

End the Epidemic: Supplement to Integrated HIV Surveillance and Prevention Program for Health Departments (CDC-RFA-PS18-18 18020201SUPP19)

Overview:

DeKalb County, part of the core metro Atlanta area along with Fulton County, is one of the four central metro Atlanta counties that have been designated as targets for the federal End the HIV Epidemic initiative. DeKalb County includes eastern and southern portions of the City of Atlanta, which was the focus of high-impact prevention activities from 2011-17, and are now integrated into PS 18-1802. As one of the three pilot End the Epidemic jurisdictions, based on direction from Georgia Department of Public Health (DPH) surveillance data, activities in DeKalb will focus on high HIV morbidity geographic areas and populations in the county and residents with high-risk behaviors.

In 2018, 342 persons were diagnosed with HIV and an estimated over 10,000 persons were living with HIV in DeKalb County. DeKalb County has the second highest number of diagnoses annually in Georgia, after Fulton County, and one of the highest rates of diagnosis in Georgia. Similarly, it ranks second in terms of HIV prevalence and in rate of persons living with HIV. Approximately three-quarters of persons diagnosed in 2017 were MSM. Approximately one in five persons had advanced immunosuppression (CD4 count < 200 cells/ml) at the time of diagnosis. This was more common for persons 40 and older, and persons who were not MSM. Zip codes with the highest rates of diagnoses and of HIV prevalence are those in the southern and eastern parts of the county, and correspond to zip codes with higher proportions of persons living in poverty. These areas are also those with the least HIV services. Presently, only one clinic in the entire county provides PrEP services for non-insured individuals.

The HIV Care Continuum for DeKalb County based on HIV surveillance data shows that 66% of persons living with HIV in 2017 had at least one HIV care visit, 51% had two or more, and 54% were virally suppressed. Among those with at least one visit, 82% were virally suppressed. With the exception of the proportion suppressed among those in care, these figures underestimate the proportion in care and suppressed because the number of persons living with HIV is inflated. Work to “clean” the denominator is underway, and data obtained from the Black Box match have not yet been uploaded. For this reason, differences between groups are more reliable than the absolute proportion of persons receiving any care or virally suppressed.

As in all of Georgia, substantial racial/ethnic disparities persist. The majority of persons diagnosed with and living with HIV are Black, and the rate of diagnosis in 2017 was 4.5 times higher for Blacks than Whites and 2.6 times higher for Hispanics than Whites. There is also a substantial difference in viral suppression between Blacks and Whites living with HIV (52% vs 62%, respectively). Among persons who received any HIV care in 2017, Blacks were substantially less likely than Whites and Hispanics to be suppressed (78% vs 91% and 89%, respectively).

Organizational Capacity:

Georgia's DeKalb County pilot leverages the in-place infrastructure described in the 1802 application, with the DPH HIV Prevention Program assuming lead responsibility. William Lyons, HIV Office Director, will provide oversight, along with Brooke Mootry, MSW, CHES, Prevention Unit Manager, and Jamila Ealey, MPH, Deputy Director, HIV Office assuring integration of pilot activities into the broader framework. Kathleen Toomey, M.D., M.P.H., Commissioner and State Health Officer, along with Rosalyn Bacon, MPH, the DPH Chief of Staff, are committed to prioritizing End the Epidemic efforts and assuring the required DPH programmatic and administrative support. Sandra Thurman, MA, who has been Chief Strategy Officer to PEPFAR, and is currently on the Emory University, Rollins School of Public Health faculty, will serve as a Project Advisor and bring her knowledge of community-based initiatives to our effort, focusing on replicability and expansion to the other Georgia End the Epidemic target counties and statewide. The in-place DPH HIV Prevention Program staff will guide day-to-day activities, with the assigned Regional Coordinator assuming a primary role to address administrative issues, provide technical support and guidance, and facilitate community engagement. To support the Regional Coordinator, with the aggressive timeline embodied by the pilot, an End the Epidemic Liaison, will be hired. A Data Manager and Data Entry Specialist will be hired by the DeKalb DCBOH, given the substantial data collection and analysis demands and the need to enter data into EvaluationWeb. The DeKalb County Board of Health (DCBOH) is an independent county public health agency with administrative links to the Georgia Department of Public Health. (See attached organization charts). Sandra Ford, MD, MBA, who will have overall management of local activity, is the District Health Director. As with the initiative at the state level, pilot activities will be integrated into DCBOH infrastructure, with most activity conducted as part of the HIV/STD Prevention Program,

