APPENDIX 2 - Memphis Integrated HIV Prevention and Treatment Work Plan

GOAL I: REDUCING NEW HIV INFECTIONS

BENCHMARKS:

- By September 30, 2021 increase the percentage of Tennesseans living with HIV who know their serostatus to at least 90%. *(TDH measure)*
- By September 30, 2021 lower the annual number of new HIV infections in the TGA by at least 25%.
- By September 30, 2021 reduce percentage of young Gay and bisexual men who have engaged in HIV-risk behaviors by 10%. *(TDH measure)*

KEY: *Responsible Parties:* ***PC*** *– Part A Planning Council/Committee;* ***PCC*** *– Part A Planning Council Co-Chairs;* ***AG*** *– Part A Grantee;* ***BG*** *– Part B Grantee;* ***PG-*** *Prevention Grantee;* ***TP*** *– Ryan White providers;* ***PP*** *– HIV Prevention providers;* ***TBD****-to be determined*

** Initial assignments, will be modified as needed. Each year, timeframes will be reviewed and dates for years 4&5 will be added.*

*** Initial assignments, will be modified as needed.*

OBJECTIVE A: Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

Maintain/Enhance Current Key Activities:

- Conducting targeted HIV testing in high-risk groups, including in clinical settings (corrections and emergency departments) *(TDH)*
- Conducting behavioral interventions for PLWH & with high risk HIV negative individuals *(TDH)*
- Distribute condoms (in tandem with social media) in communities at high risk for HIV infection *(TDH)*
- Conduct behavioral interventions with high-risk HIV negative individuals (3MV, MPowerment, VOICES/ VOCES, TWISTA for MSM & Transgender) *(TDH)*
- Continue funding opportunities for evidence-based community-level interventions targeting young MSM in communities with largest burden of disease. *(TDH)*
- Support grantees in their community-level behavioral interventions (MPowerment, Community Promise). *(TDH)*
- Sustain condom distribution for high risk populations. *(Local health depts.)*

STRATEGY	ACTIVITIES	TIME FRAME *	RESPONSIBLE PARTIES**	TARGET POP	DATA INDICATORS
1. By the end of 2021: Expand activities and social marketing and other mass education activities focused on raising HIV awareness and increasing HIV testing (e.g., HIP, HOP for HIV awareness, Testing Makes Us Stronger, Greater than AIDS).	a. Conduct social networking activities to promote testing and HIV education. (via prevention funding)	All years	PP	Target young black MSM's (15 – 34)	# of social network funded & activities per yr
	b. Conduct targeted outreach in clubs/ colleges/churches.	All years	PP		# of outreach funded & activities per yr
	c. Conduct targeted outreach via known "hook-up" apps / sites (i.e. Grinder, parks)	All years	PP		# of outreach funded & activities per yr
	d. Identify structural interventions, such as policy & population based efforts, that minimize barriers to, and normalize HIV testing for high risk populations and increase access to information about HIV disease prevention and treatment and request assistance from TDH prevention . Inform key policy makers.	CY2018	PC/AG/BG/PG		List of interventions

2. By the end of 2021: Increase collaboration between non-ASO's and ASO's in order strengthen HIV prevention efforts.	a. HIV planning bodies host forums for discussion with key stakeholders regarding trending issues, challenges and identify solutions.	All years	PC	High risk popul.	# of forums hosted per yr.
	b. Hold regular meetings between Part A & Part B Grantees and planning bodies' leadership to identify ways to support each other's prevention efforts.	All years	AG/BG		# of meetings held per yr.
	c. Encourage AETC to increase prevention focused training and education and to broaden their audience to non-ASO's.	All years	PC		N/A
3. By the end of 2021: Inform key policy makers and collaborate with partners serving high risk populations to increase HIV knowledge, increase access to HIV TESTING and PrEP.	a. Identify key TGA partners. *(also TDH activity)*	CY2018	PC/AG/BG/PG	High risk popul.	List of partners created.
	b. Host meeting with key partners to create new learning and dialogue.	CY2018	PC		N/A
	c. Educate key public officials on governmental policies that create barriers to full implementation of HIV prevention activities.	CY2019	PC		N/A
4 TDH Strategy(ies)	a. Work with Vanderbilt AMP study to increase participation in vaccine trial. b. Expand DIS role to include referral to PrEP for high risk populations.	SEE *APPENDIX 5*			

GOAL I: Reducing New HIV Infections

OBJECTIVE B: Expand efforts to prevent HIV infection using a combination of effective, evidence-based approaches.

