Minnesota Department of Health logo

# EIS HIV Testing Work Plan

Time frame for this work plan:

Agency name:

Project name:

## Project Overview (EIS grantees should include components of all the following):

* Targeted HIV testing
* Active referral services
  + STD integration and referral
  + PrEP education and referral
  + Syringe services referral
* Access and linkage to HIV care and treatment services
* Outreach services, health education and harm reduction
* Condom distribution

## Target Population (please check all that apply)

Black, Indigenous, and other People of Color (BIPOC) men who have sex with men (MSM) living in the 11-county metropolitan area

Transgender people living in the 11-county metropolitan area

Black women living in the 11-county metropolitan area

People experiencing homelessness and/or housing instability in the 11-county metropolitan area

People at greatest risk living in Greater Minnesota

List any sub populations within your prioritized population that you are planning to focus on:

(Black/Latino/Native American)

## Targeted HIV Testing & Outreach

Please set goals for the number of HIV testing and outreach contacts you will do for the set grant period.Note: if you have worked with this funding in the previous year(s), please set your goals to be realistically achievable, while also endeavoring to improve your programs based on past successes/challenges.

**Number of HIV EIS tests to be done per year:**

**Number of HIV EIS outreach contacts to be reached per year:**

(An outreach contact is an individual who has been engaged face-to-face in their own neighborhood or a venue where they typically congregate who received HIV education and prevention information and HIV testing/referral information.)

## Engagement and Recruitment

Describe what activities you will undertake to recruit folks at highest risk and/or folks in your target populations to be tested:

Action steps:

### Schedule

Complete the table below to describe a typical weekly outreach plan/schedule.

|  |  |  |
| --- | --- | --- |
| **Outreach location/setting**  **(includes websites if applicable)** | **Days of the week** | **Time of day  (start to finish)** |
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### Barriers

Describe specific barriers to HIV testing for prioritized populations in your area and what activities you will undertake to reduce stigma and other barriers to HIV testing:

Action steps:

### Testing

Describe how you will assess the HIV risk behavior and concerns of your clients:

*(Risk assessment tool sent separately)*

Describe how you will conduct HIV testing. Please include testing technology you will utilize for initial and confirmatory testing, as well as your general testing set-ups for walk-in and/or outreach testing (describing all that apply to your program):

Describe your process for HIV case reporting, including which staff will be response for reporting cases to MDH:

Access and Linkage to HIV Care and Treatment Services

Describe how you will actively link persons testing positive to an HIV care clinic. (Actively linking someone to an HIV care clinic should include some type of initiating contact with the clinic (ie: calling the clinic while patient is present, setting up appointment for patient). It should also include some type of follow-up with the patient to ensure that they have been able to access a care appointment). In cases when patient refuses active linkage to care, please describe your process for providing referrals and follow up with patient:

Action steps:

List clinics where they will be connected to care:

Describe how you will actively refer/link persons testing positive to appropriate prevention and/or support services, especially medical case management, mental health, housing, food, or chemical dependency:

Action steps:

### Active Referral Services

Describe how you will actively refer people who test negative to appropriate prevention and/or support services, especially STD, PrEP, and SSP:

Action steps:

### Health Education & Harm Reduction

Describe how you will provide health education and harm reduction related to HIV diagnosis and include specific action steps:

### Condom Distribution

Describe how you will focus condom and supplies (lube, dental dams, etc.) distribution to target persons at highest risk of transmitting/acquiring HIV infection. (You are required to track the number of condoms distributed now that it is an allowable expense):

Program Collaboration and Service Integration

Describe how you will integrate STD education, testing, and/or referral to testing into your programming:

Describe how HIV PrEP education will be integrated during outreach and testing activities, including how individuals interested and willing to start PrEP will be actively referred to appropriate healthcare providers:

Describe how you will coordinate with Syringe Services:

Describe how you will conduct and/or refer to screening/vaccination for other infections (Hepatitis, TB, etc.) if applicable:

### Target Population Input Plan

Describe how **ongoing input** from the target population will be gathered, documented, and used for the development, implementation, and evaluation of this project (some grantees have sought target population input via community advisory boards, focus groups, surveys, etc.):

### Monitoring & Evaluation

Describe how the implementation of project activities will be monitored and evaluated:

Describe how you will use the data you are required to collect for the purpose of making changes and improvements to your program:

### Incentives

Do you plan to use incentive(s) during activities (ie: incentives for preliminary testing and/or confirmatory testing and attending care appointments)? If so, specify what type of incentive(s) will be used and the amount:  
  
An incentive policy much be in place; please send separately.

### Volunteers

List the number of volunteers in your program:

Describe the role(s) for volunteers:

### Staffing

Grantees are required to inform MDH staff of any staffing changes within five working days. If the change involves new staff on the grant, a resume for new staff must also be provided within five days. Within 35 days of any vacant position, you must submit a plan to the State describing how work plan goals and objectives will be met during the time the position is vacant.

**Project staff**

|  |  |  |
| --- | --- | --- |
| **Name  (if already on staff)** | **Title** | **FTE on project  (if paid staff)** |
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If not currently in place, describe how appropriate staff will be recruited:

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St. Paul, MN 55164-0975  
[www.health.state.mn.us](http://www.health.state.mn.us)

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