APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

NHAS GOAL #1: REDUCE NEW HIV INFECTIONS

Objective 1.1	By December 31, 2021, the Commonwealth of Virginia will increase the percentage of people living with HIV who know their serostatus to at least 90 percent.				
	Baseline: 86.3% (baseline equates to 3,400 undiagnosed individuals) 2021 Target: 90%				
Note: "Gap?" - Responds yes or no to the question if the activity addresses a gap in the current continuum of services.					
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy A	Expand routine testing in targeted areas of high prevalence and in areas with disparities related to social determinants of health indicators.				
By 12/31/17 and ongoing	Director HIV Prevention, HIV Testing Team	1. Continue to allocate resources to increase community-based HIV testing in high prevalence areas.	No	MSM, High Risk Heterosexuals, PWID, Transgender	• Demographics of newly-diagnosed persons • Amount of allocated dollars • HIV positivity rates
By 12/31/2019	HIV Testing Team, HIV Care and Prevention Planners, CBO's, LHDs	2. Use collaborative approaches to expand use of universal screening tools, such as those developed in CDC PS 15-1509, to assess HIV risk behaviors in populations at high-risk for HIV in order to refer to HIV testing and mental health/substance abuse counseling services.	No	MSM, High Risk Heterosexuals, PWID, Transgender	• Number of agencies using universal screening tool for HIV risk and need for MH/SA treatment • Number and tracking of referrals for identified services
By 06/30/2017 and ongoing	HIV Care and Prevention Planners, Directors of HIV Prevention and Care	3. Facilitate the development of innovative strategies such as the development of Community Resource Centers (RCHD model), mobile care, satellite care in order to increase clinic based testing.	Yes	Care Providers, Rural communities, Medically underserved communities	• Number of new innovative strategies established
Strategy B	Develop innovative strategies to engage providers in both routine and risk-based testing.				
By 12/31/2017 and ongoing	HIV Surveillance, HIV Care and Prevention Services, AETC	1. Use strategies such as Public Health Detailing to educate care providers on health concerns in their geographic regions.	Yes	Care Providers	• Number of new providers educated by region • Number of providers performing HIV testing by region,

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	Baseline: 86.3% (baseline equates to 3,400 undiagnosed individuals) 2021 Target: 90%				
Note: "Gap?" - Responds yes or no to the question if the activity addresses a gap in the current continuum of services.					
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
By 6/30/2017 and Ongoing	AETC	2. Reinforcement of routine HIV screening by care providers for patients >15 years through educational strategies supported by the AETC's.	No	Care Providers	• Number of AETC-led educational sessions
Strategy C	Expand and/or develop innovative models of targeted testing to high-risk populations.				
By 6/30/2017 and Ongoing	HIV Testing Team, CBO's,, LHDs	1. No Wrong Door HIV Testing Approach: a. Expand pharmacy-based testing using the social determinants of poverty, race, ethnicity, and medically underserved geographical locations to target population at risk; b. Expand home testing for MSM; and c. Offer integrated HIV/HCV testing for People Who Inject Drugs (PWIDs).	No Yes	MSM, (PWIDs), Persons at high-risk for HIV in medically underserved areas	• Number of HIV tests conducted through pharmacies as shown on HIV testing forms • Number of home tests sent out • Demographics of persons receiving HIV Testing • HIV positivity rate Uptake of HIV/HCV testing for PWIDs
By 12/31/2017	HIV Testing Team, CBOs, DIS/SODA	2. Expand use of social networking strategies (SNS) to engage high-risk populations in HIV testing.	No	High Risk Populations	• Number of new SNS programs implemented • Positivity rate of SNS programs
By 12/31/2017	LHD, SODA ,HIV Testing Team, HIV Prevention Team,	3. Increase the number of clients at Local Health Departments (LHDs) who receive syphilis and HIV testing when being screened for chlamydia and gonorrhea (C/G).	Yes	High Risk Populations	• Number of total early syphilis testing reported by LHDs Number of STD records submitted with C/G screenings only
BY 12/30/2017	Social Media Coordinator, CBOs, Social Media	4. Develop initiatives to address stigma as it relates to low engagement in HIV and STD testing.	Yes	MSM, Persons of color, PWIDs, other - populations engaged in	• Number of new social media campaigns addressing stigma

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	Baseline: 86.3% (baseline equates to 3,400 undiagnosed individuals) 2021 Target: 90%				
Note: "Gap?" - Responds yes or no to the question if the activity addresses a gap in the current continuum of services.					
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
	Contractors			high risk behaviors for HIV exposure	
By 6/30/2017	HIV Testing Team	5. Facilitate the development of at least one new partnership or collaboration with non-traditional partners to provide HIV testing and counseling services.	Yes	Potential Partners for HIV testing	• Number of new partnerships and collaborations developed
Strategy D	Identify and help facilitate systems changes to barriers that prevent third-party payment of routine HIV testing and screening.				
By 12/31/2017	/HIV Prevention Director, HIV Testing Team, DMAS	1. Collaborate with Virginia Medicaid to change DMAS policy to allow reimbursement routine HIV testing rather than diagnostic testing only	Yes	Medicaid patients	• Policy changed and communicated to Medicaid providers
By 6/30/2017	Third Party Billing Specialist	2. Contracted billing specialist to provide training and capacity building assistance to CBOs and local health departments on third-party billing.	Yes	CBOS and LHD	• Number of CBOs/LHDs trained on 3rd party billing Number of CBOs/LHDs implementing 3rd party billing
Strategy E	Engage injection drug users in HIV and Hepatitis C virus (HCV) testing as part of DDP's Drug User Health Initiative.				
By 1/31/2017	HIV Testing Team, HIV Care and Prevention Planners, Hepatitis Team	1. Identify additional HIV and Hepatitis C testing opportunities and partners with agencies and private businesses who provide substance abuse disorder treatment and/or services.	No	PWIDs, MSM, HRH	• Number of new agreements formed with SA Centers to provide HIV/HCV testing • Number of new SA/MH facilities performing HIV/HCV tests
By 6/30/2017	HIV Prevention and Care Team, HIV Care and Prevention Planners, HIV Services Coordinators, HIV Provider network	2. Expand drug user health initiatives that allow for collaborative efforts with infectious disease clinics, mental health, substance abuse, criminal justice, and educational agencies and organizations.	No	CBOs, Governmental Agencies, ID clinics, MH/SA treatment facilities, Educational facilities, LHD, and other organizations serving PWIDs	• Number of MOA/MOUs with agencies serving PWIDs/ substance users • RW and other funding amounts allocated for expanded services for PWIDs/substance users