under the direction of Darryl Richards, District HIV/STD Prevention and Outreach Program Coordinator. Sentayehu Bedane, MD, MPH, County Services Manager, who oversees the Prevention Program, will also have a major role overseeing the programmatic and operational functions. (See attached CVs.) These individuals, as well as their 27-member HIV/STD Prevention Program, have broad knowledge and extensive experience with HIV prevention activities. While the five DCBOH clinics, located throughout the county, will be focal points for the provision of clinical services, pilot activities will be concentrated in high-risk, high-morbidity neighborhoods.

At this time, pilot activities will be monitored and evaluated through our existing contract monitoring systems. Test-level events and client-level services will be collected and reported via EvaluationWeb®, in accordance with CDC NHM&E requirements. Data collected will monitor performance, and be used to direct capacity building and technical assistance activities. EHARS will maintain its role in supporting overall surveillance efforts and provide essential information for data-to-care and cluster investigation activities. CareWare will be used for clinical data related to Ryan White services. The Georgia CAPUS Resource HUB (<https://www.gacapus.com>) will be used as a means of increasing community awareness of HIV prevention and care resources in DeKalb County.

All HIV staff are required to undergo annual security and confidentiality training. Mechanisms are in place related to sharing data between DPH and DCBOH, with district staff receiving specific training on data security and confidentiality. A standardized Security and Confidentiality Policy that encompasses all programs under the HIV Program Services umbrella is in place. A file transfer protocol is available through SendSS, the statewide electronic reporting system which transmits HIV data-to-care information between the state and health districts, that secures the transfer of files. Georgia Security and Confidentiality Guidelines were submitted as part of our 1802 application, along with the executed Certification of Compliance with the NCHHSTP Data Security and Confidentiality Standards and the Designation of Overall Responsible Party indicating full compliance.

Both DPH and DCBOH have been accredited through the PHAB, Public Health Accreditation Board process, showing evidence of their capacity to manage the administrative aspects of the pilot, including the fiscal mechanisms, contracts, and hiring. Given the immediacy of the tasks and the

initial short-term nature of the pilot, existing administrative systems and process will be utilized. Program implementation, along with the related personnel, contractual, and procurement needs generated by End the Epidemic DeKalb pilot, will be given priority by DPH and DCBOH leadership.

Collaboration:

The primary collaboration of the pilot End the Epidemic initiative is the collaboration between DPH and DCBOH, which is integral to both its development and implementation. Encompassed in the ongoing work of these two organizations are a broad array of CDC programs and CDC-supported entities important to initiative activities, including the STD and Hepatitis programs. In addition to facilitate rapid start-up, the initiative will draw upon several well-established relationships held by both DPH and DCBOH, including AID Atlanta and several DeKalb community-based organizations (CBO), by expanding and amending current contracts. The initiative will also generate new approaches within existing relationships, such as contracting with Emory University Rollins School of Public Health for the expertise of Sandra Thurman as an advisor to the Pilot and the experience of the PRISM clinic in reaching out to and providing PrEP, early acute testing, and retention in care through on-going linkage and provision of wrap-around services to at-risk and HIV infected persons. In addition, many local CBOs with whom they already have strong relationships will serve as critical links to the community to help the DCBOH penetrate high-morbidity areas and engage with high-risk individuals. Three of the current contracts with which DCBOH has through 1802 funding from DPH (Positive Impact, Someone Cares, and Empowerment Resource Center) will be amended to expand services with a focus on the targeted high morbidity areas and high risk populations.

