Minnesota Department of Health

# PrEP Work Plan

Agency name:

Program name:

Priority population:

Geographic service area:

Performance period:

## Project Overview

The PrEP work should include all required core components of PrEP care:

* PrEP education and awareness
* Screening for PrEP eligibility
* PrEP initation/uptake
* PrEP retention/follow-up

### Priority Population

To develop an innovative and comprehensive PrEP care program that identifies HIV negative people at greatest risk for infections who stand to benefit the most, describe how you will prioritize the provision of services to populations that are disproportinately impacted by HIV in Minnesota:

### PrEP Core Components

Complete the table below by describing each PrEP core component, including all key activities necessary to support it and performance measures.

|  |  |  |
| --- | --- | --- |
| **Required Core Component Activities** | **Projected number of clients** | **Staff responsible** |
| 1. **PrEP education and awareness**   Increase knowledge about and promote PrEP access and use |  |  |
| Key activities: |  |  |
| 1. **PrEP eligibility screening**   Increase screening for HIV risk and PrEP eligibility among HIV negative persons. |  |  |
| Key activities: |  |  |
| 1. **Active linkage and/or referral**   Increase rapid linkage and active referral for PrEP eligible persons to a site for PrEP care. |  |  |
| Key activities: |  |  |
| 1. **PrEP initiation/uptake**.   Increase initiation of PrEP use and ongoing medical adherence. |  |  |
| Key activities: |  |  |
| 1. **PrEP retention/follow up**   Increase retention in PrEP care and ongoing adherence support |  |  |
| Key activities: |  |  |

### Barriers

Describe specific barriers to PrEP access, availability, and use of your service area. Also describe what activities you will undertake to reduce barriers and PrEP stigma/misinformation:

Action steps:

### Testing

Describe how you will assess the HIV risk behaviors and conduct HIV testing, the first step to identifying eligible clients who may benefit most from PrEP:

Action steps:

### Active Linkage and Referrals

Describe how you will actively link or refer people who test HIV negative and are eligible for PrEP to a delivery site to initiate/start PrEP, both internally and/or externally. It should also include some type of follow-up with the patient to ensure they are able to access a PrEP appointment:

Action steps:

Describe how you will actively link or refer people who test positive while on PrEP to appropriate prevention and/or support services, especially medical case management, mental health, housing, food, or chemical dependency:

Action steps:

Actively linking someone to a PrEP care clinic should include some form of initiating contact with the clinic (ie: calling the clinic while patient is present, setting up appointment for patient).

### PrEP Navigation Strategy

Describe how you will use navigation as a strategy to increase access, availability, uptake, adherence, and retention of PrEP:

Action steps:

### Collaboration, Coordination, and Service Integration

Describe how you will promote PEP education and awareness, referral, and treatment. Also describe how you will transition people who have completed PEP treatment and exhibit ongoing risk HIV behaviors into PrEP care:

Describe how you will conduct STI education, referral, testing/diagnosis, and treatment for people on PrEP:

Describe how you will focus distributing condoms and supplies (lube, dental dams, etc.) to priority people at greatest risk of transmitting/acquiring HIV infection to specifically prevent transmission of other sexually acquired infections (STI) among persons on PrEP:

Action steps:

Describe how you will conduct initial clinical screening for PrEP and regularly scheduled three-month medical visits:

### Priority Population Input

Describe how **ongoing input** from the priority population will be gathered, documented, and used for the development, implementation, and evaluation of this project. For example, some grantees have sought target population input via community advisory boards, focus groups, surveys, etc.:

Action steps:

### Monitoring & Evaluation

Describe how the implementation of PrEP program activities will be monitored and evaluated:

Action steps:

Specifically, program staff shall:

* **Regularly monitor and evaluate** the key performance measures for each step along the PrEP care continuum for drop-offs or gaps from **identification** of persons at risk.
* Confirm HIV status.
* **Link** eligible people to site of PrEP care delivery.
* **Initiate**/start PrEP care.
* **Retain** people in care including referral to other HIV risk reduction strategies as appropriate.
* **Monitor** HIV status and adherence.
* **Reassess** risk of HIV risk and reanimate PrEP for those with HIV risk.
* **Link** to HIV care if HIV infected.
* **Discontinue** PrEP care for those with reduced risk or toxicity or for other reasons

### Data collection

Describe how you will collect, track, document, analyze, and report non-identifying client-level data. Include types of data collection tools and specific databases or software systems that will be used and the staff responsible:

Action steps:

Describe how you will make changes and improvements to your program based on the data you are required to collect:

### Incentives

Do you plan to use incentive(s) during activities? This includes incentives for preliminary testing and/or confirmatory testing and attending care appointments. If so, specify what type of incentive(s) will be used and the amount:

Action steps:

An incentive policy much be in place and submitted separately prior to reimbursement of funds.

### Staffing

Grantees are required to inform MDH staff of any staffing changes within five working days and detail if the change involves new staff on the grant. Additionally, the names of new staff must be provided within five days.

Within 35 days of any vacant position, you must submit a plan to the State describing how work plan goals and objectives will be met during the time the position is vacant.

**Project staff**

|  |  |  |
| --- | --- | --- |
| **Name  (if already on staff)** | **Title** | **FTE on project  (if paid staff)** |
|  |  |  |
|  |  |  |
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|  |  |  |

## Additional Comments

Describe any additional information that you think is important for MDH to know:

Minnesota Department of Health

PO Box 64975

St. Paul, MN 55164-0975

[www.health.state.mn.us](http://www.health.state.mn.us)

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