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 1.1	By December 31, 2021, the Commonwealth of Virginia will increase the percentage of people living with HIV who know their serostatus to at least 90 percent.				
	Baseline: 86.3% (baseline equates to 3,400 undiagnosed individuals) 2021 Target: 90%				
Note: "Gap?" - Responds yes or no to the question if the activity addresses a gap in the current continuum of services.					
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
					from baseline year of 2016 • Number of clients receiving services from baseline year of 2016
By 12/30/2017	HIV Care and Prevention Planners, AETC, Hepatitis and HIV Prevention Teams	3. Educate and engage Virginia's Drug Courts to mandate court-ordered HIV and Hepatitis C testing for offenders with an opioid related offense, and to inform and encourage HIV testing for all offenders.	Yes	PWIDs and other substance users receiving Drug Court Services	• Number of MOA/MOU with Drug Courts completed, • Number of court-ordered HIV and HCV tests HIV positivity rate
By 12/31/18	HIV Testing Team, Hepatitis Team	4. Expanded HIV and Hepatitis C test sites in counties designated by CDC as vulnerable to outbreaks		PWIDs	• Number of new sites providing HIV/HCV testing

Objective 1.2	By December 31, 2021, the Virginia Department of Health increase HIV testing among men to 58,350.				
	Baseline: 33,341 2021 Target: 58,350				
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy A	Improve current methods for engaging MSM populations in HIV prevention and testing.				
By 12/31/2017	PS15-1509 Collaboratives, LHDs, HIV Testing Team	1. Increase HIV testing among MSM in the Virginia Beach/Norfolk/Newport News MSA and the DC/Maryland/ Virginia MSA to engage more MSM in 4th generation and rapid HIV testing within those geographic regions.	No	MSM of Color in both MSAs	• Number of 4th generation HIV tests performed • Demographics of persons receiving HIV tests • Location of HIV tests • HIV positivity rate
By 12/30/2017	HIV Testing Team, Planners, HIV Prevention Team, PS15-1509 Team	2. Increase community-based HIV testing partners in these MSAs, by engaging new partners in collaborative efforts to provide services to MSM.	Yes	MSM	• Number of MOAs/MOUs with new HIV testing providers that provide testing services to MSM
By 6/30/2017	Social Media Contractors, Social	3. Explore new social marketing and media venues that would increase the number	No	MSM	• Number of Home HIV Test Kits distributed to

Objective 1.2	By December 31, 2021, the Virginia Department of Health increase HIV testing among men to 58,350.				
	Baseline: 33,341			2021 Target: 58,350	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
	Media Coordinator, HIV Testing Team	of MSM who receive home test kits in these MSAs.			MSM • Referral source for Home Test Kit • HIV positivity rate
By 6/30/2018	HIV Testing Contractors, HIV Prevention Specialists	4. Facilitate community based HIV testing efforts focusing on males, particularly MSM of color in the Virginia Beach/Norfolk/Newport News MSA and the DC/Maryland/ Virginia MSA, in which funding is contractually linked to the number of HIV tests performed with MSM and MSM of color.	Yes	MSM	• Number of MSM-specific HIV testing contracts signed • Number of MSM HIV tests • HIV positivity rate
Strategy B	Address Sexual Health and HIV as part of the holistic health needs of all men by facilitation of community health efforts aimed toward men.				
By12/30/2017	HIV Care and Prevention Planners, HIV Prevention and HIV Care, SODA, CBOs, LHDs	1. Collaborate with other agencies and organizations to promote holistic and sexual health programs aimed at males, particularly males 15-34 years old.	Yes	All men engaging in behaviors that would put them at risk for HIV	• Number of MOAs/MOUs with organizations serving males to provide holistic services, including HIV and STD testing
By 12/30/2018	AETC, HIV Testing Teams, HIV Prevention, PS15-1509 and 1506 teams	2. Provide support and training to LHDs and other medical providers to establish men's clinics that provide general health and sexual health screenings.	Yes	All men engaging in behaviors that would put them at risk for HIV	• Number of men's clinics provided by LHDs and other medical providers
By 6/30/2017	AETCs, DDP workgroup	3. Provide physicians with tools and training that help facilitate routine HIV testing during health care visits with males 15-34 years old. • Opt-out testing • Standing lab-orders for HIV testing • Electronic medical record reminders	No	All men engaging in behaviors that would put them at risk for HIV	• Number of trainings for physicians • Medicaid testing in men ages 15-34 through existing DMAS agreements or new agreements via partnerships with Medicaid Affinity Group (also see Objective 4.1(E).

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 1.2	By December 31, 2021, the Virginia Department of Health increase HIV testing among men to 58,350.				
	Baseline: 33,341			2021 Target: 58,350	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
By 12/30/2017	HIV Prevention Team, HIV Care and Prevention Planners	4. Form partnerships with organizations that provide services addressing men's health needs, particularly those serving young men, such as the Partnership for Male Youth, in Washington, DC.	Yes	Men of all orientations who are at risk for HIV	• Number of MOA/MOUs signed with organization or other documentation providing evidence of collaboration
By 6/30/2017	CBOs, LHD, HIV Prevention Specialists, HIV Services Coordinators PS 15-1509 team	5. Increase patient navigation services to all men at risk for HIV to increase the utilization of health care by males.	Yes	Men of all orientations who are at risk for HIV	• Number of males receiving patient navigation services • Number of new partnerships with the Department of Veteran Affairs sites in the state
By 12/30/2017	Social Media Contractors, Social Media Coordinator, HIV Testing Team,	6. Design social marketing and social media messaging to target men in general to engage in regular HIV testing, rather than just MSM; as well as strategic collaboration with the Department of Veterans Affairs which also designs social media campaigns for testing and care for service men.	Yes	Men of all orientations with HIV Risk behaviors	• Demographics of men testing for HIV that identify social media as referral source
Strategy C	Use innovative ways to reach men by introducing HIV testing for men to sites atypical of providing HIV testing for men, and by introducing HIV testing to sites/events most likely to receive men				
By 12/30/2021	HIV Testing Team, Urgent Care Centers	1. Provide HIV testing for men at urgent care centers	Yes	All men visiting urgent care centers	• Proportion of men tested for HIV who were tested at urgent care centers
By 12/30/2021	CBOs, Sports Medicine Centers	2. Provide HIV testing at sports medicine centers	Yes	All men visiting sports medicine centers	• Proportion of men tested for HIV who were tested at sports medicine centers
By 12/30/2021	CBOs	3. Use a community-based testing approach to test men at gyms, gambling facilities and college fraternity events	Yes	Men	• Proportion of men tested from community-based interventions