At the same time, the initiative will provide a vehicle to further newer HIV-related relationships, particularly at the local level in DeKalb County. For example, the DCBOH has been developing a MOU with the DeKalb County Jail, and it will now be able to include opt-out HIV testing and linkage services as part of the MOU. And, in some cases, the initiative will become the vehicle to facilitate long-sought discussions, such as engaging the Emory DeKalb and Hillandale Hospitals to begin emergency room testing, developing stronger relationships with FQHCs to integrate HIV testing and AIDS services into their clinical activities, and working with Grady on testing, linkage, and retention for specifically for DeKalb residents served by the hospital.

Work Plan:

The End Is Coming leverages and augments existing activities and resources in DeKalb County through the DCBOH and State DPH to create a singular, concentrated focus on HIV diagnosis, treatment, and prevention that impacts HIV transmission and AIDS services. The pilot's thrust is establishing the programmatic foundation and workforce capability for sustained efforts through testing, initiation of PrEP, linkage to services, engagement and retention in care, and prevention of transmission. These activities will have a major focus on the highest risk population based on HIV surveillance data, African American men having sex with men, who live in the highest morbidity areas in DeKalb County. The End is Coming also serves as a forerunner and model for metro Atlanta-wide action in the three other identified End the Epidemic counties – Fulton, Cobb, and Gwinnett.

In furtherance of this approach, efforts will converge on three areas – expanded testing in routine settings and targeted testing services in high morbidity communities and high-risk populations; promoting early initiation in treatment following diagnosis with linkage and wrap-around services and retaining persons in treatment to achieve viral suppression; and, preventing the transmission of HIV through PrEP, partner services, syringe exchange, and condom distribution. At a systems level, workforce development will be engendered through technical assistance and consultation by Sandy Thurman both supporting the DeKalb efforts and determining ways to bring the effort to scale via metro-wide via planning activities. At an operational level, workforce development will occur through both expansion of the current HIV workforce and the acquisition of HIV knowledge and skills for those now providing non-HIV services in targeted communities and to high risk persons.

Given the accelerated three-week timeframe in which this application was developed, detailed planning for implementation in July remains to be done. Immediately following submission, the DPH and DCBOH team will begin work with their administrative support units to put in place the necessary personnel, purchasing, and contractual mechanisms and bring together community partners to detail commitments and implementation plans. DPH will form a STAT(e) team prior to the actual award of the supplement comprised of the HIV Prevention, Budget, Contracts/ Procurement, Human Resources, and Grants Management to initiate actions needed to

implement activities as soon as the Notice of Award is received. DCBOH is likewise organizing needed actions and is planning a meeting of the involved community organizations to map responsibilities and client flow among the participating entities.

A summary of activities related to these proposed strategies follows, along with a work plan that describes program strategies and activities, outcomes aligned with these strategies and activities, a timeline, and responsible parties for implementing the activities.

Diagnose: Provide HIV testing and diagnose HIV infections early.

A major pilot component is the Emory PRISM Health Prevention Clinic in Decatur that will offer expanded testing, including acute HIV and STI testing, PrEP evaluation and prescription for high risk negatives with same-day PrEP initiation. Navigators will be available to help with enrollment in prescription assistance programs and linkage to wrap-around support services including substance abuse screening, mental health care, and job resources. Routine HIV screening in clinical settings will be expanded in up to six DeKalb FQHCs - Oakhurst, Center for PanAsian Services, Southside, Mercy, Recovery Consultants, and Whitfoord – through the provision of test kits and educational material and developing referral linkages for high risk HIV negative and HIV positive patients to needed support services. PrEP and basic HIV treatment can be provided by the FQHCs. Emergency department testing activities at Emory DeKalb and Emory Hillandale will be developed and planning will occur with Grady, which serves a metro-wide population in their Fulton-located hospital in downtown Atlanta, to better identify and link HIV positive DeKalb residents. Community based testing will be expanded in the DeKalb County Jail with opt-out testing, through community events in high morbidity areas conducted by the DCBOH and CBOs, and using the DCBOH mobile van for testing in high risk locations. Incentive gift cards and provision of MARTA fare cards will be used to encourage initiation of PrEP and linkage to care immediately following diagnosis. Client navigators will address barriers and follow-up to assure referral linkages are successful. Targeted marketing of testing services and testing events will occur.

