

Section V: 2022-2026 Goals and Objectives

This section enumerates the goals, strategies, and specific activities detailing how the jurisdiction will diagnose, treat, prevent, respond to HIV, and do so in way that also deepens collaboration and advances health equity. To be compatible with SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) formatting, these activities include time expectations, the need, gap, or barrier they address, the responsible party(s), priority populations, data baselines and target figures, and references to the original data from Sections II and III that inform each strategy. No notable portions of other strategic plans were used to satisfy this requirement, though the Division and HPCP did consult with Philadelphia for planning synergy.

1. Goals and Objectives

All activities have a completion date of 2026 unless otherwise specified in the activity description. References to “Stakeholder Data” that are included at the end of each strategy section refer to the table of consumer and stakeholder feedback recommendations which is summarized at the end of Section II.

Ending the HIV Epidemic Pillar: Prevent					
<i>Goal:</i> Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs.					
#	Activity	Need/Gap/Barrier and/or Priority Population	Responsible Party & Partnerships	Data Baseline	Target Goals/ Outcomes
Strategy 1A: Implement Data-to-Care (D2C) approaches to reengage PLWH in care					
1	Identify persons with previously diagnosed HIV infection who are not in care	<i>Gap:</i> All PLWH not in care/lost to care <i>Priority Pop:</i> minority communities	Division; <i>Partner:</i> HIV Surveillance	Estimated [x] PLWH aware of status and out of care	[baseline data x the desired x % increase]
2	Provide linkage to, re-engagement in, and retention in HIV medical care services for persons with previously diagnosed HIV infection who are not in care	<i>Gap:</i> All PLWH not in care/lost to care <i>Priority Pop:</i> minority communities	Division; <i>Partner:</i> HIV Surveillance	Estimated [x] PLWH aware of status and out of care	[baseline data x the desired x % increase]
3	Expand D2C process across the state to include all regional jurisdictions	<i>Gap:</i> All PLWH not in care/lost to care <i>Priority Pop:</i> minority communities	Division; <i>Partners:</i> CMHDs,	x # of 2021 D2C sites	x # of total testing jurisdictions/sites

Strategy 1A: Data Sets informing this objective: Stakeholder Input Data # 11, 13; Epi data			Key Disparity metrics: testing and linkage outcomes by race, ethnicity, and SGM status		
Strategy 1B: Expand status neutral linkage services and interventions across the Commonwealth					
5	Provide linkage to care and/or services				
6	Ensure retention in care and/or services				
7	Promote Risk Reduction measures, including incorporating risk reduction into capacity building (CB)	<i>Need:</i> CB recipients <i>Priority pop:</i> CB recipient agencies/trainees	Division; <i>Partners:</i> HPCP, testing agencies	x % of partnering agencies using Risk Reduction; # of CB trainings per year that include Risk Reduction	[baseline data x desired x % increase]
8	Equip all CMHDs to provide status neutral linkage services/interventions	<i>Priority pop:</i> CMHDs	Division, HPCP; Partner: CMHDs	x % of 2021 CMHD staff trained in NHS	[100% of previous year CMDH staff]
Strategy 1B: Data Sets informing this objective: CB Needs Assessment survey; Epi data			Key Disparity metrics: LtC among marginalized communities, retention in care among marginalized communities; equitable diffusion of Risk Reduction and HNS trainings		
Strategy 1C: Support and expand PrEP screenings and services					
9	Increase number of PPA providers trained to prescribe PrEP	<i>Need/Gap:</i> Clinical capacity; <i>Priority pop:</i> PPA providers	Division, PPAs; <i>Partners:</i> CMHD	x # of 2021 PrEP PPA providers	[baseline data x objective x % increase]
11	Ensure CMHDs link clients to PrEP services throughout the grant cycle.	<i>Need/Gap:</i> PrEP uptake	Division, CMHDs;	x # of PrEP linkages reported by CMHDs	[baseline data x objective x % increase]