Maintain/Enhance Current Key Activities:

- Implementation of 4th Generation HIV Testing *(TDH)*
- Conducting high quality testing via Partner Services to all named cases of known HIV positive patients *(TDH)*
- Conduct behavioral interventions for PLWHA (Healthy Relationships, CRCS, CLEAR) *(TDH)*

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTIES	TARGET POP	DATA INDICATORS
1. By the end of 2021: Inform and educate local medical providers and medical community of PrEP, resources and testing sites.	a. Request AETC develop a PrEP education package and request ASOs to develop a package on HIV testing resources.	CY2017	PC	CDC identified popul.	N/A
	b. Work with ASO's to develop plan to distribute package to medical community.	CY2017	AG		# of places distributed
	c. Distribute to medical providers.	CY2017	PC/AG		# of medical providers who received packet

2. By the end of 2021: Actively pursue opportunities to enhance education on local HIV research & evaluation, new grant activities and clinical trial networks as appropriate.	a. Request representative of local research, evaluation, clinical trials and grant recipients to present overview of current work to the Planning Council.	CY2018	PC	All popul.	# of presentations/yr
	b. Request AETC and/or Part A Grantee to host training for MCM to educate them on new learning so they can share with consumers, including voluntary participation in clinical trials as appropriate.	CY2018	PC/AG/BG/PG		# of trainings/yr
	c. Request of the Part A and Part B Grantees to form a work group to develop an annual training for using scientific expertise to provide best practice recommendations for HIV prevention and treatment.	CY2018	PC/AG/BG/PG		N/A
3. By the end of 2021: Increase access to information on PrEP and HIV testing to PLWH and high risk populations.	a. Using multiple methods, provide PrEP & HIV testing information to identified populations.	CY2017	PC	CDC identified popul.	N/A
4. TDH Strategy(ies)	a. Ensure integrated HIV/STD testing is implemented in all Tennessee health departments. b. Collaborate with TB screening programs to expand HIV testing. c. Employ PrEP navigators in both health department and community-based settings-MSM & Transgender. d. Expand number of providers prescribing PrEP across Tennessee through academic detailing and provider practice liaisons.	SEE *APPENDIX 5*			

GOAL I: Reducing New HIV Infections

OBJECTIVE C: Educate all citizens in Memphis TGA with easily accessible, scientifically accurate information about HIV risks, prevention and transmission. Increase knowledge and skills of health professionals including HIV providers.

Current Key Activities to Continue to Support:

- Conduct training and capacity-building with HIV prevention providers *(TDH)*
- Distribute HIV prevention materials from CDC health communication campaigns *(TDH)*
- Support MSM Task Force to execute regionally-specific high impact prevention campaigns *(TDH)*

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTIES	TARGET POP	DATA INDICATORS
1. By the end of 2021: Address HIV stigma and discrimination.	**See Goal 3**				
2. By the end of 2021: Explore ways to enhance	a. Identity current practices in TGA schools.	CY2019	AG	Young persons	Inventory of practices

comprehensive sexual health education for young persons that addresses HIV risk factors.	b. Initiate a meeting with Memphis TGA health departments to discuss comprehensive sexual health education in schools.	CY2019	PCC		N/A
	c. Identify and develop next steps based on meeting.	CY2019	TBD		Next steps document.
3. By the end of 2021: Provide education to general public, high risk populations and key service providers about HIV and other effective prevention efforts.	a. Create a strategic distribution plan, including identification of specific type of material to be shared, which helps to normalized HIV as part of broader health discussion.	CY2019	PCC	All popul.	N/A
	b. Disseminate information via distribution plan.	CY2019	TBD		N/A
4. TDH Strategy(ies)	a. Conduct trainings for staff on how to identify STD clients at high risk of subsequent HIV infection	SEE APPENDIX 5			

GOAL II: INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PERSONS LIVING WITH HIV

BENCHMARKS:

- By September 30, 2021, increase the percentage of newly HIV diagnosed persons in the TGA linked to HIV medical care within one month of their diagnosis to at least 85%.
- By September 30, 2021, increase the percentage of persons in the TGA with diagnosed HIV infection who are retained in HIV medical care to at least 90%.
- By September 30, 2021, increase the percentage of Part A Ryan White clients who are in continuous care (2 medical visits within 12 months) in HIV medical care to at least 80%.
- By September 30, 2021, increase the percentage of Part A Ryan White clients who are virally suppressed to at least 85%.
- By September 30, 2021, increase the percentage of Part A Ryan White clients who have permanent housing to 86%.