Treat: Provide comprehensive care and start treatment at time of diagnosis

A multi-faceted strategy will be employed to help start treatment immediately when persons are diagnosed as HIV positive. The initial focus will be on the individual who is diagnosed and doing

everything possible to identify and navigate issues and assure direct prescription of ART, if diagnosis is in a clinical setting, or linkage to care as quickly as possible if it occurs in a community setting. Incentives, along with MARTA fare cards when needed, will be given the client, so that they can get to the clinic site or pharmacy. Navigators and appointment reminders will reinforce appointments, with follow-up if the client is a no-show. The AID Atlanta Hotline, along with the CAPUS Resource Hub, will function both as information lines, and be newly deployed as an appointment reminder system. Referrals will be made to Ryan White Part C-funded clinics, including the DCBOH, Positive Impact, and Grady IDP. The Emory PRISM clinic will link all newly diagnosed positive clients to the nearby Positive Impact and DCBOH clinics, so treatment can immediately commence.

Protect: Offer people at risk prevention interventions, including PrEP and syringe services programs

PrEP services will be expanded to several central locations in DeKalb, with linkage and navigation support to high-risk individuals identified through community outreach, testing, and clinical services. Sites include the DCBOH T.O. Vinson Clinic, Positive Impact, and the Emory PRISM clinic. The DCBOH clinic site will follow the DPH Public Health Nurse protocol for Pre-Exposure Prophylaxis Use in Prevention of HIV, and includes screening for eligibility, HIV prevention counseling, case management, PrEP medication adherence, on-site integrated screening activities, and provide long-term monitoring required for clients. Linkage and referrals to essential support services will also be available. PRISM Health has a team of mid- and advanced-level infectious disease clinicians, including Emory residents and community volunteers, who will be available to evaluate clients and prescribe PrEP. Counselors and peer navigators will be available to help enroll clients in patient assistance and co-pay programs. Referrals to the nearby Positive Impact clinic will be made for longer term follow-up and care. During the pilot period, additional potential PrEP sites will be explored with attention to those located in high-impact parts of DeKalb County.

With the new Georgia syringe exchange bill, HB 217, going into effect July 1, DeKalb will become a pilot for actual implementation of syringe services once the rules and regulations are promulgated. The DPH attorneys responsible for the development of the rules and regulations

will keep the DCBOH staff informed so that they may shape the implementation of services conforming to the rules and regulations. Using the mobile van and working with the CBOs, the focus of syringe services will be HIV and hepatitis education and testing of IDUs as the entry way for clean needle distribution.

Diagnose, Treat, Protect, Response: Expand partner services to link persons with HIV and their partners to testing, care, prevention interventions, and other support services

With the expansion in testing, the existing DCBOH partner services capacity will not meet the need generated. HIV testing, counseling and education services will be provided partners of all DCBOH and CBO clients newly testing positive, along with linkage to PrEP services of those who are negative. If the partner tests positive, linkage to care and other support services will be immediately undertaken. Partners of newly identified or reinfected syphilis patients will be tested for HIV status. Partner services will be extended to IDUs engaged in syringe exchange.

