Minnesota Department of Health

# HIV EIS Testing Progress Report

Please fill out the HIV EIS Testing Progress Report accurately and with as much detail as you are able to provide.

**Agency Name:**

**Reporting Period (please select one):**

Quarter 1: January 1, 2023 – March 31, 2023

Due: April 21, 2023

Quarter 2: April 1, 2023 - June 30, 2023

Due: July 22, 2023

Quarter 3: July 1, 2023 - September 30, 2023

Due: October 21, 2023

Quarter 4: October 1, 2023 - December 31, 2023

Due: January 21, 2024

**Prioritized Population:**

**Geographic Area (Metro or Greater Minnesota):**

Testing and Outreach Contacts

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of HIV EIS tests to be completed this year from workplan**  **(Jan-Dec 2023)** | **Total number of tests conducted during this reporting period** | **Number of HIV EIS outreach contacts to be reached during year from workplan**  **(Jan-Dec 2023)** | **Number of HIV EIS outreach contacts reached during this reporting period** |
|  |  |  |  |

## Individual EIS Testing Activities

### Testing Positivity Rate

To calculate the testing positivity rate, double click inside the Excel table below to activate it. To deactivate, click anywhere outside of the table.

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**Testing Positivity Rate:**

### Prioritized Testing Activities

1. Please describe what your current EIS program looks like at this time, including any pertinent changes made since the work plan was reviewed and approved. (e.g. location, total hours, HIV testing technologies use and how, referral & linkage to care, staffing/personnel, recruitment strategies, etc.).
2. Please share any new sites and/or activities identified (including social networking sites) to reach individuals who are unaware of their HIV status or who are living with HIV but are not linked to care. How have these sites/activities been beneficial in reaching your prioritized populations?
3. Share an example of a challenge experienced while implementing EIS project activities during this reporting period. How you did successfully address that challenge or what are your plans for addressing this challenge?
4. Share an example of a success your program experienced while implementing EIS targeted HIV testing activities during this reporting period.

### Active Referral Services

1. The goal for EIS testing is that 51% of your program participants are a part of your prioritized population. What percentage of participants reached during this reporting period are a part of your prioritized population? How have you been successful in reaching members of this community? What will you do differently to reach your priority population during the next quarter and beyond?
2. How were you able to connect clients who identified needs for wraparound services (Mental health, housing, substance use, social services, etc.) to additional resources?

### Access & Linkage to HIV Care and Treatment

1. Did your agency identify clients with a preliminary positive result? If yes, was the preliminary positive confirmed? If confirmed, was client rapidly linked to HIV care?

1. Did your agency encounter any clients who were previously identified as living with HIV but not currently in care? If so, please describe your efforts to link these clients to care.

### Condom Distribution

1. If your organization uses EIS funding to purchase condoms:

How many condoms were distributed during this reporting period?

Please share an example of a success or a challenge you faced in distributing condoms to people at highest risk for transmitting/acquiring HIV.

### Priority Population Input

1. How did you seek input from program participants during this reporting period? Please share an example of something learned from priority population(s) and how you used it to improve/alter/design your EIS program activities.

### Monitoring & Evaluation Web

1. All testing data must be entered into Evaluation Web by the 21st of the following month (e.g. All tests performed in January 2023 need to be entered into Evaluation Web by February 21st of 2023). Has all data for this quarter been entered into Evaluation Web at the time of this report? If no, please explain, and share your plan for getting testing data entered by the appropriate deadline.
2. Does the data reported in this quarterly report match those entered in Evaluation Web? If the data listed in this report do not match the data entered in Evaluation Web (especially # of tests), please explain the reason(s) and the plan to correct the discrepancy.

### Budget

1. Is your agency on track to spend their yearly budget? Yes/No

If not, please explain why:

1. Does your agency plan to request a budget redirect to spend anticipated unspent funds? Yes/No

If yes, please send your request to health.std\_hiv\_tb\_finance@state.mn.us for review and approval.

### Additional Comments

1. What else would you like to share with us about your EIS program for this reporting period?

### Staffing

Check the box if there were changes in staff or staff responsibilities in this reporting period.

1. Does your agency have any current vacant position listed in the work plan/budget? If yes, please provide information regarding the plan to fill the position.

**Note:** Per contract, MDH must be notified in writing within five days of changes in staff or staff responsibilities.

**List all current staff positions funded by this grant in the table below.**

Staff funded by the grant

|  |  |  |
| --- | --- | --- |
| **Name** | **Title**  ***(List title is* position *is unfilled)*** | **FTE on Project**  **(Must match FTE in Budget Plan and Narrative)** |
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Minnesota Department of Health- STD/HIV/TB Section  
625 Robert Street  
St. Paul, MN 55119  
04/13/2023

To obtain this information in a different format, call: 651-201-4830.