-Care Specialist services and that the goal for the patient after this phase is continued engagement in HIV medical care, treatment adherence, and increased autonomy in order to transition to self-management or traditional case management services. The Linkage-to-Care Specialist stays in frequent communication with the patient during this phase and then, in anticipation for discharge, case conferences with the broader HIV team to facilitate a warm transition. This role is much more intensive and robust than traditional CDC Social Networks Testing which typically ends after referral to care.

These phases typically follow the process indicated in the flow chart on page 24.

In order to expand the Social Networks Testing intervention, the testing agency identifies good candidates from the group of Network Associates to be the next generation of Recruiters. This is referred to “Expanded Social Networks Testing.”

This is done as follows: After individuals receive HIV counseling, testing, and referral services, they are screened as potential new Recruiters. When a person comes in for an HIV test, the tester can assess what the person’s sexual network might look like and whether he/she may be a good candidate for the Social Networks Testing intervention. If so, the tester will tell them about the program, explain what it is and how Recruiters work, and if they are interested, set up a time for an orientation.

Preparing Recruiters

Recruiter orientation is an important part of the strategy. Initially, a description of the project and processes can be done one-on-one, or as a group if several Recruiters are identified around the same time. Orientation covers the following topics:

- Description of the strategy, its purpose, and target population(s)
- Benefits of the strategy
- Description of roles and responsibilities
- Statement that participation is voluntary and may be discontinued at any time
- Confidentiality standards, including signing a confidentiality agreement
- Name and contact information for point person at the agency who will serve as Recruiter’s primary point of contact
- Addressing any Recruiter concerns
- Going over the participation agreement form.

Interview Recruiters to elicit Network Associate information and “coach” Recruiters on approaching Network Associates. This process (unlike orientation) should be one-on-one with an agency member and the Recruiter. During this time, the agency staff member assists the Recruiter in identifying social network members who meet the target population.

Together, the agency staff member and Recruiter develop a plan to link Network Associates to HIV testing. The staff member and Recruiter discuss how to broach the subject and may even practice some role-playing to increase the Recruiter’s comfort level and confidence. Additionally, the staff member and

Recruiter will discuss where to identify Network Associates (e.g., any locations, events, and times they're likely to see them).

As part of this step, the agency staff member and Recruiter typically identify how many Network Associates they are going to approach as well as talk through any anticipated challenges in recruiting Network Associates. Recruiters are allowed to bring in whatever number of Network Associates they feel comfortable with; this typically ranges from 1–20 Network Associates.³² If Recruiters are more comfortable bringing in a smaller number of Network Associates, that's okay. The ceiling for Network Associates is around 20, since it is rare for Recruiters to have many more individuals with an unknown HIV status that they feel comfortable approaching.

Throughout this process, the staff maintains regular contact with the Recruiter. This is done through regularly scheduled check-ins as well as a dedicated staff point person who answers questions and helps address problems or challenges that may arise during the process.

Transitioning Recruiters Off the Intervention

Recruiters are transitioned when

- the original recruiting plan is complete, or Recruiter agrees there are no additional Network Associates to target in their network;
- they begin linking persons who are not part of the target population;
- Recruiter begins approaching people outside their existing network;
- they begin purposefully linking individuals they know have been diagnosed with HIV, or show other signs that they are motivated by and working for incentives rather than the intent of the intervention; or
- the Recruiter discontinues voluntary participation.

When Recruiters are transitioned, they are reminded of the infinite nature of the confidentiality agreement and thanked for their participation. Agencies should also underscore that Recruiters are always welcome to ask questions or raise concerns even after their role has been completed. In addition, if their network grows or changes, they can link additional Associates to testing in the future.

Securing Buy-in

When replicating this intervention, some important parts of buy-in are 1) transparency, 2) managing expectations, and 3) agreement on, and adherence to intervention and agency protocols.

Offer a series of community meetings to explain the strategy and how it benefits individual and community health. This can help bolster buy-in and address questions up front.

When collaborating with external partners and/or rolling out the intervention internally, it is critical that roles and responsibilities be clarified, including addressing any questions or concerns up front. This

³² CDC. Social Networks Strategy: Frequently Asked Questions. n.d. Available at: <https://effectiveinterventions.cdc.gov/docs/default-source/sns/15-sns-frequently-asked-questions-handout-final.pdf?sfvrsn=0>.

proactive approach creates a more streamlined system, and reduces challenges down the line. Additionally, when all parties believe they're supporting the same effort—and feel supported in doing so—it fosters a sense of teamwork and helps nurture further buy-in.