OBJECTIVE A: Establish seamless systems to link people to care immediately after diagnosis and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk.

Current Key Activities to Continue to Support:

- Maintain, expand as needed, Part A EIS services, including innovative models (e.g., jail EIS, local health departments-ASO collaboration, EIS at TGA health departments).
- Maintain Part Points of Entry relationships with Part A EIS providers.
- Maintain, expand as needed, Part A MCM services, including innovative models of care (e.g., MCM located at FQHC).
- Maintain state correction navigators. *(TDH)*
- Maintain specialty housing medical case manager to support skills needed to maintain stable housing. *(Part A & TDH)*
- Continue measurement along the HIV Care Continuum to measure progress against TGA benchmarks.
- Continue QI activities to measure client outcomes and develop QI projects to improve outcomes, including collaborative provider projects.

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTIES	TARGET POP	DATA INDICATORS
1. By the end of 2021: Harmonize data and open sharing of data to all relative providers to enhance health outcomes.	a. Request the Memphis TGA health departments to finalize a data sharing agreement.	CY2017	PC/AG	All popul.	N/A
	b. Encourage the local health department to work with individual providers to provide key outcome data, particularly Continuum of Care, for clients served. *(also TDH Activity)*	CY2019	PC/AG/BG/PG		N/A
	c. Get research involved in order to look at the data, create reports and use it to improve services.	All years	PC		TBD
	d. Expand data collection efforts (e.g., conduct client interviews) or reporting, in order to better identify barriers, risks and needs of populations at high risk on not achieving key outcomes (e.g., link, retention, viral suppression, medication adherence).	CY2017	AG		N/A
	e. Revise tool for collecting data on why people do not enter or drop out of care and implement with Part A providers. Implement focus group to gain consumer driven perspective.	CY2017	AG/TP/PP	Lost to care population	# of focus groups implemented
2. By the end of 2021: Assure immediate access: Increase provider's ability to assure immediate access to HIV treatment.	a. Identify knowledgeable and experienced relevant providers to provide expertise, successful models of treatment, and tools to other providers to improve care.	CY2019	AG	All popul.	List of relevant providers
	b. Look into accessing medications immediately and for the uninsured.	CY2017	AG	The uninsured	N/A
	c. Establish a time table for providers in order to provide optimal care: eligibility, payer, and clinic hours.	CY2020	AG	All popul.	Time table created
3. By the end of 2021: Improve LINKAGE TO CARE and identify and remove structural barriers to HIV primary care within 30 days.	a. Complete detailed data analysis, including QI activity, to determine most significant characteristic and factors that impact linkage to care.	CY2017	AG	Newly Dx, High risk popl. , lost to care	N/A
	b. Gather information from outpatient and non-outpatient providers to Identify barriers to assuring care within 30 days.	CY2017	AG		N/A
	c. Create workflow for optimal access to treatment. Modify standards of care to require access to outpatient care within 30 days for specified high risk persons.	CY2018	AG/PC		Workflow created and SOC modified
	d. Fund two positions that specifically identify new diagnosed and help them set up access to a health navigator, medical case manager, etc.	CY2018	PC		# of positions funded
	e. Implement annual meetings between local HIV testers, DIS and EIS staff to strengthen collaboration and identify areas for improvement.	All years	AG		# of annual meetings

