Integrated HIV Prevention and Care Plan (Section II. A. a.-d.)

This section The Integrated HIV Prevention and Care Plan establish the blueprint for achieving HIV prevention, care, and treatment goals.

Timeframe	Objectives (2.A.a)	Target Population(s)	Measure(s)/Metrics (2.A.d.)	Stage of Care Continuum	Strategies and Activities (2.A.b-c)	Responsible Parties
Goal #1: Reduce New HIV Infections **Key**: **Council** (MN Council for HIV AIDS Care & Prevention); **DEC** (Disparities Elimination Committee); **NA&E** (Needs Assessment & Evaluation); **PAC** (Planning & Allocations Committee); **DHS** (Department of Human Services); **HC** (Hennepin County); **MDH** (Minnesota Department of Health)						
By 2/28/21	1.1 Increase from 86% (current CDC estimate) to 90% (NHAS) of individuals living with HIV in TGA & MN aware of HIV status. 1.2 Increase by 60% access and utilization of PrEP (bio-medical interventions) at MDH funded organizations (baseline to be determined in 2017) 1.3 Increase by 60% access and	1.1 Individuals at high-risk for HIV 1.2 High-risk HIV negative individuals	1.1 Estimated HIV prevalence and undiagnosed HIV infection in eHARS data 1.2 Percent of individuals eligible for PrEP as determined by MDH funded organizations that utilize PrEP using program database (TBD).	1.1-1.6 HIV diagnosis 1.1-1.6 Linkage to Care	1.1a Fund targeted testing & counseling & linkage to care services. 1.1b Provide capacity building and evaluation around high impact prevention. 1.2a Fund Pre-Exposure Prophylaxis (PrEP) services. 1.2b Fund service that will increase PrEP community awareness and utilization.	1.1 MDH, DHS, HC, Council, PAC 1.1b MDH 1.2a – 1.5 MDH

Timeframe	Objectives (2.A.a)	Target Population(s)	Measure(s)/Metrics (2.A.d.)	Stage of Care Continuum	Strategies and Activities (2.A.b-c)	Responsible Parties
	utilization of PrEP (bio-medical interventions) to African American communities at MDH funded organizations (baseline to be determined in 2017) 1.4 Increase by 20% utilization of MDH funded harm reduction and syringe exchange activities (baseline to be determined in 2017) 1.5 Decrease by 20% new infections within	1.3 High risk HIV negative individuals 1.4 Injection Drug Users	1.3 Percent of three-year average incident count of African-Americans, Latinos, African-born, MSM, young MSM and MSM of color HIV cases in eHARS data. 1.4 Number of individuals utilizing MDH funded harm reduction and syringe exchange services using reporting data.	1.1-1.6 HIV diagnosis (continued) 1.1-1.6 Linkage to Care (continued)	1.3 Fund service that will increase PrEP amongst African American community awareness and utilization. 1.4a Fund services that provide harm reduction and syringe exchange. 1.4b Fund prevention case management for high risk individuals	1.2a – 1.5 MDH (continued)

Timeframe	Objectives (2.A.a)	Target Population(s)	Measure(s)/Metrics (2.A.d.)	Stage of Care Continuum	Strategies and Activities (2.A.b-c)	Responsible Parties
	each of the following populations: African American, African-born, Latinos and their 1.5 (continued) subpopulations (MSM, transgender, and women). These populations experience disparities due to culture and stigma. (Baseline to be determined in 2018.)	1.5 African American, African-born, Latinos and the subpopulations (MSM, transgender, and women). These populations experience disparities due to culture and stigma.	1.5 and 1.6 Number of African American, African-born, Latinos and the subpopulations (MSM, transgender, and women). These populations experience disparities due to culture and identity related stigma. MDH and RW funded agencies will use reporting data, including eHARS data.	1.1-1.6 HIV diagnosis (continued) 1.1-1.6 Linkage to Care (continued)	1.5 Fund testing and counseling services that target African American, African-born, Latinos and the subpopulations (MSM, transgender, and women). These populations experience disparities due to culture and related stigma.	1.2a – 1.5 MDH (continued)