Objective 1.3	By December 31, 2021, the Commonwealth of Virginia will reduce the number of new HIV diagnoses by at least 25%.				
	Baseline: 950 newly-diagnosed cases			2021 Target: 713 newly-diagnosed cases	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy A	Implement and/or expand use of biomedical interventions in high-risk populations, i.e., pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP).				
By 6/30/2018	Social Media Coordinator, Social Media Contractors, PS15-1506 Team, PrEP Coordinator	1. Use focused social media and marketing efforts to promote PrEP and nPEP to targeted populations.	Yes	MSM, PWID, partners of PLWH, sex workers, victims of sexual assault, transgender persons, high-risk heterosexuals (HRH)	• Number of social media campaigns implemented to targeted populations
By 12/30/2016	PrEP Coordinator, LHDs, Other clinical care staff interested in providing PrEP	2. Establish PrEP and nPEP clinics in local health departments and other community clinical health centers, and regional PrEP clinics in rural areas.	Yes	MSM, PWID, partners of PLWH, sex workers, victims of sexual assault, transgender persons, HRH	• Number of new PrEP/nPEP clinics or service access points established
By 12/31/2017 and Ongoing	HIV Prevention Director, HIV Prevention, 3rd Party Billing Team	3. Continue to seek funding for medications used for PrEP and nPEP, lab costs, and medical visits to ensure all Virginians who can benefit from these interventions have access.	No	Persons at high-risk not able to afford PrEP/nPEP	• Number of funding opportunities identified for allocations, proposal drafting, and partnerships. • Amount of funding secured and allocated to support PrEP/nPEP and related costs
By 12/31/2018	HIV Prevention Director, HIV Prevention, 3rd Party Billing Team	4. Develop policy on program income that directs use for PreP and nPEP protocols.	Yes	Persons at high-risk not able to afford PreP/nPEP	• Development of policy
Strategy B	Ensure access to free condoms to high-risk populations statewide.				
Annually	Condom Distribution Coordinator, CBOs, LHD, other care providers	1. Expand the number of providers in DDP's Condom Distribution Network.	No	Persons at high risk for HIV, PLWH and their sex partners	• Numbers of condom distributors annually
Annually	Condom Distribution Coordinator, HIV Prevention and Care	2. Expand condom distribution in non-traditional settings (e.g., gyms and recreational facilities;	No	Persons at high risk for HIV, PLWH and their sex partners	• Number of non-traditional condom distribution sites

Objective 1.3	By December 31, 2021, the Commonwealth of Virginia will reduce the number of new HIV diagnoses by at least 25%.				
	Baseline: 950 newly-diagnosed cases			2021 Target: 713 newly-diagnosed cases	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
	Planners, CBOs	places that sell alcohol; and substance abuse treatment centers).			
Strategy C	Expand the implementation of effective behavioral interventions with PLWH and high-risk negative populations and/or in high prevalence regions.				
Annually	HIV Prevention and Care team members who write RFPs, DDP leadership	1. Provide a menu of recommended interventions in Request for Proposals on high-impact prevention and integrated behavioral interventions.	No	CBOs, Care Contractors, Organizations applying for funding from DDP	• Guidance language appears in RFP Number of RFPs in which guidance language is included
Annually	CBA providers	2. Provide training to contract monitors on innovative prevention and care strategies that advance the National HIV/AIDS Strategy.	No	Persons overseeing provision of integrated, high-impact strategies at DDP	• Number of trainings conducted and documented
Annually	CBA, HIV Prevention Specialists and HIV Service Coordinators	3. Conduct capacity building and training with contractors to advance their use of integrated strategies that address needs across the Care Continuum.	No	CBOs and care centers delivering integrated, high-impact strategies at DDP	• Number of trainings conducted and documented
By 12/30/2017	Trauma Informed Care Workgroup, CBOs, Care Providers, LHDs	4. Implement "Trauma Informed Care" strategies to enhance retention in care and prevention activities for persons with a history of interpersonal trauma.	Yes	Persons with a history of trauma which influences positive health outcomes	• Develop protocols and training curriculum for trauma informed care • Numbers of clinical and non-clinical staff trained • Numbers of clients retained in care and prevention who receive trauma-informed services • Number of clients who receive trauma-informed services achieving viral suppression
Strategy D	Provide seamless transition programs through care coordination for recently released HIV positive offenders.				
Ongoing through 2021	CHARLI Coordinator, Care Coordinators,	1. Continue collaborative efforts with the Department of	No	Incarcerated persons living with HIV about	• Number of persons linked to care and obtaining ART prescription within 30 days of release

Objective 1.3	By December 31, 2021, the Commonwealth of Virginia will reduce the number of new HIV diagnoses by at least 25%.				
	Baseline: 950 newly-diagnosed cases			2021 Target: 713 newly-diagnosed cases	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
	Department of Corrections	Corrections that pertain to care coordination and linking HIV positive inmates to care providers within 30 days of their release from incarceration.		to be released.	• Number of persons determined eligible for ADAP within 30 days of release
Ongoing through 2021	CHARLI Coordinator, CHARLI Contractors, Care Coordinators	2. Continue efforts to expand CHARLI and care coordination to new locations in regional and local jails.	No	Incarcerated persons living with HIV about to be released.	• Number of MOU/MOAs signed with new local and regional jails
By 12/30/2017	Drug User Health Coordinator, CHARLI Coordinator, CHARLI Contractors	3. Expand prevention education curriculum delivered in correctional institutions to include harm reduction messages regarding drug use, particularly injection drug use.	Yes	Incarcerated persons with a history of PWID.	• SA/Harm Reduction module developed and incorporated into curriculum • Number of trainings provided
Strategy E	Expand delivery of retention and adherence services offered by providers.				
By 12/30/2017 and Ongoing through 2021	Prevention and Care staff	1. Re-design current curricula for providers adoption for retention and adherence interventions in a variety of facility- and community-based settings, such as care settings, outreach organizations, PrEP clinics, pharmacies, etc.	No	PLWH, people at risk for HIV	• Number of PLWH receiving retention and adherence counseling • Number of PLWH retained in care from client-level database/care markers database. • Number of people on PrEP receiving adherence counseling
By 12/30/2017	HIV Prevention, HIV Care Services, DDP leadership	2. Include funding for retention and adherence counseling in applicable RFPs.	No	Persons receiving services who have low retention and adherence, newly-diagnosed individuals, persons about to start PrEP or nPEP	• Number of MOAs/MOUs that codify funding for these services. • Number and frequency of invoicing by providers for these services. • Amount of funding allocated for retention and adherence counseling services • Number of new or expanded retention services funded