Workforce Capacity: Establish local teams committed to the success of Ending the Epidemic

Workforce capacity will be built at both the organizational and the operational levels. By initiating a comprehensive approach for DeKalb County HIV services, the effectiveness of the workforce in impacting the epidemic will be significantly magnified. Concurrently, the infusion of additional workforce resources funded by the supplement who are engaged in the delivery of services will address immediate needs and support activities directed to End the Epidemic. The inclusion of Sandra Thurman, as an ETE Technical Advisor, will enable us to build approaches to establish similar teams in the other metro-Atlanta ETE pilot counties, and throughout Georgia.

Project Period Outcome: 7/1/19 – 12/31/22	Long Term Outcomes: <ul style="list-style-type: none"> • Increased knowledge of HIV status • Improved early identification of persons with HIV infection • Increased viral suppression among persons with diagnosed HIV • Reduced new HIV infections among persons at risk for HIV infection • Increased access to care for persons living with HIV infection 	
STRATEGY 1 – Diagnose: Provide HIV testing and diagnose HIV infections early		
Short Term Outcomes: <ul style="list-style-type: none"> - Increased number of persons who are aware of their HIV status 		
Activities/Steps	Responsible Position/Party	Dates
1. Build or expand systems to routinize HIV screening in clinical care.		
<ul style="list-style-type: none"> - Distribute HIV test kits to initiate expanded testing at FQHCs 	DCBOH HIV Prevention Prog Coord, FQHCs	8/19
<ul style="list-style-type: none"> - Develop plans for emergency department testing at Emory Decatur and Emory Hillandale 	DeKalb DCBOH (Sandra Ford)	9/19
<ul style="list-style-type: none"> - Identify approaches for expanded testing and linkage services for DeKalb resident, Grady patients 	DeKalb DCBOH (Sandra Ford), Grady (Carlos Del Rio-Emory)	10/19
<ul style="list-style-type: none"> - Expand services at PRISM clinic, including acute HIV testing 	Emory/Rollins	8/19
2. Conduct targeted testing activities through existing or new programs.		
<ul style="list-style-type: none"> - Initiate opt-out testing at DeKalb County Jail 	DCBOH HIV Prevention Prog Coord	8/19
<ul style="list-style-type: none"> - Conduct extensive marketing and outreach to support increased testing and highlight community events 		7/19

<ul style="list-style-type: none"> - Provide rapid testing at community locations and events - Incorporate rapid hepatitis C and syphilis testing into community HIV testing activities - Use mobile van to expand rapid testing services in existing and newly targeted communities - Provide high risk HIV negatives and newly diagnosed HIV positives with wrap around services to support PrEP initiation and care linkage 	<p>DeKalb DCBOH, CBOs (Positive Impact-PI, Empowerment Resource Center-ERC, Someone Cares-SC), Emory PRISM</p> <p>DeKalb DCBOH, CBOs (PI, ERC, SC), Emory PRISM</p> <p>DCBOH</p> <p>DCBOH HIV Prevention Prog Coord</p> <p>Emory PRISM with DCBOH, CBOs, AID Atlanta</p>	<p>7/19</p> <p>7/19</p> <p>9/19</p> <p>8/19</p>
<p><i>Measures (stratified by priority population and HIV test setting)</i></p> <ul style="list-style-type: none"> - Number and percent of HIV tests performed in health care settings - Percent of HIV positive tests - Percent hepatitis C positive tests - Percent syphilis positive tests - Percent of newly diagnosed HIV-positive tests - Percent who know their HIV-positive status 		
<p>STRATEGY 2 – Treat: Provide comprehensive care and start treatment at time of diagnosis</p>		
<p>Short Term Outcomes:</p> <ul style="list-style-type: none"> - Increased linkage to and retention in HIV medical care among persons with diagnosed HIV infection - Increased early initiation of antiretroviral therapy among persons with diagnosed HIV infection - Increased HIV viral suppression among persons with diagnosed HIV infection 		

