



**INTEGRATED
HIV/AIDS
PLANNING
IHAP
TA CENTER**

targetHIV.org/IHAP

Integrated HIV Prevention and Care Plan *Integrated HIV Prevention and Care Plan for the State of Indiana*

REGION	Midwest
PLAN TYPE	Integrated state/city/county prevention and care plan
JURISDICTIONS	State of Indiana and Indianapolis-Marion County TGA
HIV PREVALENCE	Medium

Indiana’s Integrated HIV Prevention and Care Plan, which includes the Indianapolis TGA, outlines specific objectives that align with all four NHAS goals and includes key strategies to accomplish objectives. A chart details the anticipated challenges and barriers to implementing the activities and describes the resources needed.

SELECTION CRITERIA: INTEGRATED HIV PREVENTION AND CARE PLAN

Exemplary Integrated HIV Prevention and Care Plan sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- Comprised of SMART objectives, strategies to correspond to each objective, activities, targeted population, timeframe, resources needed, who is responsible for each task, covers time period 2017-2021
- Specific metrics to monitor activities
- Objectives and activities aimed at addressing gaps along the HIV Care Continuum.
- Objectives that align with the National HIV/AIDS Strategy (NHAS)
- Description of how the Integrated Plan was developed



Additional exemplary plan sections are available online:
www.targetHIV.org/exemplary-integrated-plans

Section II: Integrated HIV Prevention and Care Plan

A. GOALS AND OBJECTIVES:

The Integrated HIV Prevention and Care Plan sets forth the goals, objectives, strategies, and suggested activities to address the HIV epidemic in Indiana from 2017 through 2021. The Plan serves as a commitment to collaboration, efficiency, and innovation among and between grantees and community partners, while also responding to the needs of people living with HIV and those at risk for becoming infected with HIV in Indiana.

The plan is composed of five major goals, four of which are found in the National HIV/AIDS Strategy for the United States (NHAS). A fifth goal focusing on financial and other resources was developed and added to the plan to supplement the NHAS goals. Each goal has at least two SMART objectives that serve as the measurable results to be achieved. The NHAS outlines specific indicators of progress for three of its four goals, and these indicators were selected as the objectives for the respective goals within the Plan. Objectives were developed for those goals that did not have corresponding NHAS indicators. Each objective has at least three complimentary strategies which are the approaches through which the objectives will be achieved. Specific activities are detailed under each strategy to provide recommendations for actions through which the objectives can be achieved.

In relation to each activity, targeted populations, responsible parties, timeframes, resources, data indicators, and anticipated challenges and barriers were identified. Colloquial definitions for each activity component are listed below. Additionally, all activities that directly impact outcomes associated with the continuum of care are noted with the associated terms.

In relation to each activity, targeted populations, responsible parties, timeframes, resources, data indicators, and anticipated challenges and barriers were identified. Colloquial definitions for each activity component are listed below. Additionally, all activities that directly impact outcomes associated with the continuum of care are noted with the associated terms.

In relation to each activity:

Diagnosed, Linkage to Care, Retained in Care, ART Use, Viral Suppression: “How does this impact the HIV Care Continuum?”

Targeted Populations: “Who should this impact?”

Responsible Parties: “Who will do this or make it happen?”

Timeframe: “When will this happen?”

Resources: “What do we need to make this happen?”

Data Indicator: “How will we measure this?”

Anticipated Challenges/Barriers: “What might get in the way or prevent this from happening?”

For monitoring progress and implementation outcomes associated with the Plan, the Monitoring and Improvement section details how objectives will be monitored and evaluated over the course of five years.

Goal 1: Reducing new HIV infections

Objective 1: Increase the percentage of people living with HIV who know their status to at least 90% by 2021

Strategy 1: Reduce barriers associated with HIV testing

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
<p>Activity 1: Support the modification of laws and policies to promote scientifically-sound policymaking and the de-stigmatization of HIV</p>	Indiana citizens	ISDH; all Ryan White parts; all HIV prevention and care organizations	Ongoing	Political support; lobbyists; health foundations; policy and legislation writers	Number of modified laws/policies; number of proposed law/policy modifications	Rejection of proposed law/policy modifications
<p>Activity 2: Increase the accessibility of testing sites in all communities (i.e., mobile units and non-traditional settings)</p> <ul style="list-style-type: none"> • Diagnosed 	People living in rural and low-resource communities; people with limited access to HIV testing	ISDH; ASOs; CBOs; local health departments	Ongoing	CDC prevention funding; Ryan White EIS funding; community buy-in	Number of tests performed; community-specific positivity rate; number of CBOs, FQHCs, and CHCs providing testing	Limited financial resources; HIV-related stigma; lack of providers and time; lack of community engagement
<p>Activity 3: Streamline HIV testing requirements and establish and distribute clear recommendations for testing providers</p> <ul style="list-style-type: none"> • Diagnosed 	Current and potential HIV testing providers	ISDH, HIV Prevention; MATEC	Annually and ongoing	Staff time; CDC prevention funding; CDC recommendations for HIV testing in clinical and non-clinical settings	Number of organizations/providers reached through distribution efforts	Limited staff time; staff agreement on recommendations to be distributed
<p>Activity 4: Implement strategies to help reduce stigma associated with HIV and HIV testing (i.e., increasing cultural competency of providers)</p> <ul style="list-style-type: none"> • Diagnosed 	Indiana citizens, esp. transgender, non-English speaking, and substance using populations	All HIV testing providers; ISDH; Ryan White parts in relation to EIS	Initially by 2017 and ongoing	Capacity building and training for organizations and HIV testers; MATEC	Number of trainings and capacity building efforts; number of HIV tests performed	Insurmountable stigma in communities; lack of community engagement; disengaged providers

Strategy 2: Reduce barriers associated with HIV testing						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Activity 1: Develop and implement creative and efficient marketing and educational campaigns that utilize a variety of methods and messages about HIV to engage Indiana citizens	Indiana citizens; people living in communities of highest risk; locally defined high-risk HIV negative individuals	ISDH, Ryan White Part A, ASOs, CBOs, CAGs, local health departments, schools, universities, other related gov't and community partners	Ongoing	Funding (any relevant source), capacity building and training, strategies to accurately measure effectiveness of specific campaigns	Number of people engaged in HIV services as a result of marketing and educational campaigns	Limited funding; limited staff capacity and knowledge; difficulty ensuring consistent and scientifically-sound messages; statewide emphasis on abstinence
Activity 2: Ensure all current and potential HIV prevention and care providers are knowledgeable and have access to the most updated recommendations	Current and potential HIV prevention and care providers	ISDH, Ryan White Part A, MATEC, DIS	By 2017, follow-ups annually	Provider buy-in; funding (from relevant source); capacity building and training for providers; HIV prevention, care, and treatment recommendations; staff time; efficient methods of distribution	Number of organizations/providers reached through distribution efforts; number of trainings provided/capacity building events	Provider buy-in; difficulty engaging potential providers; limited staff time
Activity 3: Increase training and continuing education opportunities for all HIV prevention and care providers, including non-traditional providers (i.e., peers, primary care)	Current and potential HIV prevention and care providers	ISDH Prevention, all Ryan White parts, MATEC	By 2018 and ongoing	Updated training and educational materials; training staff; funding for training and capacity building; agency/provider engagement	Number of individuals trained annually; number of trainings conducted; number of individuals receiving continuing education; outcomes of testing site evaluations/audits	Inconsistency in curricula; difficulty determining who should receive training/continuing education and from who; limited funding; limited training staff capacity