12	Develop collaborations with DDAP providers to expand PrEP screening to people who inject drugs (PWID)	<i>Gap:</i> DDAP providers <i>Priority pop:</i> PWID	Division; <i>Partners:</i> Department of DDAP, DDAP providers	x # of provider collaborations in 2021	[baseline data x objective % increase]
13	Support research into expanding PrEP access and uptake among underserved populations, including women of color	<i>Need/Gap:</i> culturally specific messaging for women esp. women of color	Division; <i>Partner:</i> HPCP	Research supported/ underway in 2022	Report on research findings/ successes
Strategy 1C: Data Sets informing this objective: Stakeholder Input Data # 1, 8, 10, 11; Contract Laboratory and Provider Reporting			Key Disparity metrics: PrEP uptake among minority communities, SGM communities, women of color and other underserved/underutilizing groups		
Strategy 1D: Expand sexually transmitted diseases (STD) Data-to-PrEP Initiative					
14	Enhance current use of STD recidivism data to identify clients for PrEP referrals	<i>Need/Barrier:</i> linking repeat STD testers to PrEP; <i>Priority pop:</i> people frequenting STD testing	Division; <i>Partner:</i> Division of STD	x frequency of successful program connection to PrEP in 2021	[baseline data x the objective % increase]
15					
Strategy 1D: Data Sets informing this objective: Epi data, STD Data, Stakeholder Input Data #8			Key Disparity metrics: ensuring STD Data-to-PrEP is equitably implemented in marginalized communities, esp. BIPOC communities and among SGM		
Strategy 1E: Continue and enhance condom distribution					
16	Facilitate CMHD purchase of specialty condoms with federal funding	<i>Need:</i> specialty condoms to promote uptake	Division; <i>Partner:</i> CMHDs	x number of specialty condoms purchased in 2021	[baseline data x the objective % increase]
17	Continue and enhance distribution of condoms in priority/high incidence areas	<i>Need:</i> increased condom distribution; <i>Priority pop:</i> geographic	Division; <i>Partner:</i> CMHDs, HIV testing sites, PPAs,	x number of condoms distributed in 2021	[baseline data x the objective % increase]

		communities experiencing high HIV and/or STD incidence; communities experiencing or at risk for HIV cluster outbreaks	priority community partners		
18	Continue and enhance distribution of condoms to priority populations	<i>Need:</i> increased condom distribution; <i>Priority pop:</i> BIPOC communities, SGM communities, under-resourced groups such as people with disabilities, youth, older Pennsylvanians	Division; <i>Partner:</i> CMHDs, HIV testing sites, PPAs, priority community partners	x number of condoms distributed by race, SGM status in 2021	[baseline data x objective x % increase]
19	Ensure that CMHDs maintain robust condom distribution programs to ensure the effective distribution of condoms within their individual communities across the Commonwealth	<i>Need:</i> continued CMHD condoms distribution	Division; <i>Partner:</i> CMHDs	x number of CMHDs condoms distributed in 2021	[baseline data x objective x % increase]
Strategy 1E: Data Sets informing this objective: Epi data, Stakeholder Input Data #1, 4, 8			Key Disparity metrics: Condom distribution among BIPOC communities, SGM, PWD, youth, and older Pennsylvanians		
Strategy 1F: Support Social Media Campaigns that advance prevention efforts					
20	Identify campaigns for appropriate dual messaging around HIV, STD & HCV	<i>Barrier:</i> HCV comorbidity	Division; <i>Partner:</i> Division of HCV	Zero campaigns currently identified/in use	x # campaigns identified/in use per year
21	Expand PrEP education campaigns across the state	<i>Need:</i> greater PrEP uptake; <i>Barrier:</i> PrEP community awareness; <i>Priority pop:</i> communities most underutilizing	Division; <i>Partner:</i> Division of HCV	Zero campaigns currently identified/in use	x # campaigns identified/in use per year

		PrEP—BIPOC communities, Black women, and SGM			
22	Identify with HPCP a minimum of one other social marketing campaign opportunity related to HIV and stigma and/or other intersectional issues or social determinants	<i>Need:</i> additional community awareness around social determinants associated with HIV risk	Division, HPCP; <i>Partners:</i> HPG, CDC, HRSA, AIDS.gov, community partners, social media HIV NGOs	One campaign promoted as of 2021	Yearly documentation of, and engagement results from, yearly campaign(s)
23	Support regional grantee media campaigns to educate and engage regionally prioritized populations	<i>Need:</i> additional community awareness around regional needs and HIV risks	Division, regional grantees; <i>Partners:</i> community groups	[x # of campaigns currently being promoted (as of 2021)]	Yearly documentation of, and engagement results from, yearly campaign(s)
Strategy 1F: Data Sets informing this objective: Epi/HCV data, Stakeholder Input Data #1, 3, 4, 10, 12,			Key Disparity metrics: the percentage of messaging engaging BIPOC, SGM and regionally prioritized communities		
Strategy 1G: Continue Post Exposure Prophylaxis (PEP) activities					
24	Conduct a needs assessment for PEP				
25	Develop an initiative to address gaps in the provision of PEP including capacity, education, and resources				
Strategy 1G: Data Sets informing this objective: Stakeholder Input Data #			Key Disparity metrics:		
Strategy 1H: Support Perinatal Prevention Services					
26	Conduct site visits to birthing facilities to improve the disease reporting ability of local clinicians	<i>Need:</i> improve perinatal disease reporting	Division staff [DIS?] <i>Partners:</i> hospitals and clinicians	[x # of pediatric/perinatal cases in 2021 (data not	[baseline data x the goal x % increase of cases with