Activities/Steps	Responsible Position/Party	Dates
1. Maintain and expand AID Atlanta on-call hotline to triage new diagnosis, link person to HIV care, or re-engage persons with HIV in care.		
- Maintain AID Atlanta Hotline during pilot adding Spanish translation capacity and appointment reminder for HIV positive clients being linked to care and HIV negative clients being connected to PrEP	-DPH, AID Atlanta, DCBOH	7/19
- Modify CAPUS Resource Hub with additional information/ services	- DPH HIV Prevention Prog	8/19
- Promote Hotline and Resource Hub	- DPH Prevention Prog, AID Atlanta	8/19
2. Strengthen Data-to-Care services using HIV surveillance and other data to identify persons with HIV who need HIV medical care or other services and facilitate their linkage to those services.		
- Conduct data to care linkage activities based on DeKalb County lists from HIV Surveillance, providing navigation services to facilitate initiation and retention in care	DeKalb DCBOH	7/19
- Identify acute positive cases, follow-up, and offer wrap-around services to facilitate entry and retention in care	Emory PRISM, DCBOH	7/19
3. Promote early ART initiation and viral suppression.		
- Facilitate same day linkages of diagnosed positives including provision of Marta fare cards and incentives	Emory PRISM, DCBOH, CBOs DPH HIV Prev Prog, DCBOH, CBOs	8/19
- Conduct intensive marketing	DCBOH, CBOs, Emory PRISM	8/19
Measures:		
<ul style="list-style-type: none"> - Number of calls to hotline for triage - Number of clients with new HIV diagnoses served 		

<ul style="list-style-type: none"> - Percent of persons with new and previously diagnosed HIV infection linked to HIV medical care within 30 days of diagnosis - Number of presumptively not-in-care PWH with an investigation opened - Percent of persons confirmed to be not-in-care - Percent of not-in care linked to HIV medical care 		
STRATEGY 3 – Protect: Protect people at risk with proven prevention interventions, including preexposure prophylaxis (PrEP) and syringe services programs		
Short Term Outcomes: <ul style="list-style-type: none"> - Increased referral of persons eligible for PrEP to PrEP providers - Increased prescriptions of PrEP to persons for whom PrEP is indicated - Increased access to syringe-service programs for persons who inject drugs - Increased referral of persons who inject drugs to syringe-service programs 		
Activities/Steps	Responsible Position/Party	Dates
1. Expand PrEP service capacity and develop PrEP services in clinical care sites accessible to high risk persons		
<ul style="list-style-type: none"> - Implement PrEP screening and eligibility for clients receiving HIV/STD partner services - Implement PrEP services at pilot T.O. Vinson clinic site - Expand PrEP services at PRISM clinic - Promote non-occupational post-exposure prophylaxis (nPEP) - Expand PrEP services at Positive Impact - Explore PrEP provision at FQHCs and expand services based on outcome - Distribute condoms and safe sex kits 	DCBOH DCBOH Emory PRISM Emory PRISM Positive Impact DCBOH, FQHCs DCBOH, CBOs, Emory, FQHCs	7/19 7/19 8/19 8/19 8/19 10/19 7/19
2. Establish and strengthen syringe service programs strategically distributed across communities with the highest number of new HIV diagnoses attributed to injection drug use, highest		