Strategy 3: Increase the capacity for HIV testing statewide						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Activity 1: Continue to implement data-supported mapping to identify areas of greatest need across the state	Indiana citizens; esp. people living in communities of high HIV incidence	ISDH HIV Surveillance; Ryan White parts	Annually and ongoing	CDC HIV surveillance funding; Ryan White Part A funding; staff time; epi data and mapping technology	Yearly development of state and regional maps for service priority setting	Limited staff time; incomplete data or other data-related issues; inconsistent definitions and processes between the State and Ryan White Part A
Activity 2: Expand routine testing in clinical settings <ul style="list-style-type: none"> • Diagnosed 	Clinical settings in communities of highest risk; clinical settings in low resource areas; pregnant women	ISDH HIV Prevention; all Ryan White parts; MATEC; clinical settings	By 2018 and ongoing	CDC prevention funding; Ryan White EIS funding; capacity building and training for staff; support for billing and reimbursement	Number of clinical settings providing routine HIV testing; number of people tested for HIV in clinical settings	Lack of interest and capacity among clinical providers; limited funding; difficulty billing for HIV testing; variability in clinical settings and capacity to implement program
Activity 3: Expand targeted testing in community settings <ul style="list-style-type: none"> • Diagnosed 	People living in communities of highest risk; locally defined high-risk HIV negative individuals	ISDH HIV Prevention; Ryan White Part A; CBOs, ASOs	By 2018 and ongoing	CDC prevention funding; Ryan White EIS funding; capacity building and training for implementation staff	Number of tests among targeted population (community specific); agency-level positivity rate	Limited funding; limited ability to truly target testing efforts; limited staff capacity; lack of engagement among high-risk populations; HIV-related stigma
Activity 4: Promote service integration to incorporate the offering of HIV testing with other related services (i.e., STD screening) <ul style="list-style-type: none"> • Diagnosed 	Indiana citizens; HIV, STD, and other service providers	ISDH HIV Prevention and STD; all Ryan White parts; MATEC; DIS; STD clinics; communicable disease programs	By 2018 and ongoing	CDC funding; Ryan White EIS funding; capacity building and training for implementation staff	Number of integrated service entities	Limited funding; limited staff capacity and knowledge; lack of appropriate medical service provision agreements
Activity 5: Allow for greater flexibility in HIV testing sessions, including testing technology options <ul style="list-style-type: none"> • Diagnosed 	Grant-supported HIV testing sites; Indiana citizens	ISDH HIV Prevention; HIV testing providers; Ryan White parts	By 2017	CDC prevention funding; training for HIV testing staff; various testing technologies and supplies; CDC recommendations for HIV testing	Assessments of ISDH-supported testing sites' ability to meet community needs relating to testing sessions and technologies; testing rate	Resistance to modifying or updating testing processes and technologies; limited funding; significant increase in training needs; lack of adequate supplies; increased fear relating to exposures via blood-based testing

Objective 2: Reduce the number of new HIV/AIDS diagnoses by at least 25% by 2021

Strategy 1: Address the social determinants of health that may play a role in disease transmission

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
<p>Activity 1: Increase statewide capacity to address the mental health needs of people living with and at high risk for HIV infection</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	PLWH with mental health needs; individuals at risk for HIV infection with mental health needs	ISDH; all Ryan White parts; CBOs, ASOs, and medical providers; other gov't agencies	By 2018 and ongoing	Mental health providers; community buy-in; funding; provider education and training specific to high-risk and HIV-infected populations	Number of PLWH engaged in mental health care; number of mental health providers in high-risk communities	Community and provider buy-in; limited and restricted funding; stigma surrounding mental health care; disengaged consumers
<p>Activity 2: Increase statewide capacity to address the substance use of people living with and at high risk for HIV infection</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	PLWH who use substances; individuals at risk for HIV infection who use substances	ISDH; all Ryan White parts; CBOs, ASOs, and medical providers; other gov't agencies	By 2018 and ongoing	Engagement with substance use treatment providers; unrestricted funding; community buy-in; increased in-patient treatment options; SEPs	Number of PLWH engaged in substance use treatment; number of substance use providers in high-risk communities	Community and provider buy-in; limited and restricted funding; stigma surrounding substance use and treatment; disengaged consumers; drug-saturated communities
<p>Activity 3: Increase statewide capacity to improve the housing status of people living with and at high risk for HIV infection</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	PLWH with housing needs; individuals at risk for HIV infection with housing needs	ISDH; Ryan White Part A; CBOs, ASOs, and medical providers; Veterans Affairs; other gov't agencies	By 2018 and ongoing	Increased gov't assisted housing options; funding; collaborations with other housing assistance entities	Numbers of PLWH with met/unmet housing needs; % of housing needs met via funded agencies	Limited funding and housing options; income restrictions; community and agency buy-in; lack of collaboration between housing assistance entities; competing priorities
<p>Activity 4: Increase statewide capacity to address the educational and employment needs of people living with and at high risk for HIV infection</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	PLWH with education/employment needs; individuals at risk for HIV infection with education/employment needs	ISDH; Ryan White Part A; CBOs, ASOs, and medical providers; other gov't agencies; other education and/or employment assistance programs	Ongoing	Funding; trained education and employment specialists; GED courses and tutoring services; business attire support; resume/interview prep; development of peer employment programs for funded agencies	% of education and/or employment needs met via funded agencies	Limited and restricted funding; lack of consumer interest; limited specialists to meet needs; community and agency buy-in; lack of collaboration among agencies and other education/employment assistance programs

<p>Activity 5: Increase statewide capacity to address other basic needs (i.e., food, clothing, utility assistance, etc.) of people living with and at high risk for HIV infection</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	PLWH with basic needs; individuals at risk for HIV infection with basic needs	ISDH; Ryan White Part A; CBOs, ASOs, and medical providers; other gov't agencies	Ongoing	Expanded collaborations with basic needs assistance organizations; funding; greater capacity to meet basic needs through existing funded agencies	Number of partnerships developed to meet basic needs of people living with and at high risk for HIV	Limited and restricted funding; limited organizations for partnerships in rural areas; competing priority populations
Strategy 2 : Increase knowledge and availability of preventative interventions for populations at highest risk and people living with HIV						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Activity 1: Expand condom distribution efforts	PLWH; people at highest risk for becoming infected with HIV or other STDs	ISDH HIV Prevention; HIV/STD testing sites; HIV/STD treatment sites; ASOs and CBOs	By 2017 and ongoing	Community buy-in; development of creative condom distribution strategies; engagement with non-traditional condom distributors; funding allocated for condom purchasing	Number of condoms distributed; number of condom distribution sites	Limited funding; state emphasis on abstinence; difficulty monitoring distribution amounts
Activity 2: Continue to support the implementation and utilization of syringe exchange programs (SEP)	People in communities with high rates of injection drug use; people in communities of high incidence of HIV/HCV	ISDH; Ryan White Part A; local health departments; county officials	Ongoing	Unrestricted funding; continued policy support; education and training for SEP staff; community engagement	Number of SEPs; number of SEP participants; amount of harm reduction supplies distributed; number of counties applying for SEP	Funding restrictions and limited local-level funding options; possible changes in state law and policies surrounding SEPs; distrust among potential SEP participants
Activity 3: Explore and implement behavioral interventions for high-risk HIV-negative populations	High-risk HIV-negative populations; people living in communities of high HIV and STD incidence	ISDH HIV Prevention; CBOs, ASOs, and other prevention providers	Ongoing	Evidence-based interventions for high-risk HIV-negative populations; funding and staff for implementation	Number of high risk individuals engaged via interventions	Limited funding, staff, and staff time; disinterest among target population(s)

<p>Activity 4: Explore and implement behavioral interventions for people living with HIV (Prevention with Positives), especially those that emphasize treatment adherence to achieve viral suppression</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	PLWH	ISDH HIV Prevention; CBOs, ASOs, and other prevention providers	Ongoing	Evidence-based interventions for PLWH; funding and staff for implementation; engagement of medical care and case mgmt providers as potential facilitators	Number of PLWH engaged via interventions; rates of viral load suppression; improvements in viral load among PLWH, esp. PLWH engaged in interventions	Limited funding, staff, and staff time; disinterest among target population; difficulty achieving viral suppression; difficulty monitoring viral load changes associated with intervention participation
<p>Activity 5: Increase efforts to support ART use and viral suppression among pregnant women living with HIV</p> <ul style="list-style-type: none"> • ART Use, Viral Suppression 	Pregnant women living with HIV	ISDH; all Ryan White parts; CBOs, ASOs; HIV medical care providers; OB/GYN and other prenatal care providers	Annually and ongoing	Engaged providers at all levels; ART adherence interventions targeting pregnant women; provider education and training	Number of pregnant women living with HIV who are prescribed ART; number achieving viral load suppression; decrease in mother-to-baby transmission	Difficulty reaching pregnant women not engaged in prenatal care; competing provider priorities; undocumented women; barriers associated with cultural and linguistic competency
<p>Activity 6: Concentrate HIV prevention efforts in communities of highest risk</p>	People living in communities at highest risk for HIV infection	All grantees and community partners	Annually and ongoing	Regularly defined high-priority communities and populations; funding; creative solutions for difficult to reach people and places	Maintenance and expansion of HIV prevention efforts in communities of highest risk; regular evaluation and defining high risk communities	Difficulty reaching consensus on high-risk communities; difficulty relying on methods other than HIV incidence/prevalence mapping; potential to under-support areas with limited existing need