	f. Implement quarterly conference calls with Part B to strengthen collaboration between Part A & B linkage activities. *(also TDH Activity)*	All years	AG/BG/PG		# of conference calls
	g. Evaluate results to measure impact/change of new strategies and modify as needed.	CY2019	AG		N/A
4. By the end of 2021: Enhance service models for the highest risk populations (i.e., not virally suppressed, poor retention, lost to care/drop out, poor adherence to medications) and target available funding for these services.	a. Complete detailed data analysis, including QI activity, to determine most significant characteristic and factors that impact viral suppression, retention/engagement in care and medication adherence.	CY2017	AG	Not virally suppressed, not retained, drop out, poor adherence	N/A
	b. Review results and make recommendations for new service strategies to address retention in care barriers and needs. Target available funding for best practice initiatives Consider: • Increasing the number of "specialized" medical case managers *(also TDH Activity)*; • Increasing the number of peer staff (e.g., navigators, psychosocial support, medical case managers, EIS); • Utilize community health worker model.	CY2017	AG		# of recommendations made
	c. Create a mechanism to utilize data (data to care) to identify persons with poor outcomes and use to inform service delivery. *(also TDH Activity)*	CY2018	AG/PC		Mechanism created
	d. Increase collaboration with other housing resources and increase housing funds.	CY2018	PC	The unstably housed	N/A
	e. Review and revise standards of care as needed based on findings.	All years	AG		Revised SOC
	f. Evaluate results to measure impact/change of new strategies and modify as needed.	All years	AG		Evaluation conducted
5. TDH Strategy(ies)	a. All TDH funded testers receive notification every 30 days for clients not linked to care. b. Enhance linkage to care by positioning additional EIS staff focused on regions with lowest linkage rates focused on linkage rates ≤70%. c. Increase number of medical case managers targeting newly diagnosed individual to promote linkage to care. d. Collaborate with Part F AETC to train/support private providers in enhanced comprehensive care. e. Fund peer navigators to enhance retention. f. Provide training on benefits management to Ryan White clients to increase capacity in navigating changing healthcare landscape. g. Work with SAMHSA-funded mental health and substance abuse providers to identify and re-engage known HIV+ clients not currently receiving HIV care.	SEE APPENDIX 5			

GOAL II: Increasing Access to Care and Improving Health Outcomes for Persons Living with HIV

OBJECTIVE B: Take deliberate steps to increase capacity of systems as well as the number and diversity of available providers of clinical care and related services for PLWH .

Current Key Activities to Continue to Support:

- Continue to promote recruiting and hiring of diverse staff to enhance cultural competence in HIV testing and care sites *(Part A & TDH)*
- Continue focus and train providers on standards of care that focus on use of readiness assessment, motivational interviewing, health literacy, adherence and self-management.
- Continue to provide, or arrange, quality training for Ryan White providers. *(Part A & TDH)*

<table>
<tr><th>STRATEGY</th><th>ACTIVITIES</th><th>TIME FRAME</th><th>RESPONSIBLE PARTIES</th><th>TARGET POP</th><th>DATA INDICATORS</th></tr>
<tr><td rowspan="3">1. By the end of 2021: Ensure coordination of all HIV and non-HIV community resources to assure access to services that encompass and meet the array of client needs (e.g., substance abuse, women, etc.).</td><td>a. Collect state and local health departments list of providers and what they provide to recipients in order to assess what is available and where.</td><td>CY2017</td><td>AG</td><td rowspan="2">All popul.</td><td>Assessment of gathered information</td></tr>
<tr><td>b. Create comprehensive list of organizations and what they provide (resource audit) in order to identify gaps in service.</td><td>CY2017</td><td>AG</td><td>List created</td></tr>
<tr><td>c. Modify Standards of Care to require providers to develop standards regarding formal referral and/or partnerships with entities serving and/or representing high risk populations.</td><td>CY2019</td><td>PC</td><td>High risk popul.</td><td>Modified SOC</td></tr>
<tr><td rowspan="2">2. By the end of 2021: Go out into the community to provide information and education on the Ryan White program and its services to key stakeholders.</td><td>a. Identify stakeholders (including private physicians) and key points of contact.</td><td>CY2017</td><td>PC/AG</td><td rowspan="2">All popul</td><td>List of stakeholders and points of contact</td></tr>
<tr><td>b. Develop a cross-training educational plan between HIV and non-HIV service providers.</td><td>CY2019</td><td>PC/AG</td><td>Plan created</td></tr>
<tr><td rowspan="4">3. By the end of 2021: Have peers, both provider-to-provider and client-to client, give suggestions for enhancing the system of care, including broadening the provider network.</td><td>a. Identify and compile both sets of peers as points of contact for each other.</td><td>CY2018</td><td>AG/PC</td><td rowspan="4">Al popul.</td><td># of peer relationships established</td></tr>
<tr><td>b. Compile a set of activities where they can provide feedback on the system. For example, create focus groups, research studios, survey assessments.</td><td>CY2018</td><td>AG/PC</td><td>TBD</td></tr>
<tr><td>c. Compile a report on the findings, including recommendations.</td><td>CY2019</td><td>AG/PC</td><td>N/A</td></tr>
<tr><td>d. Review recommendations and implement as feasible (e.g., contracting, RFP, directives).</td><td>CY2019</td><td>AG/PC</td><td># of recommendations implemented</td></tr>
</table>