Protocol development should not be done in a vacuum. Bring stakeholders and representatives from the intervention target audience to provide input into the design of the protocols. Modify the protocol as necessary. All participating agencies and staff should have a copy of this protocol. Conduct onsite visits with each participating agency to ensure that both management and frontline staff understand the strategy and the protocol and that all are in agreement. Provide intervention trainings.

Having this protocol in place, with MOUs that clearly outline objectives, expectations, and expected goals and outcomes, will help ensure fidelity in monitoring and promote intervention success.

Overcoming Implementation Challenges

Agency staff turnover is one of the biggest challenges to implementing interventions. Address this by assigning staff that seem genuinely excited about the new intervention and have a protocol in place that clearly outlines processes so the learning curve for new staff members is minimized.

Incentives can prove challenging. They may require additional funds and can possibly create “bad motivation” for Recruiters. This can be addressed by launching the intervention without incentives, since they are not a required component of the work, or by setting a quota for each recruiter. For example,

“You can tell a Recruiter that he/she can bring in up to three Network Associates. If, after interviewing the three Network Associates, you discover that they do not disclose risk or already know that they are HIV positive, you can offer the agreed upon incentives to the Recruiter, thank them for participating in the program, and ‘release’ them. If, on the other hand, you find that the Network Associates disclose risk and do not know their HIV status, you can go back to the recruiter and ‘renew the contract.’”³³

It can also be challenging to monitoring the number of intervention-referred Network Associates. For example, Wisconsin found that some individuals came in via referral from a Recruiter; however, these were routine testers who regularly came into the clinic and had received harm-reduction counseling countless times. It was quite possible that the Recruiter was unaware of the Network Associates’ HIV testing regularity; however, agency testers were unclear how to log the Network Associates’ visits in the agency’s database (i.e., Do they go under “Social Networks Testing” or not?). Determine how to treat these situations and proactively discuss them with staff to reduce possible data and intervention-tracking challenges. The decision should be included in the protocol around policies and procedures.

Stigma is also a challenge. Some individuals fit the profile for a Recruiter but believe their involvement in the intervention would suggest a positive HIV status—something they were not comfortable sharing or

³³ CDC. Social Network Strategy: Frequently Asked Questions. n.d. Available at: <https://effectiveinterventions.cdc.gov/docs/default-source/sns/15-sns-frequently-asked-questions-handout-final.pdf?sfvrsn=0>.

insinuating to their Network Associates. These individuals are not enlisted as Recruiters; however, such reactions create a window to discuss disclosure issues and stressors with these clients.

Promoting Sustainability

The Social Networks Testing intervention can readily be woven into existing HIV testing, counseling, and referral services. Another way to integrate Social Networks Testing into existing services is to further align it with Partner Services; once a positive individual is identified and engaged in Partner Services, staff could also broach the topic/interest of becoming a Recruiter. Wisconsin has not tried this latter approach but agrees that it could be possible and worth investigation; however, this will require some discretion on the part of Partner Services staff. This is something that should be broached after the person has successfully linked to HIV primary care and has had time to deal with their diagnosis.

Conclusion

By leveraging existing social networks to find members of high-risk groups and reach persons unaware of their HIV status, target populations can readily be identified, tested, and linked to HIV primary care. Social Networks Testing is a promising intervention, since it often yields higher rates of testing positivity than more traditional outreach methods using current staff and agency testing infrastructure.

For organizations already devoting staff time to testing and outreach, Social Networks Testing appears to be a good use of staff time to effectively reach undiagnosed HIV-positive people—a critical first step to moving them along the HIV Care Continuum, meeting national goals, reducing transmission risk, and improving overall health outcomes.

Other Related Resources

- [**System Linkages and Access to Care for Populations at High Risk of HIV Infection \(System Linkages\) Initiative**](#)
- [**CDC. Social Networks Strategy for Counseling, Testing, and Referral. Effective Interventions**](#)
- [**CDC. Social Networks Strategy for Counseling, Testing, and Referral. High Impact Prevention**](#)