Strategy 3: Increase knowledge and availability of Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Activity 1: Provide education, guidance, and training for potential prescribers of PrEP and PEP	Existing and potential PrEP and PEP prescribers; pharmacists	ISDH HIV Prevention; Ryan White parts; MATEC	Annually and ongoing	Regularly updated educational materials on PrEP and PEP; provider buy-in and time; training resources and funding to support materials	Number of PrEP/PEP prescribers; number of providers reached through distribution efforts; number of trainings and/or educational opportunities provided	Provider buy-in; difficulty engaging potential providers; limited staff time; limited funding
Activity 2: Implement pilot studies to collect Indiana-specific data on PrEP and PEP usage	Existing and potential PrEP and PEP prescribers/agencies	ISDH HIV Prevention; MATEC; ASOs/CBOs; relevant medical providers	By 2018 and ongoing	Development of data needs for strong pilot studies; data from existing PrEP/PEP prescribers; data from PrEP/PEP users; funding to support research needs; engaged agencies and providers	Number of pilot studies initiated and completed; IN PrEP and PEP prescribing and usage data; completion of meaningful reports to help support future PrEP/PEP programs	Prescriber, agency, and user engagement in pilot study process; competing priorities and limited time; limited funding and resources; limited existing PrEP/PEP usage in IN; mixed support of PrEP/PEP efforts
Activity 3: Explore funding options to further support the use of PrEP and PEP	Existing and potential PrEP and PEP prescribers, agencies, and users	ISDH HIV Prevention; all Ryan White parts; HIV prevention and care providers and agencies	Ongoing	Unrestricted funding; creative solutions for funding PrEP and PEP; stronger understanding of insurance coverage and limitations	Securing of funding to be allocated for PrEP/PEP; development of other solutions to fund PrEP/PEP efforts if funding cannot be secured	Limited options to fund PrEP and PEP; difficulty overcoming conflicting beliefs about the benefits/risks of PrEP and PEP; eligibility concerns

Activity 4: Support full coverage of HIV preventive medications with the Department of Insurance and other insurance stakeholders	Department of Insurance; insurance providers	ISDH; all planning bodies; advocacy groups	Annually and ongoing	Development of a proposal highlighting insurance needs relating to preventive medications; engagement with the DOI and other insurance stakeholders; coordinated response among HIV prevention and care providers	Initiation and completion of proposal; increased communication with the DOI and other insurance stakeholders; improvements in insurance coverage options relating to PrEP and PEP	Lack of engagement with DOI and other insurance stakeholders; prolonged and complex processes to implement changes; buy-in among all key parties
--	--	--	----------------------	---	---	--

Goal 2: Increasing access to care and improving health outcomes for people living with HIV

Objective 1: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85% by 2021.

Strategy 1: Increase the number, diversity, and capacity of medical providers who serve PLWH

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Activity 1: Identify geographical gaps relating to HIV medical care providers via mapping	Indiana citizens, esp. rural communities	ISDH and Ryan White Parts	Annually	GIS mapping, epi data, cooperation of HIV medical care providers	Completion of a map each year	Collecting and reporting accurate data; difficulty defining concepts for mapping
Activity 2: Increase the number of available providers of HIV medical care <ul style="list-style-type: none"> Linkage to Care, Retained in Care 	PLWH with limited access to HIV medical care; primary medical care providers; nurses; medical students and residents	ISDH, Ryan White parts, universities, healthcare settings	Initially by 2018 and ongoing, as needed	Funding or incentives; training and educational opportunities; MATEC; provider and university buy-in	Number of HIV medical care providers; HIV care delivery among primary care providers	Lack of interest in HIV care provision; limited training capacity; competing priorities among providers; limited options for incentives
Activity 3: Strengthen the current provider workforce to ensure high quality HIV care <ul style="list-style-type: none"> Linkage to Care, Retained in Care 	HIV medical care providers; PLWH	ISDH, Ryan White parts, and MATEC	Ongoing	Training and educational material; service utilization data; patient satisfaction data	Improved patient satisfaction with services; unmet need outcomes	Limited training capacity; staff time; limited resources to support ongoing capacity building

Strategy 2: Ensure initial healthcare coverage for people newly diagnosed with HIV						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
<p>Activity 1: Increase the number of insurance enrollment specialists with HIV expertise who can assist with applications and enrollment processes</p> <ul style="list-style-type: none"> • Linkage to Care, Retained in Care 	Uninsured or underinsured PLWH	ISDH, Ryan White parts, case management sites	To be reviewed annually, as needed	Funding for positions, appropriate and ongoing training for providers, buy-in of insurance companies, partnerships between organizations	Number of HIV insurance enrollment specialists; number of applications/enrollments completed; number of PLWH who are insured	Limited funding; logistical barriers; ever-changing insurance landscape; difficulty to meet ongoing training needs; restrictive capacity of specific insurers; change in administration
<p>Activity 2: Increase the number of Ryan White enrollment sites</p> <ul style="list-style-type: none"> • Linkage to Care, Retained in Care 	Rural communities; non-traditional enrollment sites; PLWH	All Ryan White parts	By 2018 and ongoing, as needed	Capacity building resources; training and educational materials; training staff	Number of enrollment sites; number of eligible clients enrolled	Funding limitations; lack of capacity, esp. among non-traditional enrollment sites; difficulty meeting training needs
<p>Activity 3: Increase the number of eligible clients that are enrolled in Ryan White programs</p> <ul style="list-style-type: none"> • Linkage to Care, Retained in Care 	Program-eligible PLWH	All Ryan White parts	Ongoing	HRSA resources; eligibility documentation; education; partnerships with non-Ryan White funded providers	Number of clients actively enrolled in Ryan White programs	Challenges with recertification; lack of appropriate documentation for enrollment or recertification; transportation barriers for clients; changing insurance landscape
Strategy 3: Develop and implement seamless linkage to care processes and programs to serve people who are newly diagnosed with HIV						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
<p>Activity 1: Develop capacity and improve data collection and reporting to effectively measure linkage to care</p> <ul style="list-style-type: none"> • Linkage to Care 	ISDH and Ryan White parts	ISDH and Ryan White parts	Initially by 2017 and ongoing	Epi data, shared definitions and standards of measurement, training for those collecting and reporting linkage to care data	Epi outcomes; development and continued use of shared definitions and standards of measurement	Buy-in from existing programs and providers; reporting issues; difference in definitions; territoriality, difficulty with change

<p>Activity 2: Develop a procedural flow for post-diagnosis to ensure appropriate and timely linkage to care</p> <ul style="list-style-type: none"> • Linkage to Care 	Newly diagnosed PLWH	ISDH, Ryan White parts, organizations facilitating linkage to care	Initially by 2017, modifications as needed	Buy-in and participation from all involved parties; models of procedural flow to reference; additional DIS	Development and implementation of a linkage to care procedural flow; linkage to care epi outcomes	Funding, esp. for DIS positions; agreeing on a reference model; consistent and ongoing training; difficulty changing existing processes; navigating changing roles and processes; establishing consistency
<p>Activity 3: Develop capacity and implement the use of linkage specialists and/or HIV navigation services statewide</p> <ul style="list-style-type: none"> • Linkage to Care 	Newly diagnosed PLWH	ISDH, Ryan White parts, organizations facilitating linkage to care	Initially by 2017, modifications as needed	Targeted funding; community planning group buy-in; buy-in and participation from all involved parties; agency buy-in	Increase number of linkage specialists and/or navigation services across the state; linkage to care epi outcomes; comparison of location of diagnosis versus linkage to care, also accounting for time	Limited and restricted funding; limited capacity of sites, esp. testing sites; consistent and ongoing training and capacity building; blurred roles between different providers; cultural and linguistic competency and appropriateness to serve all populations

Objective 2: Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90% by 2021.