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 1.3	By December 31, 2021, the Commonwealth of Virginia will reduce the number of new HIV diagnoses by at least 25%.				
	Baseline: 950 newly-diagnosed cases			2021 Target: 713 newly-diagnosed cases	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy F	Expand service navigation for high-risk HIV negative individuals, including linkage to primary medical care.				
By 6/30/2017	PS 1506 and 1509 teams, HIV Prevention Specialists, HIV Services Coordinators	1. Using models developed by SPNS, CAPUS and PS15-1509, fund agencies to provide navigation services to high-risk individuals, including partners of PLWH.	No	Persons at high-risk for contracting HIV	• Number of clients serviced by Patient Navigation and linked to care within 30 days • Number of clients serviced by Patient Navigation who are linked to HIV/HCV and STI testing within 7 days.
By 6/30/2017 and Ongoing through 2021	CBOs, HIV Care and Prevention Planners, CHPG, HIV Prevention Specialists, HIV Services Coordinators	2. Develop relationships with established substance abuse and mental health related programs that provide patient navigation and community outreach to include HIV/STD/Hepatitis navigation services.	No	SA/MH providers and their clients at risk for HIV.	• Number of MOU/MOAs with SA/MH providers for service navigation provision

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

NHAS GOAL #2: INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV

Objective 2.1	By December 31, 2021, the Commonwealth of Virginia will increase the percentage of newly-diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.				
	Baseline: 69%			2021 Target: 85%	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy A	Increase access to and utilization of patient navigation and linkage to care services for all newly-diagnosed individuals, regardless of testing site.				
Ongoing	HIV Care Services, Sub-recipients	1. Centralize ADAP and RW Part B service eligibility to facilitate a streamlined process and timely access to care.	Yes	Part B Sub-recipients	• Number of Ryan White Part B clients enrolled through centralized eligibility for all services
Ongoing	Sub-recipients, DIS	2. Provide active linkages and referrals, where patients are personally guided into systems of care, rather than given a list of names, addresses, and appointment dates.	Yes	All newly-diagnosed persons	• Proportion of newly-diagnosed who are linked to care within a month • Number of referrals that are actively tracked to assure linkage to care.
By January 1, 2017	DIS/SODA	3. Increase the number of DIS to increase referrals to patient navigation for linkage to care	Yes	All newly-diagnosed PLWH	• Number of current DIS or new DIS who make regular referrals to Patient Navigation • Number of new DIS who actively link newly-diagnosed PLWH to care
October 1, 2017	HIV Care and Prevention Services,	4. Issue a new RFP for patient navigation services in all health regions that uses both HIV Care and Prevention services funding.	Yes	All newly-diagnosed PLWH	• RFP issued • Number of organizations that respond to the RFP • Number of MOAs/MOUs awarded for patient navigation services for newly-diagnosed persons
By 12/312021	HIV Care and Prevention Services, Veterans Affairs, HIV Surveillance	5. Establish a care coordination program for military veterans living with HIV/AIDS.	Yes	Military veterans living with HIV/AIDS	• Proportion of veterans living with HIV/AIDS who are linked to care within one month of release from active duty. • Data agreements between DDP and Department of Veterans Affairs to enable client level data capture

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 2.1	By December 31, 2021, the Commonwealth of Virginia will increase the percentage of newly-diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.				
	Baseline: 69%			2021 Target: 85%	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
					and sharing.
Strategy B	Link and engage clients in care through culturally and linguistically competent mechanisms.				
Annually	HIV Care and Prevention Services, AETC, VHARCC	1. Develop and deliver standardized cultural competency training for prevention and care sub-recipients: standard minimum training topics; and methods for measuring change in knowledge, skill, and ability.	Yes	Sub-recipients' frontline staff	• Proportion of care and prevention providers reporting increase in skill or knowledge level post training
Ongoing	HIV Care Services, HIV Prevention Services, AETC, VHARCC	2. Expand health literacy training for all newly-diagnosed individuals with attention to benefits of health insurance coverage and enrollment in ACA plans.	Yes	All newly-diagnosed	• Percent of newly-diagnosed clients that receive health literacy training • Proportion of clients trained showing increase in skill or knowledge level post training
Strategy C	Increase the number of newly-diagnosed individuals who complete a partner services interview with Disease Intervention Specialist to at least 80% to align with the NHAS.				
Ongoing	SODA, LHD	1. Provide DIS with cultural competency and motivational interviewing and trauma-informed care training.	No Yes (trauma informed care)	DIS	• Number of DIS trained • Number of complete partner engagements within a month of diagnosis • Proportion of persons newly-diagnosed linked to care within one month

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 2.2	By December 31, 2021, the Commonwealth of Virginia will increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.				
	Baseline: 42%		2021 Target: 90%		
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy A	Strengthen the medical case management program and referral networks.				
Ongoing	HIV Care Services, AETC, VHARCC	1. Include motivational interviewing and trauma informed care training in the required case management educational curriculum and deliver to case managers.	No Yes (trauma informed care)	Case managers	• Proportion of case managers trained in motivational interviewing per facility • Number of case managers in each health region trained in trauma-informed care approach • Number of case managers reporting increased knowledge of /skills in motivational interviewing and trauma-informed care post training
Annually	HIV Care Services	2. Maintain Case Management annual conference where case managers share and learn best practices in HIV care.	No	Case managers	• Number of case managers attending retreat
Strategy B	Improve access to resources for transportation to core medical and support services.				
By 12/31/2017	HIV Care Services	1. Conduct transportation needs assessment.	Yes	PLWH	• Results of needs assessment
Ongoing	HIV Care Services,	2. Develop new and/or partner with existing regional transportation service providers to transport clients to medical appointments.	Yes	Transportation providers; PLWH	• Number of MOUs established • Number of PLWH identifying transportation as an unmet need • Number of PLWH assessing transportation through contracted services
Strategy C	Strengthen collaboration between HIV, Mental Health, and Substance Use.				
By 12/31/2021	HIV Care and Prevention Services,	1. Expand the number of formal partnerships between HIV, mental	Yes	HIV providers, mental health providers and	• Number of MOAs/MOUs for provision of these services