number of new HCV diagnoses, and/or highest rates of drug overdose.		
<ul style="list-style-type: none"> - Develop and promulgate Georgia syringe exchange services rules and regulations in accordance to HB 427 - Develop DeKalb County syringe exchange services (clean needles, referrals and linkages to HIV/STD testing, education, support services) based on rules and regulations - Implement syringe exchange services working closely with local CBOs 	<p>DPH General Counsel</p> <p>DCBOH (Health Director, Community Services)</p> <p>DCBOH, CBOs</p>	<p>10/19</p> <p>11/19 (depending on issuance of rules and regulations)</p> <p>12/19 (depending rules and regulations)</p>
<p><i>Measures:</i></p> <ul style="list-style-type: none"> - Number and percent of persons screened for PrEP eligibility - Percent identified as eligible for PrEP - Percent referred for PrEP - Number of SSP programs 		
<p>STRATEGY 4 – Respond: Accelerate deployment of effective cluster detection and response systems (implemented as part of 1802)</p>		
<p>STRATEGY 5– Diagnose, Treat, Protect, Response: Expand partner services to link persons with HIV and their partners to testing, care, prevention interventions, and other support services</p>		
<p>Short Term Outcomes:</p> <ul style="list-style-type: none"> - Increased participation in HIV partner services among persons with diagnosed HIV infection 		
Activities/Steps	Responsible Position/Party	Dates
1. Expand Partner Services by increasing DIS team capacity and identifying resources to link persons with HIV and their partners to testing, care, prevention interventions, and other support services	DCBOH HIV/STD Prog	7/19
<ul style="list-style-type: none"> - Identify partners of all newly diagnosed positive clients and follow-up to test and provide other services 	<p>DCBOH</p> <p>DCBOH</p>	<p>7/19</p> <p>7/19</p>

<ul style="list-style-type: none"> - Identify partners of high risk negative clients, e.g., newly infected/reinfected syphilis, and follow-up to test and provide other services - Distribute condoms and safe sex kits - Conduct partner services with persons identified as HIV positive at DeKalb Jail upon release, and with those identified by CBO, PRISM, and FQHC testing - Develop approaches for partner (sex, needle-sharing) of IDUs engaged in syringe exchange 	<p>DCBOH</p> <p>DCBOH, DeKalb Jail, CBOs, Emory PRISM, FQHCs</p> <p>DCBOH</p>	<p>7/19</p> <p>7/19</p> <p>11/19</p>
<p><i>Measures:</i></p> <ul style="list-style-type: none"> - Percent of persons with new and previously diagnosed HIV infection who are interviewed for partner services - Percent of partners interviewed and tested 		
<p>STRATEGY 6– Workforce Capacity: Establish local teams committed to the success of the Ending the HIV Epidemic initiative in DeKalb County</p>		
<p>Short Term Outcomes:</p> <ul style="list-style-type: none"> - Increased local workforce capacity to implement the Ending the HIV Epidemic Initiative 		
<p>1. Develop comprehensive public/private sector DeKalb County HIV service delivery strategy and implementation plan</p>		
<ul style="list-style-type: none"> - Conduct service mapping with End the Epidemic partners to delineate responsibilities and processes for comprehensive service delivery in DeKalb County - Establish plan to broaden HIV prevention and care services based on available funding - Assess lessons learned and expansion/replicability/ dissemination 	<p>DCBOH, GA DPH, all DeKalb partners</p> <p>DCBOH, GA DPH, all DeKalb partners</p> <p>DPH ETE Project Advisor (Sandra Thurman)</p>	<p>7/19</p> <p>12/19</p> <p>12/19</p>
<p>2. Expand workforce providing HIV prevention and care services in DeKalb County</p>		

<ul style="list-style-type: none"> - Hire additional staff for End the Epidemic supported activities - - Provide training and update protocols as needed to enable staff to implement End the Epidemic activities - Expand current collaborations with CBOs, FQHCs, AIDS Services Organizations, hospitals and university to improve provision of prevention and care services - - Educate community health providers, volunteer physicians, and residents about referral to and provision of HIV testing, services, and care 	<p>DPH, DeKalb DCBOH, all funded partners</p> <p>DPH, DeKalb DCBOH</p> <p>DCBOH</p> <p>DCBOH</p>	<p>8/19</p> <p>8/19</p> <p>9/19</p> <p>9/19</p>
<p><i>Measures:</i></p> <ul style="list-style-type: none"> - TBD based on supplemental guidance - # of additional staff hired - # of additional trainings/persons trained - # of partnerships established 		