Strategy 1: Strengthen HIV case management programming and services

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
<p>Activity 1: Expand medical and non-medical case management capacity statewide</p> <ul style="list-style-type: none"> • Linkage to Care, Retained in Care 	PLWH	ISDH, all Ryan White parts, partnering organizations	By 2017 and evaluate on an ongoing basis	Funding to support new and existing positions; funding for wage increases and initial and ongoing training; innovation in defining case management responsibilities; shared definitions of medical and non-medical case management	Increased number of case managers; caseloads per case manager; number of case management sites	Funding; capacity and logistics of case management providers; training needs; accommodating differences between agencies of different sizes and capacities; limited partnership options in rural areas; community buy-in

<p>Activity 2: Develop and implement ongoing professional development for all HIV case managers</p> <ul style="list-style-type: none"> • Retained in Care 	HIV case managers	ISDH, all Ryan White parts, and partnering organizations	By 2017 and ongoing	Funding to support professional development; training curriculum and training staff; prof. development opportunities; organizational support; system to track ongoing prof. development	Number of trainings and professional development opportunities; number of case managers who access professional development	Funding; organizational participation and buy-in; staff retention issues; lack of beneficial training opportunities; difficulty tracking professional development
<p>Activity 3: Implement strategies to reduce HIV case manager turnover</p> <ul style="list-style-type: none"> • Retained in Care 	HIV case managers	ISDH, all Ryan White parts, and partnering agencies	By 2017 and ongoing	Competitive wages and benefits; organizational evaluations to assess org. health and morale; consistent hiring standards; initial and ongoing training and career support; competent leadership	Reduction of case management staff turnover; staff retention, including between organizations	Sufficient funding; training and capacity building needs; organizational buy-in; attitudes toward case management and its worth; lack of consistent hiring standards
<p>Activity 4: Explore the use of treatment adherence interventions and other Prevention with Positives strategies via HIV case management</p> <ul style="list-style-type: none"> • ART Use, Viral Suppression 	PLWH who access HIV case management services	ISDH, all Ryan White parts, and partnering agencies	By 2017 and ongoing	Supportive infrastructure; capacity building and trainings; partnerships with pharmacies and other key providers; reference existing models of similar integration; options for technology-based methods	Assessment of partnering organizations to determine preferences; development of a proposed model	Difficulty adapting to change; hiring staff members with appropriate expertise; funding to support integrated teams and networks to support treatment adherence and case management

Strategy 2: Ensure continuity of healthcare coverage and access to care for PLWH						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Activity 1: Establish cross-agency collaboration to facilitate enrollment of clients shared between care coordination/case management agencies <ul style="list-style-type: none"> • Retained in Care 	Case management and HIV care sites	ISDH, Ryan White parts, community partners, healthcare entities	Initiate process by 2017, continue as needed	Secure communication systems; collaborative memorandums of understanding; shared patient confidentiality agreements; legal consultation	Timeliness of enrollment and recertification; number of collaborative agreements between agencies	Lack of appropriate technology; buy-in from providers at collaborating agencies; establishing and maintaining consistency and effective processes; fears and existing policies on data sharing and confidentiality
Activity 2: Explore use of online applications and recertifications <ul style="list-style-type: none"> • Linkage to Care, Retained in Care 	PLWH; HIV care providers	All Ryan White parts	Initially by 2017 and ongoing	Encrypted software; funding for technology needs; IT support; HIPAA considerations; training and education	Timeliness in processing applications and recertifications; number of applications and recertifications received	Lack of access to technology; aversion to technology; fears and policies surrounding data and confidentiality; difficulty establishing an appropriate system
Activity 3: Support research that uses mobile technology to send reminders for HIV appointments, including enrollment/renewals <ul style="list-style-type: none"> • Retained in Care 	PLWH; HIV care providers	ISDH and Ryan White parts	Initially by 2019 and ongoing	Funding; IT support; secure systems; HIPAA training, esp. for mobile technology	Retention in care data; timeliness in processing applications and recertifications	Confidentiality concerns; lack of technological resources; restricted funding; buy-in from providers and clients
Activity 4: Develop capacity and improve data collection and reporting to effectively measure retention in care <ul style="list-style-type: none"> • Retained in Care 	ISDH and Ryan White parts	ISDH and Ryan White parts	Initially by 2017 and ongoing	Epi data, shared definitions and standards of measurement, training for those collecting and reporting retention in care data	Epi outcomes; development and continued use of shared definitions and standards of measurement	Buy-in from existing programs and providers; reporting issues; difference in definitions; territoriality, difficulty with change

Activity 5: Explore options for mobile and/or technology-based HIV care provision <ul style="list-style-type: none"> • Retained in Care 	PLWH who have limited access to HIV care, esp. those in rural communities	ISDH and Ryan White parts	Determine options and feasibility by 2018; pilot by 2019; expansion based on outcomes	Existing models for review; training support for all parties; informational security; culturally and linguistically competent providers and participants; funding	Report/proposal prepared to present options and feasibility of mobile and/or tech-based HIV care provision	Security concerns; general illiteracy surrounding tech-based care and systematic changes; cost/benefit analysis; buy-in from agencies and supporting organizations; difficulty determining feasibility and potential use rates
Activity 6: Increase transportation services for ongoing access to HIV medical care <ul style="list-style-type: none"> • Linkage to Care, Retained in Care 	PLWH who have transportation needs	ISDH, all Ryan White parts, and partnering organizations	By 2017 and ongoing, as needed	Agencies that provide any form of support for transportation services; insurance partnerships; unrestricted funding	Increase in diversity of transportation services provided statewide; review of gaps in HIV medical care visits among PLWH	Limited transportation options, esp. public transportation; funding limitations and restrictions; considerations for urban versus rural communities

Strategy 3: Support the additional medical and social needs of PLWH that will promote retention in HIV medical care

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Activity 1: Implement routine screening, monitoring, and treatment of non-HIV co-morbidities and other healthcare needs <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	PLWH	Healthcare providers	By 2017 and ongoing	Models of integrated and holistic care; comprehensive care clinics and providers; data on co-morbidities among PLWH; data on patient healthcare needs	Co-morbidity incidence among PLWH; screening rates; patient needs assessment outcomes	May not reach those PLWH who are not engaged in HIV medical care; unclear roles and responsibilities among care providers; data collection and evaluation
Activity 2: Implement routine screening and treatment for opportunistic infections <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	PLWH	Healthcare providers	By 2017 and ongoing	Competent healthcare providers; medical supplies for screening and treatment; patient assistance to support opportunistic infection care	Opportunistic infection screening rates; incidence rates of opportunistic infections	Reporting lags; lack of reporting opportunistic infections; inconsistent care; may not reach those PLWH who are not engaged in HIV medical care

Activity 3: Support social determinants of health that may impact retention in care <ul style="list-style-type: none"> • Retained in Care 	PLWH who risk falling out of HIV care	ISDH, all Ryan White parts, CBOs, ASOs, and other partnering organizations; additional supportive service entities	Ongoing	Appropriate identification of needs; funding and referral resources; collaborative partnerships to help meet client needs	Retention in care among PLWH; usage of support services	Having appropriate resources; referral options; funding limitations and restrictions; client priorities and understanding of resources
Objective 3: Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80% by 2021.						
Strategy 1: Reduce barriers for PLWH to begin and stay on antiretroviral therapy (ART)						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Activity 1: Ensure all people living with HIV in Indiana are eligible for and have access to treatment <ul style="list-style-type: none"> • Linkage to Care, Retained in Care, ART Use, Viral Suppression 	All PLWH	ISDH and all Ryan White parts	By 2017 and ongoing	ISDH; Ryan White parts; planning bodies; insurance companies; staff to support insurance enrollment and other needs of PLWH; competent service providers	Increase in eligible PLWH who have healthcare coverage; increase in clients being linked to appropriate services; improved linkage to and retention in care measures	Cultural competency and language barriers; limitations based on geographic location; eligibility restrictions; limited resources; network and formulary restrictions; provider competency limitations
Activity 2: Increase accessibility to pharmacies and prescription delivery options for people living with HIV <ul style="list-style-type: none"> • Viral Suppression 	All PLWH	ISDH and all Ryan White parts	By 2017 and ongoing, as needed	Funding; partnerships with pharmacies and pharmacists; patient-level data on prescription pick-up and delivery needs	Number of partnering pharmacies and pharmacists; tracking of patient prescription receipt; viral suppression rates	Limited and restricted funding; insurance limitations on pharmacies and delivery programs