Objective 2.2	By December 31, 2021, the Commonwealth of Virginia will increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.				
	Baseline: 42%			2021 Target: 90%	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
	Mental Health Providers in private sector, DBHS	health, and substance use service providers.		substance use treatment providers.	• Proportion of PLWH receiving Ryan White mental health and substance abuse treatment services of who are retained in care
By 12/31/2021	HIV Care Services,, Mental Health providers, Substance use providers, HIV/AIDS service providers	2. Develop a referral tracking process between mental health, substance use and HIV service providers.	Yes	HIV/AIDS, Mental Health and Substance use providers.	• Number of tracked referrals
Strategy D	Increase sub-recipient pool and referrals to dental services.				
Ongoing	HIV Care Services, AETCs	1. Partner with dental schools to provide education about HIV dental care with students.	Yes	Dental school students	• Number of students who report increase in HIV dental care knowledge/skill
Ongoing	HIV Care Services, university based clinics, dental schools	2. Work with university based clinics and dental schools to encourage recent graduates to provide care to PLWH.	Yes	Dental and Oral Health providers.	• Number of newly recruited oral health providers added • Percent of clients reporting satisfaction with oral health services on client surveys • Percent of PLWH who report needing but not receiving oral health services.
Ongoing	HIV Care Services, AETC, VHARCC	3. Provide training and refresher courses on motivational interviewing to providers and peer counselors to encourage PLWH to seek oral health services.	Yes	Sub-recipients	• Number of facilities with medical adherence programs using peer counseling approach
Strategy E	Develop initiatives to address stigma (e.g., HIV, LGBTQ, mental health, and/or substance use).				
Ongoing	HIV Prevention and Care Services,	1. Provide Continued Medical Education/ Continued Educational Units	Yes	Clinical staff	• Percent of clients reporting satisfaction with cultural

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

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	Baseline: 42%		2021 Target: 90%		
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
	AETCs, VHARCC, and sub-recipients	(CME/CEU) setting for clinical staff (e.g., LGBT health issues and cultural sensitivity, understanding dually and triply diagnosed patients, HIV education, etc.) to increase comfort working with PLWH and mitigate stigma.			sensitivity and decreased stigmatization of services or from providers on surveys and other data collection tools • Number of staff who show increase in skill/knowledge post training • Number of staff self-reporting increased comfort working with consumers who are LGBT, have mental illness, and/or substance use issues
Ongoing	DDP, sub-recipients	2. Use social media as a forum to address stigma and provide supportive messaging for people living with HIV including messages that address the importance of HIV treatment, social and familial support, and resources for mental health and substance abuse treatment , isolation, etc.	Yes	Consumers	• Number of new consumer-oriented products • Number of new stigma-related products
Annually	DDP Managers	3. Propose at least one legislative or regulatory change that reduces criminal consequences for risk behaviors, improves access to services or improves access to prevention interventions.	No	General Public	• Number of new proposals • Number of legislative or regulatory changes

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 2.3	By December 31, 2021, the Commonwealth of Virginia will increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent.				
	Baseline: 38%			2021 Target: 80%	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy A	Increase stable housing for people living with HIV.				
Ongoing	HIV Care and Prevention Services, HUD, HOPWA, Housing service providers	1. Establish relationships and coordinate partnership among Virginia Department of Housing and Community Development, Virginia Housing Development Authority, Housing Opportunities for Persons with AIDS (HOPWA), and other providers who provide services to decrease homelessness or unstable housing.	Yes	Housing service providers	• Number of MOUs established with housing service providers • Number of persons with an HIV diagnosis who were homeless or unstably housed in any 12-month measurement period
By January 1, 2017	HIV Care Services	2. Expand use of Ryan White Part B funding to include housing services	Yes	Sub-recipients	• Amount of funding allocated and obligated for housing services.
Ongoing	HIV Care Services	3. Identify additional funding opportunities for housing for PLWH.	No	Potential funding sources	• Number of funding opportunities identified • Number of successful grant applications •
Ongoing	HIV Care and Prevention Services , sub-recipients	4. Establish collaboration between HIV case managers and housing case managers or resources.	Yes	Case managers	• Number of active referrals to housing by case managers • Number of persons with an HIV diagnosis who were homeless or unstably housed in any 12-month measurement period
Strategy B	Increase the number of individuals on ART (antiretroviral therapy).				
Ongoing	HIV Care Services, sub-recipients	1. Educate clinical providers on ADAP services	Yes	Clinical providers	• Number of trained providers reporting increased knowledge of

Objective 2.3	By December 31, 2021, the Commonwealth of Virginia will increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent.				
	Baseline: 38%			2021 Target: 80%	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
					ADAP services
Ongoing	AETC, VHARCC	2. Provide treatment updates in a CME/CEU setting for clinical providers.	No	Clinical providers	• Proportion of clinical providers attending treatment update sessions
Ongoing	HIV Care Services, sub-recipients	3. Expand peer based counseling approach	Yes	Sub-recipients and PLWH	• Proportion of consumers who attend peer counseling sessions who are virally suppressed
Strategy C	Educate consumers and providers on Quality Management (QM) of HIV/AIDS.				
Annually	HIV Care Services, AETCs, VHARCC	1. Develop a standard QM training session for consumers on a yearly basis.	Yes	Consumers	• Number of consumers who report increased knowledge of/ skill in QM post training Number of virally suppressed consumers
Ongoing	HIV Care Services, AETCs, VHARCC	2. Provide HIV/AIDS QM training in a CME/CEU setting for clinical staff.	Yes	Clinical and emergency department staff	• Number of clinical staff who report increased knowledge of/ skill in QM post training • Number of virally suppressed consumers

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

NHAS GOAL #3: REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

Objective 3.1	By December 31, 2021, Virginia will reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups:				
		Baseline:		2021 Target:	
	Gay and Bisexual Men:	443.3 per 100,000		376.0 per 100,000	
	Black Females:	16.0 per 100,000		13.6 per 100,000	
	Persons Living in the Eastern Region:	17.8 per 100,000		15.1 per 100,000	
	Hispanics in the Northwest:	5.5 per 100,000		4.7 per 100,000	
	Transgender Persons (≥13 years):	54.1 per 100,000		46.0 per 100,000	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy A	Engage communities with health disparities to affirm support for people living with HIV.				
By 12/31/2021	HIV Care and Prevention Services, SODA, HIV Surveillance, CHPG	1. Review and update DDP, policies, procedures, and other structural solutions to ensure equal treatment of all people living with or at risk for HIV /AIDS.	Yes	Care and prevention sub-recipients	• Policy and procedures manuals that enforce equal treatment for persons living with HIV are updated in DDP publications
By 6/30/2018	HIV Care and Prevention Services, Sub-recipients	2. Ensure availability of care and prevention services in Spanish and other languages as identified by needs assessment.	Yes	Populations with language needs other than English	• Number of non-English speakers engaged and retained in care
Strategy B	Fill gaps in targeted interventions and services to better meet the HIV prevention and care needs of vulnerable populations.				
Ongoing process	HIV Prevention, HIV Care Services, CHPG	1. Use long term survivors to convene roundtable discussions to highlight the relevance of the intersecting issues of HIV and the high risk minority communities	Yes	PLWH	• Number of people from communities with health disparities who get tested and who seek care.
By 12/31/2021	VDH Trauma Informed Care workgroup, CBOs, Sub-recipients, HIV Care and Prevention Services	2. Initiate trauma informed care practices to reduce the impact of past traumatic events on current and future individual health outcomes, and to prevent further traumatization from occurring by untrained prevention and care workers to avoid dis-engagement	Yes	PLWH	• Convene workgroup at VDH • Develop a model for systematic integration of trauma-informed care throughout the state's provider network • Retention and adherence data on persons receiving trauma informed services