	e. Increase new doors of entry for HIV outpatient and other services either through collaborations or additions of new providers, including non-ASO entities. *(also TDH Activity)*	All years	AG		# of new doors of entry
	f. Assure annual provision of effective cultural competency training for all providers that focuses on barriers and techniques to improve care along each step of the HIV Care Continuum.	All years	AG		N/A
5. TDH Strategy(ies)	a. Conduct comprehensive lectures, presentations, and intersessions on the National HIV/AIDS Strategy, impact of HIV/AIDS on disparate populations, governmental public health's role in addressing HIV/AIDS, ways to achieve an AIDS-free generation, and careers in public health to medical school students and public health students. b. Train HIV providers to evaluate and treat HCV. c. Train HIV providers and MCMs to identify mental health and substance abuse co-morbidities jeopardizing access to HCV treatment and/or sustained care.	SEE APPENDIX 5			

GOAL II: Increasing Access to Care and Improving Health Outcomes for Persons Living with HIV

OBJECTIVE C: Support comprehensive, coordinated patient-centered care for PLHW, including addressing HIV-related co-occurring conditions and challenges in meeting basic needs, such as housing.

Current Key Activities to Continue to Support:

- Continue to fund ARTAS programs, including ARTAS training, across the state. *(TDH)*
- Provide TA and capacity-building for linkage to care providers through collaboration between Part A, B and F (AETC).
- Augment HDAP Formulary and Medical Services Fee Schedule to cover HCV diagnostics and treatment. *(TDH)*

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTIES	TARGET POP	DATA INDICATORS
1. By the end of 2021: Increase access to HIV primary care by creating new alternate delivery modes (e.g., providing primary care in a community organization).	a. Engage the community in identifying what the needed non-conventional method is.	CY2018	AG/PC	All popul., including lost to care	N/A
	b. Meet with HIV providers to share community recommendations for optimizing delivery methods. Identify barriers, opportunities and identify methods that could be implemented.	CY2019	AG		N/A
	c. (For new methods) Create messaging campaign in order to educate PLWH on new types of delivery methods.	CY2019	PC		Campaign created
2. By the end of 2021: Expand non-office based & alternative sites for medical case management.	a. Coordinate and augment currently delivered case management to include primary care and other services sites.	CY2017	AG	All popul., including lost to care	N/A
	b. Partner to provide HIV services in discrete ways to clients who already receive non-office based/alternative case management. Create a plan to provide more comprehensive non-office based case managements.	CY2018	AG		Plan created
	c. Recruit other workers not in HIV who are providing non-office based/alternative case management to deliver HIV care services.	All Years	AG		# of consumers receiving case management from alternative sites
3. By the end of 2021: Utilize PLWH to provide recommendations for an optimized system of care.	a. Conduct focus groups with PLHW to solicit input on ideas for ways to improve the system of care.	CY2018	AG	All popul.	# of focus groups
	b. Draft a report with recommendations.	CY2018	AG		Report created
	c. Convene with informants to finalize recommendations for the planning council.	CY2019	AG		N/A
	d. Review recommendations and implement as feasible (e.g., contracting, RFP, directives).	CY2019	PC		# of recommendations implemented

5. TDH Strategy(ies)	a. Expand patient navigation (including peer navigators) programs to enhance linkage and retention efforts. b. Augment HDAP Formulary and Medical Services Fee Schedule to cover mental health and substance abuse treatment.	SEE APPENDIX 5

GOAL III: REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

BENCHMARKS:

- By September 30, 2021 increase the proportion of HIV-diagnosed gay and bisexual men with undetectable viral loads by 20% .
- By September 30, 2021 increase the proportion of HIV-diagnosed non-Hispanic Blacks with undetectable viral loads by 20% .
- By September 30, 2021 increase the proportion of HIV-diagnosed Latinos with undetectable viral loads by 20% .