<p>Activity 3: Assess and address competing health-related and social priorities to HIV care for PLWH</p> <ul style="list-style-type: none"> • Retained in Care 	PLWH who risk falling out of HIV care or not achieving viral suppression	ISDH, all Ryan White parts, CBOs, ASOs, and other partnering organizations; additional supportive service entities	Ongoing	Appropriate identification of needs; funding and referral resources; collaborative partnerships to help meet client needs	Retention in care among PLWH; usage of support services; viral suppression rates	Having appropriate resources; referral options; funding limitations and restrictions; client priorities and understanding of resources
Strategy 2: Increase the capacity of medical and other professional stakeholders who serve PLWH to appropriately prescribe and administer ART						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
<p>Activity 1: Increase provider education on the most current treatment and monitoring guidelines for HIV care</p> <ul style="list-style-type: none"> • ART Use, Viral Suppression 	HIV care providers in all capacities	ISDH, Ryan White parts, and MATEC	By 2017 and ongoing	Updated HIV treatment and monitoring guidelines; training and educational materials; provider buy-in	Number of providers who receive training and/or education; number of training and/or educational opportunities; ART use outcomes; retention in care outcomes	Competing priorities among providers; limited staff time; developing and maintaining appropriate training and educational resources; limited ability to enforce recommendations
<p>Activity 2: Develop capacity to assess, treat, or refer PLWH for mental health and/or substance abuse treatment services when appropriate</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	HIV medical care providers; primary care providers; HIV case managers	ISDH and Ryan White parts	Ongoing	Appropriate assessment tools; training and educational materials; strong referral networks; service utilization data; patient needs assessment data	Mental health and substance use disorder screening rates; service utilization rates	Stigma surrounding mental health and substance use; lack of incentive for screenings; limited referral networks; insurance limitations
<p>Activity 3: Engage pharmacies to support treatment adherence among PLWH</p> <ul style="list-style-type: none"> • Viral Suppression 	Pharmacies and staff; PLWH	ISDH and Ryan White parts; pharmacies and staff, esp. specialty pharmacies	By 2018 and ongoing	Relationships with key stakeholders; buy-in from pharmacies and pharmacists; cooperation from insurance providers; appropriate educational materials for pharmacies; support the use of brick-and-mortar pharmacies	Increased collaboration with pharmacies and pharmacists; viral suppression	Insurance restrictions; competency concerns; disengaged pharmaceutical providers in relation to HIV care

<p>Activity 4: Engage mental health providers who treat PLWH to support HIV treatment adherence</p> <ul style="list-style-type: none"> • Viral Suppression 	Mental health providers; PLWH who access mental health care	ISDH and Ryan White parts; mental health providers, esp. those supported via Ryan White	By 2018 and ongoing	Relationships with key stakeholders; buy-in from mental health providers; cooperation from insurance providers; appropriate educational materials for providers	Increased collaboration with mental health facilities and providers; viral suppression	Funding concerns; availability of mental health providers; disconnect from HIV treatment needs as part of mental health care
<p>Strategy 3: Increase knowledge and availability of support systems that encourage HIV treatment adherence</p>						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
<p>Activity 1: Explore options and implement evidence-based interventions that support treatment adherence among people living with HIV</p> <ul style="list-style-type: none"> • Viral Suppression 	PLWH	ISDH, all Ryan White parts, and supporting organizations	By 2017 and ongoing	Existing evidence-based interventions to support adherence; CDC and HRSA suggestions; review of other treatment models	Intervention of evidence-based intervention(s) to support HIV treatment adherence and viral suppression	Cost and funding; buy-in; resistance to change current methods; flexibility to meet needs of urban and rural settings, as well as varying adherence needs of populations
<p>Activity 2: Explore the implementation of targeted medical case management services</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	PLWH who are not virally suppressed; PLWH with gaps in receiving ART; PLWH not retained in care	ISDH and Ryan White parts; HIV case managers	By 2018 and ongoing, as needed	Funding; systems to efficiently track PLWH who are not virally suppressed, have ART gaps, or are not retained in care; interventions and education for case managers to implement	Retention in care outcomes; viral suppression outcomes; clients served by targeted medical case management	Funding limitations; lack of qualified personnel; data collection and systems challenges; confidentiality concerns; low interest and engagement among targeted populations

<p>Activity 3: Explore the implementation of peer advocacy programs to support engagement in care and treatment adherence</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	PLWH	Supporting organizations; CBOs, ASOs, and PLWH	Ongoing	Evidence of successful peer programs in other states and for other conditions; buy-in of supporting organizations; buy-in of PLWH; PLWH who will serve as champions in the peer advocacy programming; training and education	Implementation of peer advocacy programs	Provider and organizational buy-in; HIPAA regulations; competent peer educators; appropriate resources to support programming
<p>Activity 4: Explore app and/or online-based treatment adherence support interventions</p> <ul style="list-style-type: none"> • Viral Suppression 	PLWH	Supporting organizations, CBOs, ASOs, etc.	Ongoing	ISDH; all Ryan White parts; review successful implementation in other jurisdictions and for other conditions; technology	Piloting of option(s); implementation of app and/or online-based treatment adherence interventions; if implemented, viral suppression rates	Client access to tech resources; competency of potential users; cost and funding restrictions; legal and privacy concerns

Goal 3: Reducing HIV-related disparities and health inequities

Objective 1: Reduce disparities in the rate of new diagnoses by at least 15% in the following groups: MSM, African American/Black populations, people who inject drugs, and young adults (ages 20-29) by 2021.						
Strategy 1: Reduce HIV-related disparities in communities at high risk for HIV infection						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
<p>Activity 1: Increase access to HIV testing, care and treatment</p> <ul style="list-style-type: none"> • Diagnosed, Linkage to Care, Retained in Care, ART Use, Viral Suppression 	Populations experiencing HIV-related disparities	ISDH; all Ryan White parts; all HIV prevention and care organizations	Ongoing	Provider buy-in; funding from relevant sources; capacity building and training for providers; HIV prevention, care, and treatment recommendations; staff time	Increased testing among priority populations; increased care and treatment measures among priority populations	Limited financial resources; HIV-related stigma; lack of providers and time; lack of community engagement

Activity 2: Increase access to supportive care services <ul style="list-style-type: none"> Retained in Care 	Populations experiencing HIV-related disparities	ISDH; RWSP; disease intervention specialists (DIS); HIV care sites and providers	Ongoing	Provider buy-in; funding from relevant sources; capacity building and training for providers; HIV prevention, care, and treatment recommendations; staff time	Increased access to and utilization of supportive care services among priority populations	Limited resources; HIV-related stigma; lack of providers and time; lack of community and consumer engagement; consumer-level barriers (i.e., transportation)
Activity 3: Increase access to, uptake of, and adherence to ART <ul style="list-style-type: none"> ART Use, Viral Suppression 	Populations experiencing HIV-related disparities	ISDH; all Ryan White parts; pharmacies; medical providers; other HIV prevention and care providers	Ongoing	Funding to support ART usage; adherence interventions; seamless linkage processes; regular re-engagement in care efforts	Increased access to, uptake of, and adherence to ART among priority populations living with HIV; retention in care outcomes; viral suppression outcomes	Issues with insurance; mail order restrictions; inability to pay co-pays; competency of providers; disengaged consumers; consumer denial
Activity 4: Increase education, access, and adherence to PrEP and PEP	Populations experiencing HIV-related disparities	Existing and potential PrEP and PEP prescribers; pharmacists	By 2018 and ongoing	Funding options to support PrEP and PEP usage; client-level educational materials; PrEP and PEP providers; PrEP adherence support	Increased education, access, and adherence to PrEP and PEP among high-risk HIV-negative priority populations	Issues with insurance; mail order restrictions; inability to pay copays; competency of providers; disengaged consumers; consumer denial
Strategy 2: Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Activity 1: Continue to prioritize and fund social supportive services such as housing and emergency utilities <ul style="list-style-type: none"> Retained in Care, Viral Suppression 	Populations experiencing HIV-related disparities	ISDH; Ryan White Part A; CBOs, ASOs, and medical providers; other gov't agencies	Ongoing	Gov't assisted housing options; funding; collaborations with other housing and utilities assistance entities	Social supportive service utilization among priority populations	Limited funding and housing options; income restrictions; community and agency buy-in; lack of collaboration between housing assistance entities; competing priorities