Timeframe	Objectives (2.A.a)	Target Population(s)	Measure(s)/Metrics (2.A.d.)	Stage of Care Continuum	Strategies and Activities (2.A.b-c)	Responsible Parties
	1.6 Increase by 20% the number of African American, African-born, Latinos and the subpopulations (MSM, transgender, and women) These populations experience disparities due to culture and stigma) getting tested through MDH and RW funded organizations (Baseline to be determined in 2018.)	1.6 African American, African-born, Latinos and the subpopulations (MSM, transgender, and women). These populations experience disparities due to culture and related stigma.			1.6a Fund CTR and EIS services that focus African American, African-born, Latinos and the subpopulations (MSM, transgender, and women), These populations experience disparities due to cultural and identify related stigma. 1.6b Fund services which "scale-up" programs & targeted services that promote testing of African American, African-born, Latinos and the subpopulations (MSM, transgender, and women). These populations experience disparities due to cultural and identify related stigma.	1.6 MDH, DHS, HC, Council, PAC
Goal #2: Increase Access to Care & Improve Health Outcomes for People Living with HIV **Key**: **Council** (MN Council for HIV AIDS Care & Prevention); **DEC** (Disparities Elimination Committee); NA&E (Needs Assessment & Evaluation); **PAC** (Planning & Allocations Committee); **DHS** (Department of Human Services); **HC** (Hennepin County); **MDH** (Minnesota Department of Health)						
By 2/28/21	2.1 Increase to 85% the proportion of individuals who attend a HIV medical care visit within 30 days	2.1- 2.4 All persons living with HIV in MN	2.1–2.4 Based on reported data	2.1 Linkage 2.2 Retention 2.3 Retention and Viral Suppression	2.1-2.4 Fund services that link individuals living with HIV to care within 30 days of diagnosis to achieve retention and viral suppression. Services include but are not limited to:	2.1-2.3 PAC, The Council, DHS, MDH, HC, PAC

Timeframe	Objectives (2.A.a)	Target Population(s)	Measure(s)/Metrics (2.A.d.)	Stage of Care Continuum	Strategies and Activities (2.A.b-c)	Responsible Parties
	(linked to care) of HIV diagnosis. 2.2 Increase to 90% the proportion of individuals living with HIV and retained in care. 2.3 Increase to 80% the proportion of individuals living with HIV w/viral load of <200 copies/mL at last test in 12-month measurement period (viral suppression). 2.4 Increase to 92% the proportion of Ryan White Outpatient Ambulatory Care (OAC) clients who are prescribed ART in the 12-month measurement period.			2.4 Prescribe ART and Viral Suppression	• Medical case management, • Mental health, • Outpatient ambulatory care • Substance abuse treatment outpatient • EIS • Medical Transportation • Medical Nutrition Therapy • Housing • Peer Navigators 2.1-2.4 Review policies and protocols (including standards of care, quality improvement plan, etc.,) to identify opportunities to update and revise current systems to more effectively respond to needs of the population being served 2.1-2.4 Fund or support training to providers to increase/enhance their understanding, knowledge, and skills in assessing the needs of individuals living with or at risk of HIV, particularly for behavioral health.	2.4 DHS & HC

Timeframe	Objectives (2.A.a)	Target Population(s)	Measure(s)/Metrics (2.A.d.)	Stage of Care Continuum	Strategies and Activities (2.A.b-c)	Responsible Parties
Goal #3: Reduce HIV-Related Disparities & Health Inequities **Key**: **Council** (MN Council for HIV AIDS Care & Prevention); **DEC** (Disparities Elimination Committee); **NA&E** (Needs Assessment & Evaluation Committee); **PAC** (Planning & Allocations Committee); **DHS** (Department of Human Services); **HC** (Hennepin County); **MDH** (Minnesota Department of Health)						
By 2/28/21	3.1 Increase to 90% the proportion of African Americans, African-born, and Hispanic RW clients retained in care	3.1 African Americans, African-born and Hispanic subpopulations; women & their partners and MSM.	3.1 CD4 or VL with the reporting period.	3.1 Retention in Care	3.1a Fund services which provide culturally competent EIS and outreach services to hard-to-reach African Americans, African-born, and Hispanic clients including; high-risk heterosexuals, MSM, young MSM, and transgender individuals who are unaware of their status and/or out of care. 3.1b Support African Americans, African-born and Hispanic women & their partners and MSM HIV advisory workgroups to ensure that the needs of the communities are understood and addressed. 3.1c Fund services that will address population specific needs, increase retention and improve treatment adherence. Services that support retention include: • Outpatient/Ambulatory Medical Care, • Medical Case Management, • Health Insurance Premium/Cost Share Assistance,	3.1a PAC, DEC, The Council, DHS, MDH, HC 3.1b DHS, HC, MDH 3.1c PAC, DEC, The Council, DHS, MDH, HC

Timeframe	Objectives (2.A.a)	Target Population(s)	Measure(s)/Metrics (2.A.d.)	Stage of Care Continuum	Strategies and Activities (2.A.b-c)	Responsible Parties
	3.2 Increase to 92% the proportion of Ryan White OAC African American, African-born, and Hispanic clients who are prescribed ART in the 12-month measurement period	3.2-3.5 African American, African-born and Hispanic subpopulations; women & their partners and MSM.	3.2 Percentage of clients who receive Part A funded OAC who are prescribed HIV/AIDS medications consistent with PHS Treatment Guidelines.	3.2 Prescribed ART	• Mental Health Services, • Early Intervention Services, • Oral Health, • Substance Abuse Services (Outpatient), • Medical Nutritional Therapy, • Home & Community-Based Health Services, • Housing Services, • Medical Transportation, • Emergency Financial Assistance, • Food Bank/Home Delivered Meals, • Non-MCM, • Psychosocial Support, • Outreach, • Health Education/Risk Reduction, • Resource and Referral, • Legal Services, and • Linguistic Services. 3.2 Fund services that will address the population specific needs of African Americans, African-born, and Hispanic clients; and prescribe & educate clients about ART including: • ADAP, • Outpatient/Ambulatory Care,	3.2 PAC, DEC, The Council, DHS, HC, MDH.