OBJECTIVE A: Reduce HIV related disparities in communities at high risk of HIV infection.

Current Key Activities to Continue to Support:

- Continue measurement along the HIV Care Continuum to measure progress against TGA benchmarks for targeted populations, including detailed breakdowns within each population.

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTIES	TARGET POP	DATA INDICATORS
1. By the end of 2021: Strengthen promotion of normalization of HIV testing	a. Meet with TDH to learn about HIV testing activities in the TGA, including areas of strength and opportunities for improvement (e.g., testing sites supported by TDH, opt-out testing policies, successful campaigns in other TN communities).	CY2017	AG	All populations, especially those who do not know their status	N/A
	b. Identify activities that can be supported by Ryan White Part A.	CY2018	PC/AG/PG		N/A
	c. Implement activities identified in activity b.	CY2019	PC/AG/PG		N/A
2. By the end of 2021: Increase culturally competent/specific outreach within/to high risk communities.	a. Engage high risk/hard to reach populations (specifically MSM, Young people of color, transgender individuals, and women) in focus groups to identify specific barriers to care impacted by culturally based stigmas .	CY2018	AG/PG	Transgender/ YPOC/ MSM	# of focus groups
	b. Develop/identify outreach initiatives guided by not only information gathered from the focus groups, but also participants from the focus groups, to specifically target transgender, young people of color, and MSMs.	CY2018	PC	Transgender/ YPOC/ MSM	# of outreach initiatives created
	c. As funds are available, fund best practice outreach initiatives identified above to specifically target communities, complete w/tracking tools for data collection.	CY2018	PC	Transgender/ YPOC/ MSM	N/A
3. By the end of 2021: Enhance the understanding of how	a. In coordination with TDH, assess current terrain of HIV care in prisons and jail facilities. Prioritize areas of need unearthed during assessment of correctional facilities, and propose strategies for improvement.	CY2018	AG/PC	Incarcerated population	N/A

the correctional system manages HIV testing/care/and discharge planning.	b. Develop recommendation s to strengthen the utilization and capacity of medical case managers or other HIV staff to support HIV positive incarcerated persons through the discharge process.	CY2019	AG/PC	Incarcerated population	# of recommendation s
	c. As funds are available, fund best practice services for persons newly released from correctional settings, complete w/tracking tools for data collection.	All Years	TP	Incarcerated population	% of incarcerated persons linked to care
4. By the end of 2021: Initiate Meaningful Action Plan to Address Disparities.	a. Analyze and use data to document disparities in the HIV Care Continuum.	All Years	AG	Transgender/ YPOC/ MSM, Non-permanently housed, young persons	Report created
	b. Convene identified community members to further inform etiology (origins) of disparities. "The right people at the table." Present the data in a way that enhances understanding and encourages informed mobilization (i.e., develop a meaningful action for change).	CY2018	AG/PC		Meeting convened
	c. Provide data to individual providers and use for QI activities.	All Years	AG/TP		Provider reports
	d. As funds are available, fund best practice services for populations specifically identified having poor outcomes in the HIV Care Continuum.	All Years	AG		N/A

GOAL III: Reducing HIV-Related Disparities and Health Inequities

OBJECTIVE B: Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities.