<p>Activity 2: Increase enrollment in job training and continuing education programs</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	Populations experiencing HIV-related disparities	ISDH; Ryan White Part A; CBOs, ASOs, and medical providers; other gov't agencies; other education and/or employment assistance programs	Ongoing	Funding; trained education and employment specialists; GED courses and tutoring services; business attire support; resume/interview prep; development of peer employment programs for funded agencies	% of education and/or employment needs met among priority populations	Limited and restricted funding; lack of consumer interest; limited specialists to meet needs; community and agency buy-in; lack of collaboration among agencies and other education/employment assistance programs
<p>Activity 3: Scale up effective, evidence-based programs that address social determinants of health among high-priority populations</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	Populations experiencing HIV-related disparities	ISDH; Ryan White Part A & C; CBOs, ASOs, and medical providers; other gov't agencies	Ongoing	Expanded collaborations with organizations to address social determinants of health; funding; greater capacity to address social determinants of health via funded agencies	Increased efforts to improve social determinants of health among priority populations	Limited and restricted funding; limited organizations for partnerships in rural areas
Strategy 3: Reduce stigma and eliminate discrimination associated with HIV status						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
<p>Activity 1: Support policies that would prohibit discrimination, criminalization, and intimidation on the basis of sexual preference and HIV status</p>	All Indiana citizens, especially priority populations	All Ryan White Parts; ISDH; all HIV prevention and care organizations	Ongoing	Political support; lobbyists; health foundations; policy and legislation writers	Number of modified laws/policies; number of proposed law/policy modifications	Rejection of proposed law/policy modifications; difficulty implementing change; cumbersome processes
<p>Activity 2: Launch evidence-based and culturally competent educational programs to combat HIV-related stigma</p>	All Indiana citizens	ISDH; all Ryan White parts; HIV prevention and care organizations	Ongoing	Funding (any relevant source), capacity building and training, strategies to accurately measure effectiveness of specific campaigns	Number of educational programs launched; number of organizations working to specifically address HIV-related stigma; increase in community engagement with HIV prevention and care services.	Insurmountable stigma in communities; lack of community engagement; disengaged providers; lack of capacity for implementing programming

Activity 3: Support education and training for HIV prevention and care providers to facilitate culturally competent and sensitive services for priority populations <ul style="list-style-type: none"> • Retained in Care 	Current and potential HIV prevention and care providers	ISDH Prevention, all Ryan White parts, MATEC	Annually and ongoing	Updated training and educational materials; training staff; funding for training and capacity building; agency/provider engagement	Number of individuals trained annually; number of trainings conducted	Inconsistency in curricula; difficulty determining who should receive training and from who; limited funding
Objective 2: Increase viral suppression to at least 80% among African American/Black populations, young adults (ages 20-29), and people who inject drugs by 2021.						
Strategy 1: Implement a variety of strategies to improve viral suppression rates among African American/Black populations living with HIV						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Activity 1: Ensure providers are educated and capable of meeting the specific needs of African American/Black PLWH <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	HIV prevention and care providers	ISDH; Ryan White parts; MATEC	Annually and ongoing	Educational and training materials focused on African American/Black PLWH; community organizations serving African American/Black populations; data on HIV and African American/Black populations in Indiana; CDC and HRSA resources	Increase in viral suppression; reduced community viral load; increase in retention in care; number of providers educated/trained; number of trainings provided	Provider buy-in; limited resources to support appropriate training and education; limited cultural competency among providers
Activity 2: Explore and implement options for supporting the health and insurance literacy of African American/Black PLWH <ul style="list-style-type: none"> • Retained in Care 	African American/Black PLWH	HIV-related case managers; medical care providers; insurance navigation specialists	Ongoing	Health and insurance literacy content; culturally competent providers; existing interventions to improve health literacy among African American/Black populations	Development of health literacy and insurance literacy educational materials; implementation of health and insurance literacy interventions for African American/Black individuals; increased health and insurance literacy among African American/Black populations living with HIV	Limited resources; limited engagement with African American/Black populations living with HIV; difficulty reaching people with greatest health and insurance literacy needs

<p>Activity 3: Expand and implement treatment adherence interventions targeted to African American/Black PLWH</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	African American/Black PLWH	ISDH HIV Prevention; CBOs, ASOs, and other prevention and care providers; pharmacies; peers; SEPs; case managers	By 2019 and ongoing	Evidence-based interventions for supporting treatment adherence; funding and staff for implementation; engagement of medical care, pharmacy, and case mgmt providers as potential facilitators	Number of African American/Black PLWH engaged via interventions; rates of viral load suppression; improvements in viral load among PLWH engaged in interventions	Limited funding, staff, and staff time; disinterest among target population; difficulty achieving viral suppression; difficulty monitoring viral load changes associated with intervention participation
Strategy 2: Implement a variety of strategies to improve viral suppression rates among young adults (ages 20-29) living with HIV						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
<p>Activity 1: Ensure providers are educated and capable of meeting the specific needs of young adults living with HIV</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	HIV prevention and care providers; pediatricians	ISDH; Ryan White parts; MATEC	Annually and ongoing	Educational and training materials focused on young adults with HIV; youth-focused community organizations; data on HIV and young adults in Indiana; CDC and HRSA materials	Increase in viral suppression; reduced community viral load; increase in retention in care; number of providers educated/trained on youth and HIV topics; number of trainings provided	Provider buy-in; limited HIV providers specifically serving young adults; denial of HIV among youth as a state concern; limited data relating to HIV among young adults in IN
<p>Activity 2: Utilize young adult-friendly strategies to encourage engagement in medical care and treatment adherence (i.e., social media, texting, peer programs)</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	Young adults living with HIV	HIV prevention and care providers; CBOs and ASOs; other community partners working with young adults	Ongoing	Social media presence; capacity to text and use other technological methods for communicating; peer engagement; young adult-focused providers	Implementation of young adult-friendly strategies; number of young adults living with HIV engaged via these strategies; rates of young adults engaged and retained in HIV medical care; treatment adherence and viral suppression	Lack of technological capacity; limited staff time; limited young adult-focused prevention and care providers; limited funding

<p>Activity 3: Explore and implement options for supporting the health and insurance literacy of young adults living with HIV</p> <ul style="list-style-type: none"> • Retained in Care 	<p>Young adults living with HIV</p>	<p>HIV-related case managers; medical care providers; insurance navigation specialists</p>	<p>Ongoing</p>	<p>Age-appropriate health and insurance literacy content; providers experienced in young adult work; interventions to improve health literacy among young adults; use of social media and other technology to address health literacy topics</p>	<p>Development of young adult-focused health literacy materials; implementation of health literacy interventions for young adults; increased health and insurance literacy among young adults living with HIV</p>	<p>Limited resources; lack of engagement with young adults living with HIV; difficulty reaching young adults with greatest needs</p>
--	-------------------------------------	--	----------------	--	---	--

<p>Strategy 3: Implement a variety of strategies to improve viral suppression rates among people living with HIV who inject drugs</p>						
<p>Activities/Interventions</p>	<p>Targeted Populations</p>	<p>Responsible Parties</p>	<p>Timeframe</p>	<p>Resources</p>	<p>Data Indicator</p>	<p>Anticipated Challenges/Barriers</p>
<p>Activity 1: Ensure providers are educated and capable of meeting the specific needs of people who inject drugs</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	<p>HIV prevention and care providers</p>	<p>ISDH; Ryan White parts; MATEC; other gov't agencies</p>	<p>Annually and ongoing</p>	<p>Educational and training materials focused on people with HIV who inject drugs; data on HIV and injection drug use in Indiana; CDC and HRSA materials</p>	<p>Increase in viral suppression; reduced community viral load; increase in retention in care; number of providers educated/trained on injection drug use and HIV topics; number of trainings provided</p>	<p>Provider buy-in; limited provider expertise on injection drug use and the needs of people who inject</p>
<p>Activity 2: Increase access to drug treatment options, including medication assisted therapies, inpatient, and outpatient treatment</p> <ul style="list-style-type: none"> • Retained in Care, Viral Suppression 	<p>People living with HIV who inject drugs</p>	<p>ISDH; all Ryan White parts; DMHA; other organizations focusing on substance use</p>	<p>Ongoing</p>	<p>Funding to support substance use treatment; increase of drug treatment providers; reduction in wait times for substance users seeking treatment; incentives for HIV care providers to incorporate drug treatment into their practice; education on HIV for drug treatment providers</p>	<p>Number of people living with HIV who inject drugs that access drug treatment; number of drug treatment options in the state; reduction of wait time for substance users seeking treatment</p>	<p>Limited and restricted resources; stigma; difficulty reducing treatment waits</p>

Activity 3: Engage SEPs in providing treatment adherence education and interventions <ul style="list-style-type: none"> • Retained in Care, • Viral Suppression 	People living with HIV who inject drugs; SEPs	ISDH HIV Prevention; MATEC; SEPs; county officials	By 2018 and ongoing	Evidence-based interventions for implementation via SEPs; trained SEP staff; educational materials for SEPs	Number of SEPs providing treatment adherence education and interventions; number of SEP staff trained in HIV treatment adherence	Limited SEP staff time; limited existing SEPs and SEP participants; SEP-related stigma; confidentiality issues relating to SEP utilization and HIV status of participants; potential discontinuation of SEPs
--	---	--	---------------------	---	--	--

Goal 4: Achieving a more coordinated response to the HIV epidemic

Objective 1: Increase the coordination and integration of HIV prevention and care services across programs and agencies through 2021.