				included in last report from (Moni)]	early detection]
27	Conduct case surveillance for women with diagnosed HIV infection and their infants	<i>Need:</i> improve perinatal diagnosis and outcomes <i>Priority pop:</i> people who are pregnant (pre-and post-partum) and their infants	Division staff [DIS?] <i>Partners:</i> hospitals and clinicians	[x # of cases surveilled in 2021]	[baseline data x objective x % increase]
28	Conduct perinatal HIV exposure reporting	<i>Barrier:</i> quality of perinatal data	Division Surveillance staff, [DIS?] <i>Partners:</i> hospitals and clinicians	[x # of acceptable HIV exposure reports in 2021]	[baseline data x objective x % increase]
Strategy 1H: Data Sets informing this objective: Epi data, PA-NEDSS			Key Disparity metrics: Equitable successful case surveillance among BIPOC people who are pregnant		

Ending the HIV Epidemic Pillar: Diagnose

Diagnose all people living with HIV as early as possible

#	Activity	Need/Gap/Barrier & Priority Population	Responsible Party & Partnerships	Data Baseline	Target Goals/ Outcomes
Strategy 2A: Continue and expand HIV Testing					
29	Increase efforts to support private providers conducting HIV testing	<i>Need:</i> increased testing among priority populations, esp. BIPOC and SGM communities and youth	Division; <i>Partners:</i> testing providers, PEHTI, MAAETC, HPCP	[x # of private providers 2021]	[baseline data x objective x % increase]
30	Provide/facilitate capacity building for clinical testing	<i>Need:</i> ongoing training needs for clinicians	Division, HPCP MAAETC; <i>Partners:</i> hospitals/clinicians	[x # of clinicians & clinician staff trained, 2021]	[baseline data x objective x % increase]

31	Identify and support health care and non health care providers that have diagnosed HIV cases	<i>Gap:</i> Providers testing and linking clients to care	Division; CMHD , <i>Partners:</i> testing providers,	[x # of private providers diagnosing new HIV cases, 2021]	[baseline data x objective x % increase]
32	Increase HIV testing with priority populations	<i>Need/Priority pop:</i> increased testing among BIPOC and SGM communities and youth	Division Prevention program staff, CMHD , testing providers	[x # of providers 2021]	[baseline data x objective x % increase]
33					
Strategy 2A: Data Sets informing this objective: Epi data, PA-NEDSS Stakeholder Input Data # 1, 8			Key Disparity metrics: HIV testing rates for, and provider engagement among, BIPOC, SGM and disability communities, as well as youth		
Strategy 2B: Continue Novel HIV Testing Initiatives					
34	Continue to support efforts to identify new partners to promote routine HIV testing, including assessing feasibility of Urgent Care Centers.	<i>Need:</i> new partners for HIV testing	Division, PEHTI <i>Partners:</i> routine care centers, urgent care centers	[x # of successful engagements, 2021]	[baseline data x the objective x % increase]
35	Assess feasibility of incorporating Viral Hepatitis testing/education with routine HIV testing	<i>Need/Gap:</i> HCV awareness & testing	; <i>Partner:</i> Division of HCV	n/a	Feasibility report and/or pilot results
36	Continue to promote and fund HIV Self Testing activities and online promotion throughout the commonwealth, in coordination with Philadelphia's self-testing program	<i>Need/Gap:</i> HIV testing in private or home settings <i>Barrier:</i> access to testing <i>Priority pop:</i> rural communities, individuals experiencing stigma	Division, HPCP, PEHTI	1,030 HST orders placed in 2021	1,200 HST orders per year

37	Promote and support HIV testing in non-clinical settings, including in bars, community centers, and other priority community resources	<i>Need/Gap:</i> HIV testing in private or home settings <i>Barrier:</i> access to testing, HIV stigma <i>Priority pop:</i> BIPOC, SGM, IDU, PWD, people experiencing housing instability	Division, HPCP, Participating Providers, CMHD <i>Partners:</i> bars, community centers, disability resource agencies, syringe exchange programs, medical marijuana dispensaries, other community resources	1,030 HST orders placed in 2021	1,200 HST orders per year
Strategy 2B: Data Sets informing this objective: PA-NEDSS Stakeholder Input Data # 2, 5, 11			Key Disparity metrics: % of BIPOC and SGM utilization of HST compared to total participants		
Strategy 2C: Continue Participating Provider Agreements					
38	Assess the feasibility to add “early initiation of ART and PrEP” language to the PPA to enhance efficacy among HIV testing providers	<i>Gap:</i> requiring ART in PPAs	Division; <i>Partners:</i> Participating providers	n/a	Successfully updating and approving language
39	Continue to support and monitor PPA agreements throughout the commonwealth	<i>Need:</i> need for participating provider services <i>Priority pop:</i> participating providers engaging BIPOC and SGM communities	<i>Partners:</i> Participating providers	[x # of PPAs; positivity rates for PPAs]	[baseline data x the objective x % increase]
40	Collaborate with Division of Immunizations to enhance COVID-19 outreach and education				