Current Key Activities to Continue to Support:

- NA

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTIES	TARGET POP	DATA INDICATORS
1. By the end of 2021: Reduce infection within MSM community.	a. Increase promotion and use of PrEP. *See Goal 1, Objective B.*				
	b. Develop partnerships with local schools and community agencies to promote sexual health education to youth while concurrently reducing stigma. *See Goal 1, Objective C.*				
	c. Meet with TDH to learn about HIV prevention activities in the TGA, including areas of strength and opportunities for improvement and identify ways that Part A can support their efforts.	CY2017	PC	All populations.	
2. By the end of 2021: Increase engagement and educate faith-	a. Identify faith based organizations in the TGA who are receptive to promoting HIV education, awareness, and prevention.	CY2019	PC/AG	Focus on minority populations.	

based communities on HIV prevention and treatment.	b. Provide evidence based approaches to "training the trainer" and educational materials,	CY2020	AG		
	c. Provide ongoing support, coaching, and capacity building to trainers and educators.	CY2020	AG		
3. By the end of 2021: Increase HIV literacy among non-HIV primary care providers.	a. Identify non-HIV primary care and dental providers/sites that serve high risk populations. Promote the use of culturally and linguistically appropriate services to help providers strengthen their ability to engage clients in open dialogue around issues such as HIV.	CY2018	PC/AG	High risk populations.	
	b. Encourage AETC to engage these providers in ongoing trainings related to HIV prevention and treatment.	CY2018	PCC		
	c. Include these providers in relevant Ryan White Part A Planning Group and Grantee activities as a way to increase knowledge (e.g., provider trainings, PC committees, invite to meetings).	Ongoing	PC/AG		

GOAL III: Reducing HIV-Related Disparities and Health Inequities

OBJECTIVE C: Reduce stigma and eliminate discrimination associated with HIV status.

Current Key Activities to Continue to Support:

- Support of MSM and Transgender Task Forces local media campaigns to reduce stigma of HIV testing & PrEP. *(TDH activity)*

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTIES	TARGET POP	DATA INDICATORS
1. By the end of 2021: Engage business leaders, civil organizations, and private and public figures in HIV prevention and stigma reduction.	a. Identify opportunities for HIV community to talk with business leaders, civic organizations, and private and public figures. • Civic organizations- try to get one HIV related agenda item on their docket per year, Private figures, Public figures, Business owners-educate business executives and promote open dialogue between employees and employers	CY2019	AG/PC	All populations	N/A
	b. Identify ways to frame HIV information that is tailored to each audience. Disseminate relevant information to receptive audiences.	CY2019	AG/PC		N/A
	c. Identify ways to frame HIV information for business leaders that includes information about human resource practices that support a PLWH's ability to manage their HIV disease. Disseminate relevant information to receptive audiences.	CY2019	AG/PC		N/A

2. By the end of 2021: Engage gatekeepers and utilize cultural hotspots to promote HIV education, prevention, and treatment.	a. Identify gatekeepers of high risk communities and hard to reach communities. Encourage and assist gatekeepers in identifying and utilizing cultural hotspots (e.g. barbershops; nail salons, etc.) to promote HIV education, prevention and treatment.	CY2018	AG/PC	High risk populations	# of gatekeepers identified
	b. Educate gatekeepers on HIV 101, referrals to care, and client support.	CY2018	AG/PC		N/A
	c. Provide ongoing support to gatekeepers to keep them engaged in the process.	CY2018	TP		N/A
3. By the end of 2021: Utilize social media and marketing campaigns to dismantle stigma.	a. Investigate marketing techniques that have proven to be successful in identifying sources of stigma.	CY2019	AG/PC	All populations	N/A
	b. Stratify and prioritize sources of stigma to be addressed.	CY2019	AG/PC		N/A
	c. Develop campaigns to address prioritized stigma.	CY2019	AG/PC		N/A
5. TDH Strategy(ies)	a. Implement cultural-competency assessment programs to ensure culturally-competency services within metro-STD clinics.	SEE APPENDIX 5			

GOAL IV: ACHIEVING A MORE COORDINATED STATE AND LOCAL RESPONSE TO THE HIV EPIDEMIC

OBJECTIVE A: Increase the coordination of HIV programs across state and local governments.

Current Key Activities to Continue to Support:

- Part B membership on the Part A Planning Council.
- Medicaid (TennCare) membership on the Part A Planning Council.