Timeframe	Objectives (2.A.a)	Target Population(s)	Measure(s)/Metrics (2.A.d.)	Stage of Care Continuum	Strategies and Activities (2.A.b-c)	Responsible Parties
	3.3 Increase to 80% proportion of African American, African-born, and Hispanic clients who achieve viral suppression		3.3 The percentage of clients who receive Ryan White Part A funded OAC who have a viral load of <200.	3.3 Viral Suppression	• Medical Case Management (Treatment Adherence), and • Non-MCM. 3.3 Fund services that provides culturally competent health education around the importance of treatment and treatment adherence that will support viral suppression, including: • ADAP, • Outpatient Ambulatory Care, • MCM (Treatment Adherence), and • Health Education/Risk Reduction.	3.3 PAC, DEC, The Council, DHS, HC, MDH.
	3.4 Implement systems changes to improve engagement from African American, African-born, and Hispanic communities in community planning and program development.		3.4a The percentage of participants from African American, African-born, and Latino communities that rate their involvement in planning and development activities favorably.		3.4a Support African American, African-born, and Latino/a workgroups and Council members to address population and sub-population social and cultural needs as they relate to HIV prevention and care services. 3.4b Improve recruitment and retention efforts of African American, African-born, and Latino/a participants on the Council	3.4a PAC, DEC, The Council, DHS, HC, MDH.

Timeframe	Objectives (2.A.a)	Target Population(s)	Measure(s)/Metrics (2.A.d.)	Stage of Care Continuum	Strategies and Activities (2.A.b-c)	Responsible Parties
			3.4b The Council membership will reflective goals based on representative of the epidemic (include disproportionately affected subpopulations).		3.4c Evaluate satisfaction of participants' involvement on the Council and other supported workgroups and committees.	3.4b PAC, DEC, MAT, The Council 3.4c DEC, MAT, The Council
<u>Goal #4</u>: Achieve a More Coordinated State & Local Response to the HIV Epidemic to reduce the number of Minnesotan's at risk of or living with HIV **<u>Key</u>**: **Council** (MN Council on HIV AIDS Care & Prevention); **DEC** (Disparities Elimination Committee); **NA&E** (Needs Assessment & Evaluation); **PAC** (Planning & Allocations Committee); **DHS** (Department of Human Services); **HC** (Hennepin County); **MDH** (Minnesota Department of Health)						
By 2/28/21	4.1 Increase coordination of HIV programs across state, local, and tribal government agencies, and the Council so that	4.1 – 4.2 All people in MN, specifically Minnesotan's at risk of or living with HIV	4.1a Percentage of Council members who report receiving timely epi, service utilization, and other needed available data to make evidence based decisions.	4.1 – 4.4 Entire Care Continuum	4.1a Search for opportunities to integrate HIV testing/awareness with other health disparities groups/programs/activities such as the Center for Health Equity (OHE) at MDH.	4.1a: MDH

Timeframe	Objectives (2.A.a)	Target Population(s)	Measure(s)/Metrics (2.A.d.)	Stage of Care Continuum	Strategies and Activities (2.A.b-c)	Responsible Parties
	planning for funded services are completed in a timely manner.		4.1b Percentage of Council members who report being satisfied with their involvement in development of the statewide strategy as defined by MDH		4.1b Search for opportunities to collaborate with partners, including but not limited to MDH's CareLink, Partner Counseling & Referral Services, Syphilis, and HC Public Health Clinic elimination programs to provide an enhanced system to connect newly diagnosed individuals to core medical & support services.	4.1b: MDH, DHS, HC
	4.2 Develop and improve mechanisms to monitor and report on progress towards achieving goals so that all goals can be measured		4.2 Percent of Council members who report being satisfied with mechanisms to monitor and report on progress towards achieving goals		4.2a Collaborate with state agencies/partners to obtain race categorization data along the HIV Care Continuum from the MDH Surveillance Unit on ages broken down into finer categories to better assess the needs of adolescents and young adults	4.2a: MDH
					4.2b HC, MDH, DHS will integrate surveillance data with CARE Ware	4.2b: HC, MDH, DHS
					4.2c MDH will explore the possibility of linking evaluation web data to surveillance data	4.2c: MDH
					4.2d MDH will provide HIV reports to the Council as requested to include all combinations of variables such as: age, gender, race/ethnicity, and exposure categories.	4.2d: MDH