Strategy 2C: Data Sets informing this objective: Epi data, PPA reporting, PA-NEDSS, Stakeholder Input Data # 8			Key Disparity metrics: participating providers engagement in BIPOC and SGM communities and/or other key populations		
Strategy 2D: Continue and enhance Partner Notification Services					
41	Increase partner elicitation among newly identified HIV cases	Testing capacity gap/need; prioritizes partner notification services	Field Staff, CMHD and other HIV testing providers	x % of 2021 Partner notifications	[100% of PNS for HIV index cases in yearly reporting]
42	Increase the number of partners identified with an unknown HIV status	<i>Need/priority:</i> key communities, esp. BIPOC and SGM communities	Field Staff, CMHD and other HIV testing providers	x % of 2021 partners connected to testing	[X% of HIV index cases in yearly reporting]
43	Refer 100% of individuals in priority populations who test positive for HIV to partner services	<i>Need:</i> connect newly diagnosed individuals to PS <i>Priority pop:</i> BIPOC, youth, SGM, IDU	Field Staff, CMHD and other HIV testing providers	x % of 2021 partners connected to testing	[X% of HIV index cases in yearly reporting]
44					
45	Implement a partner services education and awareness campaign to improve acceptance rates?		Division, HPCP		
Strategy 2D: Data Sets informing this objective: Stakeholder Input Data # 1, 4, 10; PA-NEDSS			Key Disparity metrics: PS linkage/engagement among BIPOC, SGM, youth and IDU who test positive		
Strategy 2E: Implement State Opioid Response (SOR) Grant, HIV/Viral Hepatitis Service Integration Project					
46	Increase awareness of, and expand access to, HIV and viral hepatitis testing, education, and prevention services in facilities treating persons with substance use disorder.	<i>Need:</i> HCV-HIV comorbidities <i>Priority pop:</i> IDU	Division, Division of HCV	n/a	Completed SOR grant
Strategy 2E: Data Sets informing this objective: Epi data, HCV incidence data, Stakeholder Input Data # 4, 11			Key Disparity metrics: HIV and HCV testing and education in IDU populations		
Ending the HIV Epidemic Pillar: Treat					
Treat people with HIV rapidly and effectively to reach sustained viral suppression					

#	Activity	Need/Gap/Barrier & Priority Population	Responsible Party & Partnerships	Data Baseline	Target Goals/ Outcomes
Strategy 3A: Continue and enhance the RW Clinical Quality Management (CQM) Plan					
47	Improve viral load suppression	<i>Need:</i> improve VL suppression <i>Priority pop:</i> PLWH	Division field staff, SPBP staff; <i>Partners:</i> RW Part B Grantees, RW Parts C-D, RW subrecipients	[See current approved CQM plan for detailed measurements recent HIV viral load test	[baseline data x objective x% increase]
48	Improve annual retention in support services	<i>Need:</i> improve retention in care/support services <i>Priority pop:</i> PLWH	Division field staff, RW Part B Grantees, RW Parts C-D, RW subrecipients	See current CQM plan for detailed measurement	[baseline data x objective x% increase]
49	Annual retention in core services	<i>Need:</i> improve retention in core RW services <i>Priority pop:</i> PLWH	Division field staff, medical case managers, RW Part B Grantees, RW Parts C-D, RW subrecipients	See current CQM plan for detailed measurement	[baseline data x the objective x% increase]
50	Improve linkage to Ryan White Part B Services	<i>Need:</i> improve linkage to RW services <i>Priority pop:</i> PLWH	Division field staff, RW Part B Grantees, <i>Partners:</i> RW subrecipients	See current CQM plan for detailed measurement	[baseline data x the objective x% increase]
Strategy 3A: Data Sets informing this objective: PA-NEDDS, Epi data, Stakeholder Input Data #1			Key Disparity metrics: Rates of linkage to care and retention in care among BIPOC and SGM		
Strategy 3B: Continue the Special Pharmaceutical Benefits Program (SPBP) Medication Adherence Program					