Strategy 1: Increase the number of patient-centered medical homes that provide bundled medical and supportive care services

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Identify existing medical homes throughout the state	Medical home providers throughout Indiana	ISDH; all Ryan White parts	By 2017 and annually, as needed	Financial and Human Resources Inventory; other statewide HIV care provider resource guides; online resources	Comprehensive guide and/or map outlining all medical homes throughout the state	Obtaining a comprehensive list of medical home providers; difficulty defining medical homes
Evaluate and explore existing patient-centered medical homes to identify best practices and strategies for expanding/adding medical homes	Existing and future patient-centered medical homes throughout Indiana	ISDH; all Ryan White parts	By 2019	Provider buy-in; existing medical homes to coach/guide new medical homes; human, fiscal, and information resources; feasibility study to determine the need and best locations for new medical homes	Number of medical homes throughout the state; increase in the capacity of existing medical homes	Lack of physical space to expand; limited human, fiscal, and informational resources; lack of demand for medical homes in low-incidence areas; competition for patients and resources among existing or newly formed medical homes; lack of capacity to successfully operate a medical home in rural areas

Explore additional funding to support the expansion of patient-centered medical homes	Medical homes throughout Indiana	ISDH; all Ryan White parts; existing medical homes	By 2017 and ongoing	Unrestricted funding; creative use of new and existing funding; local and national health foundations; private funders; models from other states	Increase in funding options to support medical home expansion	Funding priorities may not allow for increase in patient-centered medical homes; lack of funding opportunities; limited human, fiscal, and informational resources; differences in funding priorities
---	----------------------------------	--	---------------------	--	---	---

Strategy 2: Enhance data integration and sharing across all Ryan White-funded providers, STD/HIV testing, and communicable disease programs

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Develop guidelines to support data sharing between funded entities and providers who share clients	Ryan White and State funded care coordination sites, ASOs, and HIV clinical agencies	ISDH; all Ryan White parts; administrators and directors of care coordination, ASOs, and clinical agencies	By 2017	Buy- in from providers; data sharing agreements; memorandums of understanding; IT support	Completed guidelines	Agencies may not want to integrate services due to fees for service; limited fiscal, human, and informational technology resources; fear of change; confidentiality and HIPAA concerns
Establish standardized data collection processes and reports to minimize double and triple data entry and processing	Ryan White and State funded care coordination sites, ASOs, and HIV clinical agencies	ISDH; all Ryan White parts; administrators and directors of care coordination, ASOs, and clinical agencies	By 2020	Buy- in from providers; HRSA and CDC guidance; data collection manual or guidelines for all relevant parties	Development and implementation of standardized data collection processes; reporting mechanisms	Inability to integrate data systems; difficulty establishing consensus on data collection guidelines; inconsistent data entry; poor data quality
Data to Care???						

Strategy 3: Adopt creative models of care to expand the service delivery capacity of existing medical and social service agencies						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Expand capacity of existing service providers and increase productivity of service delivery by adding paraprofessionals such as community health workers and peer educators to the healthcare team	Existing service providers	ISDH; Ryan White parts; MATEC; existing service providers	Begin by 2018, continue as needed	Qualified peer educators and community health workers; metrics, productivity, and efficiency measures; training and development resources; MATEC	Number of people served; patient contact hours; number of new healthcare team members	Defining productivity and efficiency measures; buy-in from existing staff; territorial/turf issues; funding for paraprofessionals; limited interest among paraprofessionals and peers
Explore opportunities for co-locating HIV prevention and care services through “minute-clinic” models at pharmacies in geographic areas with high HIV prevalence	All citizens, including PLWH, in high-prevalence geographic areas	ISDH; Ryan White parts; pharmacies in high-prevalence areas; community partners	By 2018	Existing models implemented in other states; engaged and committed pharmacies and pharmacists; program marketing materials; data sharing agreements and systems; MATEC; training and educational materials for staff; data on client acceptability of accessing HIV services via pharmacies	Number of pharmacies engaged to provide HIV services; if implemented, number of clients served; number of tests conducted	Buy-in from providers; lack of interest among pharmacies; contract issues with insurance companies; confidentiality and HIPAA concerns; potential to further fragment HIV care and service provision
Incorporate use of technology, such as telemedicine, to increase accessibility and delivery of primary HIV care to clients living in outlying/rural counties and to clients who are unable to travel to distant HIV care sites	PLWH who are retained in care and are virally suppressed, esp. those with accessibility to care concerns	ISDH; all Ryan White parts; existing HIV service providers	Ongoing	IT support; criteria for telemedicine-eligible patients; technology equipment; funding to support service delivery; training for healthcare providers; client-level data on acceptability of tech-based service delivery	Number of patients served through telemedicine or other tech-based services	Generational differences and preferences regarding technology; discomfort with technology; need for in-person contact; funding for equipment, training, and providers; limited access to technology among clients with greatest needs

Objective 2: Maintain a comprehensive integrated statewide plan for HIV prevention and care by updating the plan on an annual basis through 2021.

Strategy 1: Continue to develop and utilize relevant data sources for effective planning

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Adopt standard data definitions to guide data collection, reporting, and epidemiology reports	ISDH; all Ryan White parts	ISDH; all Ryan White parts	Initially by 2017, review annually	HRSA and CDC recommendations	Development and implementation of standard data definitions	Difficulty implementing changes with collecting, reporting, and analyzing measures; data system issues
Use epidemiological and needs assessment data to update and evaluate goals	ISDH; all Ryan White parts	ISDH; all Ryan White parts; planning bodies; plan monitoring work group	Annually	State epi data; TGA epi data; needs assessment data; epidemiology staff members	Utilization of epi and needs assessment data in planning processes	Difficulty changing existing processes and procedures; diffusion of responsibility; data lags
Maintain an accurate statewide human and fiscal resources inventory	ISDH; all Ryan White parts	ISDH; all Ryan White parts	Update every 2 years	Existing resource inventories; online resources; provider input	Development and updating of a human and fiscal resources inventory	Accounting for ongoing changes among listed resources; large magnitude of information to track and update
Conduct a collaborative needs assessment to support planning efforts	ISDH; all Ryan White parts	ISDH; all Ryan White parts	Initially by 2019, and every 3 years	MATEC; planning bodies; previous needs assessment data; reference materials from other states	Completion of a collaborative needs assessment	Collaboration between planning bodies; capacity to conduct needs assessments; research exhaustion among clients; length of needs assessments accounting for HIV prevention and care

Strategy 2: Maximize community member and stakeholder engagement in the planning process

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Hold statewide all-parts meeting to increase collaboration and communication	Community Members and Stakeholders	ISDH, Ryan White, ASO	At least once annually	ISDH, Ryan White	Completion of annual meeting	Lack of participation, funding, Physical barriers for collaboration, Ability to coordinate a collaboration meeting
Integrate HIV Prevention and HIV Services planning bodies at the state level	HIV Prevention Community Planning Group; Comprehensive HIV Services Planning and Advisory Council	ISDH	By 2018	Reference models from other states; support from HRSA, CDC, and NASTAD; development of integrated bylaws and membership structure	Development and implementation of an integrated state-level planning body	Difficulty changing existing processes and procedures; diffusion of responsibility; territorialism

Implement creative strategies to increase consumer and community member involvement in planning	All Indiana Citizens	ISDH, Ryan White, CBO, ASO	December 2017, Updated annually	Planning Bodies, Advisory Counsels	Increase Consumers and community member involvement	Community buy-in, Health in Consumers (baby boomers)
Establish and maintain key partnerships to support HIV planning processes	CBO,ASO, ISDH, Ryan White	CBO,ASO, ISDH, Ryan White	Ongoing through 2021	Integrated meeting with planning bodies, CDC, HERSA	Participation of ASO, CBO Increase new partnerships	Some agencies are being silo. Lack of collaborations. Lack of communication between ASO, CBO,
Strategy 3						
Ensure regular plan development and maintenance processes						
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Establish guidelines for responsibilities and responsible parties for ongoing maintenance of the plan	All Parts, and planning bodies	All Parts and Planning Bodies	By submission 1/1/2017	All Parts and Planning Bodies, Work Groups	Completion of 1/1/2017	Keeping people engage. "HARD"
Implement appropriate monitoring and improvement strategies for plan updates and progress tracking	All Parts and Planning Bodies	All Parts and Planning Bodies	Ongoing through 2021	Epidemiology, needs assessment, all parts and planning bodies	Establish goals	Strategies not working, Resources of the staff to make and to monitor and to adjust, Changes in the virus.

