

*Hennepin County Ryan White Program*  
**Unaware Into Care Workgroup Recommendations**  
Revised: 8/4/10

In order to ensure HIV-positive individuals who are unaware of their HIV status become aware and connected to care through MDH, DHS and Hennepin County supported programs that successfully link individuals with needed testing, counseling, referral, and follow-up and ensure early connection with HIV medical services, the Unaware Into Care Workgroup recommends the following:

1. The following **target populations** should be the focus of plans to most efficiently and effectively get the unaware into care (not in priority order):
  - a. People testing for STDs
  - b. Partners and social networks of
    - i. known positives with a focus on newly diagnosed and late testers
    - ii. populations with known high co-infection (i.e. syphilis and HCV)
    - iii. high-risk and co-morbidity populations (Substance users, incarcerated, and those with mental health issues)
  - c. Disproportionately affected communities of color
  - d. MSM
2. **Encourage and expand efforts to get clinics and other providers and testing sites with high HIV incidences to test routinely for HIV (ex: public health and STI testing)**
  - a. Review and institute changes in HIV/AIDS testing protocols to reduce barriers
  - b. Educate and promote testing options with providers
  - c. Promote risk awareness and testing in CD and local corrections system (exclusive of state and federal) and CBO programs
  - d. Educate nurse practitioners and physicians in public health and STI testing clinics about testing
  - e. Connect people who have a positive rapid test to the HIV/AIDS service system without having to wait for a confirmatory test
3. Connect with **partners and social networks (as defined above)** through:
  - a. Use the DI, outreach, and other programs
  - b. Access partners and social networks of newly diagnosed and late testers through social media/technology
4. **Review, revise, and enhance current DI services'** capacity, capability, and current practices to ensure best practices are being employed.
  - a. Explore best practices in other DI systems including connections to care to increase current contact rate
  - b. Interview successful DIs to identify effective skills and strategies
  - c. Determine if the DI interview can begin at the initial point of contact
  - d. Enhance collaboration with CBOs to facilitate entry into care

5. Provide education to **health and social service providers who are providing services to the target populations above (and those preparing to be providers)** in the following areas:
  - a. LGBTQ-relevant sexual health
  - b. Conduct regular follow up with clients previously identifying risk behaviors (ex: electronic cue in electronic health records)
  - c. Provide basic HIV education
  - d. Increase distribution of a current list of HIV service providers, what services they provide, and contact information
  - e. Educate and train HIV/AIDS provider and prevention staff on the best interventions that reduce stigma barriers to accessing services
6. Reduce barriers to getting into HIV care and services for **disproportionately affected communities**:
  - a. Promote broader community awareness around HIV/AIDS to reduce stigmas
  - b. Use social marketing techniques that are relevant to each community
  - c. Address stigmas by making HIV/AIDS testing routine per CDC testing guidelines
7. Develop an **education and information dissemination plan** to promote risk awareness and testing for each target population that includes:
  - a. Overcoming stigmas
  - b. Addressing homophobia
  - c. Using community forums, networking opportunities, trusted leaders, and peers
  - d. Using social media to access partners and social networks
8. Develop permanent, ongoing connections and communication processes with the **non-Ryan White funded organizations** (e.g., re-entry programs, halfway houses, domestic violence programs, treatment programs) to facilitate the connection of newly diagnosed people to the service system
  - a. Review current point of entry formal agreements to identify relationships with organizations related to Ryan White
  - b. Improve informal network relationships
  - c. Map point of entry providers outside of HIV care system
9. Advocate for systemic change among MCO's to adopt routine testing per CDC guidelines
  - a. DHS to encourage all PMAP (**pre-paid medical assistance programs**) develop and carry out programs focused on increased and routine testing in their quality improvement plans
  - b. Approach and engage managed care organization administrators about testing for HIV and HCV at the same time other STI tests are provided
10. Determine **data** needed to inform our strategies and measure our success
11. Assess and ensure that all **outreach contacts have easy access to testing** through
  - a. resources for testing or
  - b. formal relationships with testing programs