51	Identify SPBP clients who are non-adherent to HIV medication treatment regimens	<i>Need: improve adherence to medications</i> <i>Priority pop: PLWH</i>	Division staff/SPBP staff	In 2021, a six month pilot program was conducted to identify clients that were non-adherent to HIV treatment medications.	Identification of clients that are non-adherent to HIV treatment medications will be conducted at least quarterly each year.
52	Provide clinical consultation to clients and their providers to ensure optimal adherence with HIV medication treatment regimens	<i>Barrier: client medication regimen non-adherence</i> <i>Priority pop: PLWH (SPBP clients)</i>	Division staff/SPBP staff, medical case managers; <i>Partners: SPBP clients</i>	64% of identified clients adherent to HIV treatment medications post intervention in the six month pilot program in 2021	x% of identified clients adherent to HIV treatment medications post intervention
53	Increase HIV viral suppression among SPBP clients	<i>Need: increased rates of viral suppression among clients</i> <i>Priority pop: PLWH (SPBP clients)</i>	Division staff/SPBP staff, medical case managers; <i>Partners: SPBP clients</i>	x% of SPBP clients with a viral load less than 200 copies/ml at the most recent HIV viral load test	x% of SPBP clients with a viral load less than 200 copies/ml at the most recent HIV viral load test
Strategy 3B: Data Sets informing this objective: PA-NEDDS, SPBP client data			Key Disparity metrics: viral suppression among BIPOC SPBP clients		

Strategy 3C: Continue the Minority AIDS Initiative (MAI)

54	Re-Engage PLWH who are lost to care back into treatment & access to medications	<i>Gap:</i> reengaging PLWH lost to care; <i>Priority pop:</i> BIPOC PLWH	MAI Recipients	1) x% of individuals who received Encounter Outreach Services and were linked to medical care in 2021; 2) x% of individuals who received Referral Outreach Services and kept their first medical appointment in 2021	1) 80% of individuals who received Encounter Outreach Services will be linked to medical care within the measurement year; 2) 80% of individuals who received Referral Outreach Services will keep their first medical appointment within the measurement year
55	Increase the participation numbers of BIPOC PLWH populations in ADAP/SPBP and other medication assistance programs	<i>Priority pop:</i> BIPOC PLWH	MAI Recipients; <i>Partners:</i> Regional Grantees, RW subrecipients	X% of BIPOC SPBP clients in 2021	[baseline data x desired x% increase]
Strategy 3C: Data Sets informing this objective: Epi data, Stakeholder Input Data # 1, 10			Key Disparity metrics BIPOC SPBP members reengaged and retained in care		
Strategy 3D: Support RW Regional Grantees					
56	Develop a state Ryan White Part B Handbook	<i>Need:</i> for internal RW Part B resources	Division; <i>Partners:</i> RW Part B grantees	n/a	Completion of handbook

57	Develop Frequently Asked Questions (FAQ) for Regional Grantees	<i>Need:</i> for internal RW Part B resources	Division; <i>Partners:</i> RW Part B grantees	n/a	Completion of FAQ
58	Hold Quarterly meetings with Regional Grantees	<i>Need:</i> for internal RW Part B resources	Division; <i>Partners:</i> RW Part B grantees	n/a	Initiating and sustaining quarterly meetings (each year)
Strategy 3D: Data Sets informing this objective: Needs Assessments, Stakeholder Input Data # 3, 15			Key Disparity metrics All regions are engaged equitably		
Strategy 3E: Develop and support a Case Management Workgroup					
59	Review the Ryan White Program Standards annually and update as necessary	<i>Need:</i> improved Case management resources	Division, and HPG Case Management Workgroup	n/a	Successfully completed annual review and update
60	Complete a Case Management Standards Update annually	<i>Need:</i> improved Case management resources	Division	n/a	Successfully completed annual review and update
Strategy 3E: Data Sets informing this objective: Needs Assessments, Stakeholder Input Data # 9			Key Disparity metrics none		
Strategy 3F: Enhance the SPBP Customer Service Line					
61	Develop call standards for the Customer Service Line (CSL).	<i>Need:</i> to ensure consistency and efficacy in all calls addressed through the CSL	Division staff/SPBP staff,		
62					
Strategy 3F: Data Sets informing this objective: Needs Assessments			Key Disparity metrics BIPOC and SGM callers/clients enrolled in SPBP		
Ending the HIV Epidemic Pillar: Respond					