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 3.1	By December 31, 2021, Virginia will reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups:				
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	Persons Living in the Eastern Region:	17.8 per 100,000		15.1 per 100,000	
	Hispanics in the Northwest:	5.5 per 100,000		4.7 per 100,000	
	Transgender Persons (≥13 years):	54.1 per 100,000		46.0 per 100,000	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
		in HIV services.			
Strategy C	Integrate social determinants of health (SDH) into program planning, design, and implementation (e.g., using data to inform policy and program decisions, designing holistic programs that address SDH).				
By 12/30/2018	HIV Surveillance, Care and Prevention Services, SODA	1. Improve data management systems to better document social determinants of health in historically under- sampled populations.	Yes	Communities with health disparities	• Capture of SDH in e2Virginia
Ongoing	HIV Surveillance, Care and Prevention Services, SODA	2. Use SDH data to inform program planning, design and implementation.	Yes	Communities with health disparities	• The number of programs developed that used SDH as part of planning, design, and/or implementation

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 3.2	By December 31, 2021, Virginia Department of Health will increase the percentage of persons diagnosed with HIV infection (PWID, Transgender, 55 year and older, Northern, and Eastern) who are virally suppressed to at least 80 percent.				
	Virginia Average: 38%	Baseline:	2021 Target:		
	Injection Drug Users:	34%	80%		
	Transgender Persons:	46%	80%		
	Northern Region:	35%	80%		
	Eastern Region:	26%	80%		
	Aging Persons ((≥55 years):	37%	80%		
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy A	Expand service access using multi-modal service delivery options throughout the state.				
By 12/31/2021	HIV Care Services	1. Expand telemedicine (including behavioral health) in medically underserved regions of the state to increase the number of HIV care providers.	Yes	Medical providers	• Number of MOA/MOUs established to provide telemedicine or mobile health services • Number of consumers from communities with disparities who utilize telemedicine and are virally suppressed • Number of consumers from communities with disparities who utilize telemedicine and are retained in medical care
By 12/30/2021	HIV Care Services, sub-recipients, Office on Aging and Persons with Disabilities, AETCs	2. Support the development and use of community efforts to address isolation, mental illness and social support systems for persons over 55 living with HIV including adherence by clinicians to ART guidelines and special considerations for older HIV-infected patients	Yes	Sub-recipients, Medical Providers	• Number of services developed to address needs across the lifespan for PLWH > 55 years • Number of Ryan White clients >55 years who access mental health and support services • Number of trainings

Objective 3.2	By December 31, 2021, Virginia Department of Health will increase the percentage of persons diagnosed with HIV infection (PWID, Transgender, 55 year and older, Northern, and Eastern) who are virally suppressed to at least 80 percent.				
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	Aging Persons ((≥55 years):	37%	80%		
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
					for DDP staff on health needs and resources for aging and elderly patients • Number of trainings for HIV clinicians on health and support needs for PLWH > 55 years
Strategy B	Design and pilot programs that leverage use of social media and new technologies				
By 6/30/2018	HIV Care Services, AETCs, VHARCC	1. Encourage sub-recipients to use technology to relay educational information and to allow scheduling of appointments, requests for refills, and other routine functions.	Yes	Sub-recipients	• Number of PLWH in the Eastern and Northern regions with timely refills and who do not miss medical appointments
By 12/31/2018	HIV Care Services, AETC, VHARCC	2. Expansion of the Positive Links program developed by UVA (i.e., a smartphone app that supports PLWH with HIV education and management tools, wellness promotion strategies through social support, self-monitoring and warm technology) to extend care beyond clinic visits.	Yes	Consumers, providers	• Number of clinical sites using Positive Links • Proportion of consumers using Positive Links app who are retained in care.
Strategy C	Expand peer based social support networks in the targeted populations.				
Ongoing	CHPG, CBOs, Consumer Advisory Board, AETC	1. Support peer–facilitated health literacy initiatives through formal training in health literacy and Quality Management	Yes	PLWH	• Number of peers trained in health literacy and quality

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	Northern Region:	35%	80%		
	Eastern Region:	26%	80%		
	Aging Persons ((≥55 years):	37%	80%		
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
		at Consumer Advisory Board Meetings and Consumer Retreats.			management • Number of new peer-facilitated health literacy initiatives implemented • Number of consumers participating in peer-facilitated health literacy initiatives
Ongoing	DDP	2. Support peer based groups that focus on community mobilization efforts to resolve local issues such as transportation.	Yes	PLWH	• Number of new peer based groups that focus on community mobilization efforts • Number of consumers attending medical appointments
Strategy D	Build on the DDP Patient Navigation Models Developed Through CAPUS and SPNS				
	HIV Care and Prevention Services, sub-recipients	1. Increase the number of sites using the DDP patient navigation model	Yes	PLWH	• Increase in the number of sites using DDP patient navigation model • Increase the number of patient navigators who complete Community Health Worker and Motivational

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 3.2	By December 31, 2021, Virginia Department of Health will increase the percentage of persons diagnosed with HIV infection (PWID, Transgender, 55 year and older, Northern, and Eastern) who are virally suppressed to at least 80 percent.				
	Virginia Average: 38%	Baseline:		2021 Target:	
	Injection Drug Users:	34%		80%	
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	Eastern Region:	26%		80%	
	Aging Persons ((≥55 years):	37%		80%	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
					Interviewing Training
Ongoing	DDP, AETC, sub-recipients	2. Train case managers on motivational interviewing and patient-centered communication	Yes	PLWH	• Proportion of case managers trained in motivational interviewing and patient-centered communication