Goal 5: Ensuring continued financial and other resources to support HIV service delivery

Objective 1: Maintain stable and diverse funding streams to support HIV prevention and care service delivery ongoing through 2021

Strategy 1: At a minimum, strive to maintain existing funding to support HIV prevention and care efforts across Indiana

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Encourage all directly funded entities to effectively budget and spend down funds to demonstrate need	All Ryan White parts; ISDH; all other directly funded agencies	All Ryan White parts; ISDH; all other directly funded agencies	Annually, through 2021	Meeting grant requirements and applying as appropriate; budgeting strategies; ongoing monitoring and improvement on budgeting and spending of resources; use of Ryan White planning council for guidance and support	Amount of grant funds spent; budgeting and budget revisions as needed; ongoing monitoring of consumers in care	Grant requirements for spending and allocations; reductions or other changes in funding streams; changes in requirements or regulations; difficulty spending all funding; challenges with consumers

For Ryan White parts, request a waiver to alleviate the 75/25 spending restrictions	All Ryan White parts	All Ryan White parts; FSSA; Department of Insurance; Ryan White Planning Council	Annually, through 2021, or until HRSA requirements change	HRSA; epi reports and planning council reports to justify need; appropriate steps taken by each Ryan White program director	Request for waiver; receipt of waiver	HRSA and Ryan White grant requirements; lack of data-based justification for the waiver; decreased usage of resources as related to the waiver; changes in political climate; overall changes with Ryan White programming
---	----------------------	--	---	---	---------------------------------------	---

Strategy 2: Explore additional funding opportunities to support service delivery

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Establish and update a grants database to increase knowledge of competitive and unrestricted grant opportunities	All grant-seeking entities providing or guiding services relevant to HIV prevention and care	Ryan White Part A and ISDH; possible development of a specialized committee to seek out and share grant opportunities with planning bodies and program areas	Ongoing, through 2021	Grants specialists and program directors; strategy for developing and updating a grants database	Initial development of a grants database or reference system; ongoing maintenance of the system; utilization of the resource	Difficulty with effective dissemination of information; limited and restricted resources; promoting collaborative community attitudes toward grant opportunity seeking; siloing
Apply for unrestricted dollars to support programming and resources that are not currently funded through existing grants	Agencies who offer specialized services; potential providers of specialized services	Agencies and organizations currently or potentially providing specialized services (i.e., substance abuse services, mental health care, etc.)	Ongoing, through 2021	Funding opportunities; avenues for learning about funding opportunities, esp. those not specifically related to HIV; assess what current organizations use to fund specialized services; skilled grant writers	Increase in the use of unrestricted dollars to support specialized service delivery, esp. for PLWHA; increase in the provision of specialized services	Limited, restricted, and highly competitive resources; lack of knowledge of funding; organizations with limited grant seeking and writing capacity

Strategy 3: Develop and maintain partnerships with other funded entities whose resources can help meet needs associated with HIV prevention and care

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Collaborate with organizations funded to meet public health needs associated with mental health	Organizations and groups specifically funded to meet public health needs associated with mental health	Ryan White staff; ISDH staff	Ongoing, through 2021	Organizations and groups to build collaborations with; ongoing engagement with mental health stakeholders	Increase in involvement with mental health-focused entities, boards, and councils	Limited staff time; competing priorities; difficulty establishing effective and ongoing relationships with mental health-focused entities; entities who are reluctant to engage HIV-related priorities
Collaborate with organizations funded to meet public health needs associated with substance use	Organizations and groups specifically funded to meet public health needs associated with substance use	Ryan White staff; ISDH staff	Ongoing, through 2021	Organizations and groups to build collaborations with; ongoing engagement with substance use stakeholders	Increase in involvement with substance use-focused entities, boards, and councils	Limited staff time; competing priorities; difficulty establishing effective and ongoing relationships with substance use-focused entities; entities who are reluctant to engage HIV-related priorities

Objective 2: Increase the fiscal health and stability of agencies providing HIV prevention and care services ongoing through 2021

Strategy 1: Improve the stability of existing HIV prevention and care agencies

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Increase the financial stability of agencies to support adequate wages and reduce staff turnover	Agencies funded to provide HIV prevention and care services	Ryan White parts; ISDH	Annually and ongoing	Funding; education for agencies, providers, and funders; establishment of expectations between Ryan White and ISDH on defining competitive wages for service provision; explore reference resources to determine competitive wages for similar work in similar geographic locations	Reduce rates of staff turnover; number of retained staff and length of employment; adjustments in wages for service providers	Differences in costs as related to geographic location, staff qualifications, and service provision; difficulty agreeing on a definition for competitive wages; difficulty paying staff competitively as compared to private sector positions; unpredictability of funding and potential funding changes

Establish statewide recommendations for service priority setting and resource allocation at the agency level	Agencies funded to provide HIV prevention and care services	Ryan White parts; ISDH; planning bodies	Annually, through 2021	Ryan White and ISDH planning bodies;	Completion of collaborative priorities and recommendations for resource allocation; data-based priority setting for recommendations	Developing meaningful recommendations for agencies of different sizes and priorities; difficulty with priority setting between Ryan White and ISDH
--	---	---	------------------------	--------------------------------------	---	--

Strategy 2: Improve capacity development efforts for new and small organizations to provide HIV prevention and care services

Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Explore collaborative business models to support the fiscal health of small and start-up agencies	Small and start-up agencies; new providers	ISDH and Ryan White	Ongoing through 2021	Statewide resource inventory; funding; legal support; professional contractors to assist with initial establishment; utilization and needs assessment data	Increase in new, funded agencies; financial stability of small and start-up agencies	Difficulty defining financial stability clearly; business illiteracy; challenges in meeting funding expectations; availability of multiple funding streams
Develop agency partnerships and mentorships for new and small HIV prevention and care service providers	New and small HIV prevention and care providers; established and effective agencies and providers to serve as mentors	ISDH and Ryan White; MATEC	By 2018; ongoing through 2021	Well-performing agencies; support for business management mentorship; accessing existing mentorship programs; use of technology to support statewide mentoring	Stabilization and growth of new and small agencies; number of partnerships and mentorships; long-term improvements in the care continuum	Competition; fear of being absorbed by larger agencies; technological barriers; cost and lost time; limited staff time; establishing stability and consistency among partners

Strategy 3		Ensure appropriate and effective use of financial and other resources				
Activities/Interventions	Targeted Populations	Responsible Parties	Timeframe	Resources	Data Indicator	Anticipated Challenges/Barriers
Ensure that Ryan White is the payer of last resort	All Ryan White funded entities	Ryan White program	Ongoing, as clients receive services	Processes to ensure ongoing program eligibility with clients; reliable referral processes; cross-checks with insurers to monitor billing and appropriate payment	Use of data reports for eligibility and denials; reconciliation reports; audits and measure of errors on unjustifiable payments	Burdensome referral process; difficulty engaging all providers in checking for client eligibility; recertifications
Explore funding options to support syringe exchange programming, including the possible use of CDC HIV Prevention funding	Counties who are or will provide syringe exchange programming	ISDH	2017 and ongoing	Unrestricted funding; explore options for SEPs to bill for testing to create revenue; creative use of new and existing funding; local and national health foundations; private funders; models from other states	Securing unrestricted funding to support SEPs; number of entities proving SEP	State laws and regulations; difficulty finding unrestricted funds; limited state-level options for funding; political environment; general public opinion of SEP and related stigma
Develop processes to encourage collaborative budgeting and financial management	ISDH; Ryan White parts	ISDH; Ryan White parts; planning body	Begin 2017; continue annually	Cooperation between existing bodies; establishment and maintenance of an ongoing process; willingness to be transparent with budgeting and financial management	Development of a final financial plan collaboratively developed between ISDH and Ryan White	Lack of transparency; buy in from agencies; difficulty establishing consistency