Monitor HIV incidence and respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them					
#	Activity	Need/Gap/ Barrier & Priority Population	Responsible Party & Partnerships	Data Baseline	Target Goals/ Outcomes
Strategy 4A: Maintain the Pa. Cluster and Outbreak Detection and Response Plan					
63	Initiate an Outbreak Response Plan (ORP) within 72 Hours of an outbreak declaration	<i>Need:</i> Maintain ORP readiness <i>Priority pop:</i> PLWH, people who don't know their status	HIV Epidemiology, Division staff	x% of identified outbreaks that had an ORP initiated within 72 hours of the outbreak declaration in 2021	95% of identified outbreaks have an ORP initiated within 72 hours of the outbreak declaration
64	Enact continuous evaluation of the ORP throughout the course of a determined outbreak	<i>Need:</i> Maintain ORP readiness <i>Priority pop:</i> PLWH, people who don't know their status	HIV Epidemiology, Division staff	x% of disease investigation specialists who received training in ORP operations in 2021	At least 85% of disease investigation specialists have received training in ORP operation per year
65	Conduct an overall evaluation of the activities of the ORP once a determined outbreak has been contained	<i>Need:</i> Maintain ORP readiness	HIV Epidemiology, Division staff	x% of outbreaks had a documented evaluation	100% of outbreaks receive a documented evaluation per year
66	Develop a final report to summarize the activities of the ORP for a determined outbreak once the outbreak has been contained and evaluated	<i>Need:</i> Maintain ORP readiness	HIV Epidemiology, Division staff	x% of identified outbreaks have a written summary report within 6	100% of identified outbreaks have a written summary report within 6

				months of being contained and closed in 2021	months of being contained and closed
67	Ensure that all CMHDs have an ORP as required through the HIV Prevention grant.	Maintain ORP readiness	CMHD and Division staff	n/a	Final summary reports submitted to Division
Strategy 4A: Data Sets informing this objective: ORP, Epidemiological monitoring			Key Disparity metrics: unique to each case. Monitoring will be required to ensure that no correlative patterns of plan failure emerge relative to any outbreaks in marginalized communities		
Strategy 4B: Facilitate monitoring by statewide stakeholder bodies					
68	Convene and support the HIV Planning Group to monitor and evaluate the progress of the IHPCP narrative, data, and activities	<i>Need:</i> for stakeholder oversight of HIV and IHPCP activities; <i>Priority pop:</i> PLWH and community stakeholders	Division, HPG, HPCP; <i>Partners:</i> Impacted communities, PLWH	The HPG held quarterly meetings throughout the past calendar year and generated a summary of recommendations for the IHPCP and assessed progress on its activities	The HPG will hold at least quarterly meetings throughout a calendar year and generate a yearly summary of recommendations for the IHPCP and an assessment of progress on its activities
69	Convene and support SPBP Advisory Council to review and update the SPBP formulary	<i>Need:</i> for stakeholder involvement in SPBP activities;	Division and SPBP staff, SPBP Advisory Council members, regional grantees, HPCP;	New medications were reviewed and either	New medications are to be reviewed and either

		<i>Priority pop:</i> PLWH	<i>Partners:</i> Impacted communities, providers, PLWH	approved or denied for inclusion in the SPBP formulary quarterly in 2021	approved or denied for inclusion in the SPBP formulary at least quarterly per calendar year
Strategy 4B: Data Sets informing this objective: Federal guidelines, Stakeholder Input Data # 1, 10			Key Disparity metrics: Percentage of PLWH, BIPOC, SGM and HIV stakeholder involvement on advisory bodies		
Strategy 4C: Continue and enhance HIV Surveillance					
70	Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and viral load results that will be used to determine linkage to care for persons newly diagnosed with HIV infection	<i>Need:</i> accurate and timely HIV lab reporting	HIV Surveillance, disease investigators	x% of people who had one or more documented CD4 or viral load reactive tests will receive a diagnosis of HIV within 30 days (1 month) in 2021.	Per calendar year, at least 85% of people who had one or more documented CD4 or viral load reactive tests will receive a diagnosis of HIV within 30 days (1 month).
71	Implement structural strategies to ensure data security, confidentiality, and sharing	<i>Need:</i> ensuring secure data	Division and HIV Surveillance staff; <i>Partners:</i> DOH IT Staff	x% completion of annual security and confidentiality training by all disease investigators working	100% completion of annual security and confidentiality training by all disease

				with PA-NEDSS data in 2021	investigators working with PA-NEDSS data by January 1 of each reporting year
72	Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes	<i>Need:</i> accurate and timely geocoding and data linkage	HIV Surveillance, disease investigators	x% of newly diagnosed HIV infection and prevalence were geocoded in 2021	At least 90% of newly diagnosed HIV infection and prevalence are geocoded
73	Ensure complete reporting of newly diagnosed individuals with HIV to the Pennsylvania Department of Health	<i>Need:</i> accurate and timely HIV diagnosis reporting	HIV Surveillance, disease investigators	x% of newly diagnosed HIV cases were reported to the PADOH through conducting facilities audit in 2021	95% of newly diagnosed HIV cases are reported to the PADOH by conducting facilities audit
Strategy 4C: Data Sets informing this objective: Needs Assessments			Key Disparity metrics:		
Strategy 4D: Ensure comprehensive monitoring and evaluation					
74	Create a data dashboard depicting HIV data relative to the Division's work	<i>Need:</i> HIV-related data communication to inform Division planning and work	Division and HIV Surveillance staff; <i>Partners:</i> DOH IT Staff	N/a	Successful completion of dashboard