Objective 3.3	By December 31, 2021, Virginia Department of Health will increase the percentage of timely diagnosis from 75.5% to 90%. [Note: Timely diagnosis refers to persons who are not diagnosed with AIDS at initial diagnosis or not diagnosed with AIDS within one year of HIV diagnosis, which is considered "late diagnosis."]				
		Baseline:		2021 Target:	
	Hispanics:	60%		90%	
	Northwest Region:	63%		90%	
	Northern Region:	68%		90%	
	Aging Persons ((≥55 years):	55%		90%	
	Injection Drug Users:	56%		90%	
	Females	68%		90%	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy A	Provide more HIV testing options in Northern and Northwest Health Regions				
By 12/30/2021	HIV testing team	1. Increase the number of providers offering community based and clinical based HIV testing.	Yes	Clinical providers, CBOs	• Increase in number of HIV testing providers
By 12/30/2021	HIV testing team	2. Increase the capacity of current HIV testing providers to expand services that target disparity populations.	Yes	Clinical providers, CBOs	• Proportion of priority populations tested

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 3.3	By December 31, 2021, Virginia Department of Health will increase the percentage of timely diagnosis from 75.5% to 90%. [Note: Timely diagnosis refers to persons who are not diagnosed with AIDS at initial diagnosis or not diagnosed with AIDS within one year of HIV diagnosis, which is considered "late diagnosis."]				
		Baseline:		2021 Target:	
	Hispanics:	60%		90%	
	Northwest Region:	63%		90%	
	Northern Region:	68%		90%	
	Aging Persons ((≥55 years):	55%		90%	
	Injection Drug Users:	56%		90%	
	Females	68%		90%	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy B	Develop partnerships and coalitions to target and engage Hispanics, females, and persons over 55 years of age, PWIDs in holistic health programs, which include sexual health and HIV testing components.				
By 12/30/2021	HIV Testing Team, HIV Care and Prevention Teams, HIV Care and Prevention Planners, CHPG	1. Establish collaborations with care providers, women's health clinics, Planned Parenthood, agencies serving persons >55 years, and Promotoras de Salud (community health workers) in order to include sexual health and HIV testing components in current programs.	Yes	Care providers, CBOs	• Number of collaborations formed that include HIV testing.
Strategy C	Promote self-management skills development among people with HIV				
Ongoing	HIV Care Services, sub-recipients	1. Expand initiatives to support self-management skills development among PLWH using culturally competent and culturally appropriate methods.	Yes	PLWH	• Increased percentage of youth with diagnosed HIV infection who are virally suppressed
Ongoing	HIV Care Services, sub-recipients	2. Deliver multi-level patient self-management health education and empowerment opportunities for PLWH in care that utilize training and peer mentorship to improve retention in care and achieve sustained viral suppression.	Yes	PLWH	• Increased percentage of PWIDs with diagnosed HIV infection who are virally suppressed

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 3.3	By December 31, 2021, Virginia Department of Health will increase the percentage of timely diagnosis from 75.5% to 90%. [Note: Timely diagnosis refers to persons who are not diagnosed with AIDS at initial diagnosis or not diagnosed with AIDS within one year of HIV diagnosis, which is considered "late diagnosis."]				
		Baseline:		2021 Target:	
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	Northwest Region:	63%		90%	
	Northern Region:	68%		90%	
	Aging Persons ((≥55 years):	55%		90%	
	Injection Drug Users:	56%		90%	
	Females	68%		90%	
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy D	Promote public leadership by people with HIV, including gay and bisexual men, racial/ethnic minorities, transgender and gender non-conforming individuals, youth, and women.				
Ongoing	CHPG, and all other public and private stakeholders	1. Continue to develop opportunities for people with HIV to serve in leadership roles throughout the state.	Yes	Care providers, CBOs	• To be determined.
Ongoing	CHPG, and all other public and private stakeholders	2. Support HIV positive individuals in building skills to seek and retain positions of leadership.	Yes	PLWH	• To be determined

NHAS GOAL #4: ACHIEVING A MORE COORDINATED VIRGINIA RESPONSE TO THE HIV EPIDEMIC

Objective 4.1	By December 31, 2021, the Commonwealth of Virginia will increase by at least two efforts to improve the programmatic coordination of HIV programs within the Virginia Department of Health and at least two external initiatives to increase coordination with regional and local partners.				
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy A	Develop an integrated outbreak response plan that outlines how HIV prevention, care and surveillance efforts work as a coordinated unit to address mobilizing the affected area's systems and personnel in order to effectively end the continuation of new infections in a timely manner.				
By 12/31/2019	Outbreak Workgroup, LHDs in vulnerable counties	1. Develop an integrated workgroup that includes LHDs to develop a mobilization plan in counties at risk for outbreak.	Yes	Rural PWIDs and substance users	• Results of regional assessments for outbreak response • Documentation of a completed plan
By 12/31/2019	LHDs, Outbreak Workgroup	2. Engage partners in the outreach response efforts to provide essential services, in the event an outbreak occurs.	Yes	Rural PWIDs and substance users	• Number of MOA/MOUs with essential service providers
Strategy B	Integrate Virginia's HIV Care Continuum to include a prevention element, using baseline data to be gathered from PrEP projects and data from other prevention activities.				
By 12/30/2018	HIV Care and Prevention Planners, HIV Care and Prevention Services, Data Managers	1. Use research published on prevention continuums and other guidance as it becomes available to create a Continuum Model that integrates Care and Prevention Activities.	Yes	High Risk Negatives and PLWH	• Completed integrated prevention and care continuum model
By 3/30/2019	PrEP Coordinator, Data Managers	2. Use 2016 baseline data from PrEP projects and other prevention activities throughout the state to estimate the number of people engaging in high-risk behaviors for HIV who are using prevention strategies.	Yes	High Risk Negative Individuals	• Baseline measures for prevention activities to incorporate into integrated HIV Care Continuum
By 3/30/2021	HIV Prevention and Care, HIV Surveillance, and SODA; DDP leadership	3. Design and conduct process and outcome, mixed-method evaluations of the integrated HIV care continuum model	Yes	DDP	• Evaluation designs • Evaluation activities completed • Use of evaluation findings for continuous quality improvement for DDP's HIV