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTIES	TARGET POP	DATA INDICATORS
1. By the end of 2021: Strengthen/Enhance collaboration between local HIV planning bodies (CHAPP and Nashville Regional HIV Planning Council).	a. Conduct meeting of TDOH and MPHD planning staff to identify potential points of collaboration and areas where collaboration is not reasonable.	CY2017	AG/BG/PG	All populations.	N/A
	b. Conduct routine meetings/communication between TDOH and MPHD planning body staff	All Years	AG/BG/PG		# of meetings
	c. Conduct routine meetings/communication between Part A and B planning body leadership.	All Years	AG/BG/PG		# of meetings
	d. Implement at least one annual joint activity and at least one joint training.	All Years	AG/BG/PG		N/A
	e. Request HRSA/CDC technical assistance to help move toward one HIV prevention and treatment plan.	CY2017	AG		N/A

2. By the end of 2021: Strengthen/Enhance collaboration between major HIV funding sources (Part A, Part B, TDOH prevention, TennCare, ACA).	a. Hold meeting of TDOH and MPHD program directors to identify potential points of collaboration, including separate plan for TennCare and ACA, and areas where collaboration is not reasonable.	CY2018	AG/BG/PG	All populations.	N/A
	b. Develop a written plan for collaboration, including specific activities and timeframes.	CY2018	AG/BG/PG		Written plan created
	c. Schedule routine meetings/communication between TDOH and MPHD program directors and others as appropriate.	CY2018	AG/BG/PG		# of meetings
3. By the end of 2021: Strengthen/Enhance collaboration and reciprocal relationship between key service stakeholders and community leaders (e.g., ASOs, CBOs, relevant local and state government agencies, faith based, housing, employment).	a. Identify current and potential partners.	CY2019	AG/BG/PG	All populations.	# of partners identified
	b. Conduct interviews/focus groups to clarify needs of partners and ways to engage.	CY2019	AG/BG/PG		# of focus groups
	c. Develop a written plan for collaboration, including specific activities and timeframes.	CY2019	AG/BG/PG		Written plan created
	d. Create and document a variety of opportunities for engagement of partners through social media, educational events, one-no-one interactions, etc.	CY2019	AG/BG/PG		N/A
	e. Implement x of opportunities per year (based on plan in number 3).	CY2020	AG/BG/PG		TBD
	f. Sponsor regular community round table for community stakeholders and leaders to build relationships and awareness of community need and available services.	CY2020	AG/BG/PG		# of round tables sponsored
	g. Continue to enhance focus on recruiting diverse and strategic community stakeholders for the Part A Planning Council, Committees and/or work groups.	All Years	PC		N/A

GOAL IV: Achieving a More Coordinated State and Local Response to the HIV Epidemic

OBJECTIVE B: Develop improved mechanisms to monitor and report on progress toward achieving local goals.

Current Key Activities to Continue to Support:

- Coordination between Part A & B Quality Management activities.

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTIES	TARGET POP	DATA INDICATORS

1. By the end of 2021: Identify key indicators of successful collaboration.	a. Research literature on best practices for effective collaboration.	CY2017	AG	N/A	N/A
	b. Define indicators for local community and inform partners.	CY2017	AG/BG/PG	N/A	TBD
2. By the end of 2021: Develop/identify evaluation tool and implement.	a. Develop tool (may use existing model and modify for local use).	CY2018	AG	N/A	Tool developed
	b. Using local tool, assess current baseline for coordination of state and local response to HIV Epidemic. (Year 1 Funders, Year 2 Planning Bodies, Years 3 Service Providers, etc.).	CY2018	AG/BG/PG	N/A	N/A
	c. Implement as indicated to assess status.	CY2019	AG/BG/PG	N/A	N/A
3. By the end of 2021: Utilize evaluation results to inform partners on status (success, weakness and action needed to strengthen collaborations) and use data to implement changes for the better.	a. Identity successes and celebrate	CY2019	AG/BG/PG	N/A	N/A
	b. Identify areas that need improvement and develop a plan to address.	CY2020	AG/BG/PG	N/A	N/A
4. By the end of 2021: Ideally, develop a TN fully integrated HIV prevention and treatment comprehensive plan.	a. Meet with TDH and the Memphis TGA to discuss opportunities and challenges for developing a statewide integrated plan.	CY2018	AGs/BG/PC	N/A	N/A
	b. Request technical assistance from HRSA/HAB/CDC to assist with identifying opportunities, challenges and mechanisms for developing a statewide integrated plan. Develop a plan to address this strategy.	CY2018	AG	N/A	TA request
	c. Implement the plan.	CY2018	AGs/BG/PC	N/A	Plan