75	Create a dashboard to monitor and evaluate progress on IHPCP goals	<i>Need:</i> HIV-related data communication and transparency	HPCP, HPG, Division	Dashboard development completed 2022, awaiting IHPCP approval	Maintain and update dashboard at least semi-annually
76	Further integrate data into the Divisions' program discussions and planning	<i>Need:</i> HIV-related data communication for informed policy and program development/implementation	Division and HIV Surveillance staff	?	?
Strategy 4D: Data Sets informing this objective: Data assessment, Stakeholder Input Data # 10			Key Disparity metrics: n/a		
Pa. IHPCP Pillar: Support					
To facilitate the success of the above Pillars, and reflective of the most recent NHAS and the Philadelphia IHPCP, this goal promotes collaborative efforts to address the full breadth of the HIV epidemic so that every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life extending HIV care free from stigma and discrimination.					
Strategy 5A: Expand capacity and educational messaging addressing HIV, comorbidities, and social determinants of health					
77	Include/partner with representatives from HCV and STI in outreach efforts to affiliates or when establishing/building new working relationships	<i>Need:</i> greater synchronicity of comorbidity testing and education services	Division staff, field staff, HCV staff,	n/a	# of desired/projected new partnerships
78	Support and promote HIV anti-stigma campaigns and related surveys and campaigns (such as PrEP awareness) as identified by the Division and/or HPG	<i>Need:</i> Stigma reduction; <i>Barrier:</i> Stigma, lack of issue awareness;	HPCP; <i>Partners:</i> HPG, providers, community groups, other stakeholders as applicable	One HIV anti-stigma campaign active in 2022; one PrEP Awareness campaign	Maintain and report on one HIV anti-stigma campaign and at least one

		<i>Priority pop:</i> specified communities impacted by HIV-related issues		(CDC) was promoted in 2021	additional supported/promoted social media campaign
79	Support culturally competent HIV-related messaging to key and underserved/under-resourced communities, such as rural communities or young black MSM and transwomen	<i>Need:</i> culturally competent HIV messaging; <i>Barrier:</i> lack of issue awareness/education; <i>Priority pop:</i> specified communities impacted by HIV-related issues	HPCP; <i>Partners:</i> HPG, providers, community groups, other stakeholders as applicable	HPCP commenced culturally competent messaging/pilot programming engaged in 2022 for rural community outreach and supporting SILK communities	Continue and report on efficacy of culturally competent messaging/pilot programming for any specified communities' outreach
80					
81	Facilitate HPG research and proposals for improving employment opportunities and resources for PLWH	<i>Need:</i> Employment opportunities for PLWH; <i>Barrier:</i> lack of employment, employment discrimination; <i>Priority pop:</i> PLWH	HPG; <i>Partners:</i> HPG, Division	The HPG has convened a Employment workgroup and outlined the initial recommendations included in this plan	The HPG shall: 1) research and report to the full HPG and Division employment-supporting activities in other jurisdictions; 2) Assess the current and desired status of

					employment services for PLWH; 3) Identify appropriate and allowable funding sources/opportunities to support or promote employment services
Strategy 5A: Data Sets informing this objective: Stakeholder Input Data # 1, 3, 4, 5, 7, 8, 10, 11, 16			Key Disparity metrics: Unique to each activity; activities should be assessed based on their engagement success of their specific priority populations		
Strategy 5B: Expand Division and related service partners' training and internal capacity/competency					
82	Incorporate "Language Matters" trainings into all aspects of the Division and related service partners' work	<i>Need:</i> ensure Division capacity and cultural competency	Division staff and service partners	n/a	x% of applicable staff completed training
83	Incorporate Cultural Sensitivity trainings into all aspects of the Division and related service partners' work	<i>Need:</i> ensure Division capacity and cultural competency	Division staff and service partners	n/a	x% of applicable staff completed training
84	Incorporate Trauma Informed Care trainings into all aspects of the Division and related service partners' work	<i>Need:</i> ensure Division capacity and cultural competency	Division staff and service partners	n/a	x% of applicable staff completed training
85	Incorporate Cultural Humility trainings into all aspects of the Division and related service partners' work	<i>Need:</i> ensure Division capacity and cultural competency	Division staff and service partners; <i>Partner:</i> HPCP	n/a	x% of applicable staff completed training