Objective 4.1	By December 31, 2021, the Commonwealth of Virginia will increase by at least two efforts to improve the programmatic coordination of HIV programs within the Virginia Department of Health and at least two external initiatives to increase coordination with regional and local partners.				
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
					services portfolio
Ongoing	HIV Care and Prevention Services Data Managers, HIV Surveillance Analyst staff,	4. Utilizing the VDH-developed Continuum Model, evaluate on a biannual basis Virginia's HIV prevention activities/programs through assessment of: • PrEP utilization, linkage/patient navigation programs for HIV-negative persons with HIV risk behaviors, HIV testing and screenings, and other structural, behavioral, biomedical, or risk reduction interventions; and • evaluate HIV care activities/programs focused on linkage, retention in HIV care, and viral suppression, such as outreach and re-engagement efforts (Data to Care; patient navigation programs), access and utilization of medical and support services, adherence support, and ART prescription/treatment for HIV-positive persons in Virginia.	Yes	High Risk Negatives and PLWH	• Process and/or impact evaluation of an integrated prevention and care model
Strategy C	Expand the availability of HIV services within the Commonwealth.				
Annually	HIV Care Services	1. VDH will submit a waiver of Core Medical Services Requirements for	Yes	Ryan White Part B	• Core Waiver submission • Documented support from other Ryan White Parts

Objective 4.1	By December 31, 2021, the Commonwealth of Virginia will increase by at least two efforts to improve the programmatic coordination of HIV programs within the Virginia Department of Health and at least two external initiatives to increase coordination with regional and local partners.				
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
		Ryan White grantees under part, Bin accordance with guidance issued from HRSA.			stakeholders as needed
Annually	HIV Care Services Grants Manager	2. Diversification of funding for HIV/AIDS services from private sector philanthropy.	Yes	DDP, sub-recipients	• Number of funding opportunities identified • Number of grant proposals funded • Amount of new funding for HIV services • Number of public-private partnerships established
Strategy D	Improve joint planning with the Norfolk Transitional Grant Area (TGA) and the Washington DC Eligible Metropolitan Area (EMA) to improve health outcomes among people living with HIV, including AIDS in the TGA.				
By 6/30/2017	CHPG, HIV Care and Prevention Planners	1. Create a membership slot on CHPG for representatives from the TGA and EMS	Yes	PLWH in Norfolk TGA	• Membership roster indicating representation • Number of meetings attended by representatives
By 6/30/2017	TGA, DDP representatives to planning council	2. Maintain Part B representation on the TGA planning council and add a representative from Prevention.	No	PLWH and their Partners in the Norfolk TGA	• Membership roster indicating representation • Number of meetings attended by DDP staff.
Strategy E	Establish active collaborative relationships with other governmental partners (e.g., Virginia Department of Behavioral Health and Developmental Services, Office of Minority Health and Health Equity, Virginia Department of Medical Assistance Services, Virginia Department of Housing and Community Development, etc.).				
By 12/30/2017	HIV Care Services, HIV Care and Prevention Planners	1. Establish active collaborative relationships with the Housing Opportunities for People with AIDS (HOPWA) grantees in Virginia to improve planning for housing-related services	Yes	PLWH	• HOPWA grantees represented at planning functions, as indicated by attendee lists • Number of new housing services established • Amount of new funding allocated for housing services
Ongoing through 2021	HIV Care and Prevention Planners	2. Increase representation on CHPG and other DDP workgroups to include other governmental partners with stakeholder interest in	Yes	PLWH, HIV- Negative Individuals who engage in high risk behaviors for HIV	• Representation on CHPG • Number of new services established related to new collaborations

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 4.1	By December 31, 2021, the Commonwealth of Virginia will increase by at least two efforts to improve the programmatic coordination of HIV programs within the Virginia Department of Health and at least two external initiatives to increase coordination with regional and local partners.				
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
		comprehensive HIV services.		exposure	
By 11/30/2016	HIV Care, Prevention and Surveillance, DDP Managers and Leadership, DMAS	3. Develop an HIV affinity group, which will identify a project that supports improved HIV-related outcomes among Medicaid and CHIP enrollees; and builds stronger relationships between DMAS and VDH.	Yes	Medicaid and CHIP enrollees	• Outcomes of meetings • Project indicators
By 7/1/17	HIV Care and Prevention Directors	4. Establish quarterly review of service contractor providing both HIV prevention and care services		Sub-recipients, HIV Prevention Specialists, HIV Services Coordinator	• Agendas, meeting outcomes
1/1/18	HIV Care and Prevention Directors	5. Issue joint contracts covering the continuum of HIV prevention and care		Sub-recipients, HIV Prevention Specialists, HIV Services Coordinator	• Contracts, progress reports and evaluation

APPENDIX B. VIRGINIA HIV SERVICES FIVE-YEAR WORK PLAN (2017-2021)

Objective 4.2	By December 31, 2021, VDH will increase the timeliness, completeness, and accuracy of data on persons living with and at-risk for HIV in the Commonwealth.				
Time Period	Who is Responsible?	Activity	Gap?	Target Population	Data Indicators
Strategy A	Continue to improve data quality, collection, and reporting to support HIV planning and evaluation activities within Virginia.				
By 12/31/2021	HIV Surveillance	1. VDH will innovate current procedures for importing data obtained from data to care efforts, people searches, and other methods to update and enhance HIV Surveillance data.	Yes	PLWH	• Utilization of implemented procedures
By 12/31/2021	HIV Surveillance, HIV Care and Prevention Services,	2. Utilize enhanced HIV Surveillance data to improve Data-to-Care and Patient Navigation Protocols	Yes	Data to Care Coordinators, Patient Navigators, PLWH	• Revised Data to Care Protocols • Revised Patient Navigation Protocols
By 6/30/18	HIV Surveillance, HIV Care and Prevention Services , Norfolk TGA	3. Improve data collection from and sharing data with the Norfolk TGA	No	Providers in Norfolk TGA, Members of the Norfolk TGA	• HIV Care Continuum data from providers in Norfolk TGA • Quarterly meetings between DDP staff and Norfolk TGA members
Strategy B	Improve the accuracy and completeness of HIV surveillance data.				
By 06/30/2018	HIV Surveillance	1. VDH will add income and insurance status collection to routine HIV Surveillance activities.	Yes	PLWH	• Income and Insurance status data available
By 12/31/2018	HIV Surveillance, Georgetown University	2. VDH will have a formal contract with Georgetown University for the Black Box project for cross-jurisdictional data sharing with at least 4 other jurisdictions, other than MD and DC.	Yes	PLWH	• MOA established
By 12/31/2021	HIV Surveillance	3. Increase the completeness of current gender reporting for PLWH in the commonwealth from 67% to 90%.	Yes	PLWH	• Completeness of data

Strategy C	Improve the e2Virginia database.				
12/31/2018	HIV Surveillance	1. VDH will conduct a provider readiness assessment of at least one large medical facility in each health region to determine readiness for electronically importing Electronic Medical Record data into e2Virginia.	Yes	PLWH	• Number of readiness assessments conducted • Number of successful electronic medical imports to e2Virginia.