Strategy 5B: Data Sets informing this objective: Stakeholder Input Data # 9, 14	Key Disparity metrics: n/a
--	-------------------------------

Strategy 5C: Support the HIV Prevention & Care Planning Group (HPG) and SPBP Advisory Council

86	Ensure the HPG, as the body representing HIV Prevention and Care services stakeholders in Pennsylvania, meet and make recommendations to the Division on HIV-related issues, policies and procedures, and community needs and experiences	<i>Need:</i> PLWH and stakeholder input in HIV Planning; <i>Priority pop:</i> PLWH and all HIV stakeholders	Division, HPCP, HPG <i>Partners:</i> PLWH and all HIV community stakeholders	The HPG held quarterly meetings throughout the 2021 calendar year	The HPG will hold a minimum of quarterly meetings throughout a calendar year
87	ensure reflective membership and diverse community engagement in the HPG and its planning processes, statewide outreach will occur in townhall meeting formats and other formats as identified and approved by the HPG and/or Division	<i>Need:</i> PLWH and stakeholder input in HIV Planning; <i>Priority pop:</i> PLWH and regional HIV stakeholders	Division, HPCP, HPG <i>Partners:</i> RW Part B Regional Grantees, PLWH and all HIV community stakeholders	1) HPG Town Hall meetings were not held in 2021 due to COVID 2) A Stakeholder Engagement Plan iwa reviewed and approved by the HPG in 2021	1) HPG Town Hall meetings will be held twice a year in different regions across the state; 2) A Stakeholder Engagement Plan will be reviewed and approved by the HPG once per year
88	Ensure that the HPG meetings are inclusive of representation of relevant planning partners and agencies from associated/intersectional services (Example agencies include HCV, STI, and Departments such as Education, Aging, DDAP, Corrections, MA, etc.)	<i>Need:</i> stakeholder input in HIV Planning; <i>Priority pop:</i> intersectional agencies	Division leadership, HPCP, HPG community members and planning partners (agencies)	The HPG has representative/active partnerships with 16 of the 18 intersectional agencies the HPG has	Recruit and maintain partnerships with 100% of intersectional planning

				identified for planning Partner membership collaboration	partner agencies
89	Ensure the SPBP Advisory Council, as the body representing Ryan White AIDS Drug Assistance Program stakeholders in Pennsylvania, advises the SPBP and the Division on the SPBP formulary and programmatic policies and procedures	<i>Need:</i> stakeholder input in the SPBP Advisory Council; <i>Priority pop:</i> PLWH	Division and SPBP staff, SPBP Advisory Council members, HPCP; Partners: RW Part B regional grantees, community stakeholders	Four meetings were held in 2021	A minimum of four meetings will be held per calendar year
Strategy 5C: Data Sets informing this objective: federal guidance, Stakeholder Input Data # 1, 7, 10			Key Disparity metrics: HIV stakeholders engaged in planning, esp. BIPOC and SGM communities		
Strategy 5D: Enhance Capacity Building/Technical Assistance Trainings [if this is exclusive to either Prevention or Care then this should go in that section above, but if it's both it could stay here or be broken into both sections. For example, could some of this be part of Strategy 1B?]					
90	Develop and maintain a Case Management training curriculum	<i>Need:</i> Case Management training resources <i>Priority pop:</i> Case managers	MAAETC?	n/a	Successful development and implementation of training
91	Develop a Division PowerPoint and maintain annually or as needed	<i>Need:</i> internal Division resources	Division staff	n/a	Successful development and implementation of presentation
92	Internally assess capacity building assistance needs and develop and implement a capacity building assistance plan if warranted	<i>Need:</i> CB training resources	Division staff, HPCP	n/a	Successful development and implementation of assessment, including plan if warranted
93	Ensure training needs are identified during annual on-site monitoring of contracted providers as well as through a bi-annual	<i>Need:</i> CB training resources	Division staff, HPCP	n/a	Successful development and

	capacity needs assessment distributed to both prevention and care providers	<i>Priority pop:</i> prevention and care providers	Partners: Prevention and care grantees and providers		implementation of needs assessment
94	Develop and maintain annual training schedules based on capacity needs assessment	<i>Need:</i> CB training resources	Division staff, HPCP, MAAETC Partners: Prevention and care grantees and providers	Annual training schedules were developed and implemented by HPCP and MAAETC in 2021	Successful development and implementation of training schedules
Strategy 5D: Data Sets informing this objective: CB Needs assessment, Stakeholder Input Data # 8			Key Disparity metrics: Track and improve emphasis on racism and racial disparities in one or more trainings		