

TECHNICAL REVIEW

**Notice of Funding Opportunity: PS18-1802
Integrated HIV Surveillance and Prevention Programs for Health Departments
Annual Performance Report (APR) for January 1, 2020 – June 30, 2020
Year 4 Budget Period January 1, 2021 – December 31, 2021**

Health Department Name:	Pennsylvania		
Cooperative Agreement No:	NU62PS924544-04		
Funding Amounts:	Component A HIV Surveillance	Component A HIV Prevention	Component B (if applicable)
Funding Amount Recommended:	\$1,016,645	\$5,522,846	\$389,993
Funding Amount Requested:	\$1,016,645	\$5,522,846	\$389,993
Name of Reviewer (HIV Prevention):	Roderick Joiner		
Reviewer's Signature:	<i>Roderick Joiner</i>	Date:	10/5/2020
Name of Reviewer (HIV Surveillance):	Keydra Oladapo		
Reviewer's Signature:	<i>Keydra Oladapo</i>	Date:	10/5/2020

PURPOSE: The purpose of this document is to provide a review of the Health Department's performance under Notice of Funding Opportunity PS18-1802 during the period of **January 1, 2020 through June 30, 2020** as well as a review of the Health Department's planned activities for Year 4 (January 1, 2021 through December 31, 2021). The document contains observations, recommendations, action items, and capacity building assistance needs to assist the Health Department with the development, implementation, and monitoring of the integrated HIV surveillance and prevention activities in accordance with PS18-1802, Component A and Component B (if applicable) requirements. Some sections may not be applicable to all Health Departments.

PROGRAM CATEGORIES	
Mark [X] each Component for which the recipient is funded under PS18-1802:	
Component A <input checked="" type="checkbox"/> (required)	Component B <input checked="" type="checkbox"/>

SECTION I: COMPONENT A: Core Strategies and Activities (Strategies 1-7)	
Select a response in the drop-down box for which the recipient provided appropriate information.	
Strategy 1: Systematic collection, analysis, interpretation, and dissemination of HIV data for surveillance and prevention program monitoring and evaluation	Successes, challenges, and anticipated changes were provided
a. Has the jurisdiction implemented and maintained activities to support complete laboratory reporting of all HIV-related tests?	Yes
b. Was the volume of CD4 and viral load laboratory test results received between January-June 2020 similar ($\leq 5\%$ change) to the volume received for the six months prior (July-December 2019)?	No
c. Were all CD4 and viral load laboratory test results reported to the Health Department between January-June 2020 submitted to CDC each month?	Yes
If the recipient responded “No” to questions a, b or c above, did they provide an explanation?	Yes
Did the recipient submit their updated Evaluation Performance Measurement Plan (EPMP) for Year 3?	Yes
Did the recipient describe the impact of COVID-19 on surveillance activities?	Yes
Did the recipient describe the impact of COVID-19 on NHM&E activities?	Yes
Strategy 2: Identification of persons with HIV infection and uninfected persons at risk for HIV infection	Successes, challenges, and anticipated changes were provided
If the recipient had an HIV self-testing strategy or approach, describe the impact of HIV self-testing strategies in place?	Choose an item.
a. If your jurisdiction conducted HIV self-testing during the reporting period, did they provide the total number of test kits distributed as part of your HIV self-testing program?	Choose an item.
b. If your jurisdiction conducted HIV self-testing during the reporting period, did they provide the total number of people who received at least one HIV self-testing kit?	Choose an item.
If the recipient did not have an HIV self-testing strategy or approach, did they consider HIV self-testing as a strategy?	Yes
Strategy 3: Development, maintenance, and implementation of plans to respond to HIV transmission clusters and outbreaks	Successes, challenges, and anticipated changes were provided

Did the recipient identify any molecular clusters involving the jurisdiction?	No
Did the recipient identify any time-space clusters involving the jurisdiction?	Yes
Strategy 4: Comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)	Successes, challenges, and anticipated changes were provided
Did the recipient describe their process for linking PLWH to care?	Yes
a. Did the recipient describe any changes made to the definition/criteria used for identifying persons “not-in-care (NIC)” or “linked to care”?	Yes
b. Did the recipient describe any challenges experienced with reporting data-to-care (D2C) NIC investigation data to CDC through eHARS?	Yes
Did the recipient describe the impact of COVID-19 on comprehensive HIV-related prevention services for PLWH (i.e., linkage to care, tracking initial infection, etc.)?	Yes
Strategy 5: Comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection	Successes, challenges, and anticipated changes were provided
Did the recipient describe which populations and what activities were supported for high-risk HIV-negative individuals?	Yes
Did the recipient describe the impact of COVID-19 on comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection (i.e., PrEP, other prevention activities, etc.)?	Yes
Strategy 6: Perinatal HIV prevention and surveillance activities	Successes, challenges, and anticipated changes were provided
Strategy 7: Community-level HIV prevention activities	Successes, challenges, and anticipated changes were provided
Did the recipient describe the impact of COVID-19 on community-level HIV prevention activities (i.e., social marketing campaigns, condom distribution, syringe services programs, etc.)?	Yes
Did the recipient provide the information requested for <i>Social Marketing Campaigns</i> ?	Yes
a. Was any COVID-19 + HIV-related information disseminated during the reporting period?	Yes
Did the recipient provide the total number of condoms distributed during the reporting period? If yes, provide the number of condoms distributed during the reporting period.	248,450
Did the recipient provide the information requested for <i>Syringe Services Programs (SSPs)</i> ?	Approved DON already in place

If you selected “no” for any of the questions for strategies 1-7, indicate below any information not provided:

Monitoring Team Feedback: Component A: Core Strategies and Activities

Reviewers' Assessment of Progress:

Strategy 1: PADOH conducts surveillance activities for the entire state. PADOH continued to successfully and systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response. PADOH collected HIV case data including CD4, Viral load, laboratory reporting, molecular laboratory test results, HIV drug resistance, genetic diversity, and vital status. Notably, of concern during the period of January to June 2020 compared to the period of July-December 2019, PADOH observed a reduction of approximately 25% in overall volume of CD4 and viral load tests reported. PADOH explained that the reduction in volume is connected to the COVID-19 pandemic and appeared to be more pronounced in the Philadelphia jurisdiction.

The impact of COVID-19 on surveillance activities was very well described. Many surveillance staff and epidemiologists were supporting the pandemic response. As a result, PADOH had to prioritize only essential HIV surveillance and epidemiology activities. Also, as a result of COVID-19 impact on surveillance staff, PADOH experienced delays in planned new projects or system enhancements. Particularly of note, implementing and maintaining activities to support complete laboratory reporting was scaled back.

Strategy 2: PADOH continued to effectively implement funded testing activities through a network of county municipal health department (CMHD), Disease Detection and Control (DDC) and private provider partnerships. The implemented testing efforts in multiple settings (healthcare and non-healthcare) identified both new and previous positives that participated in PS activities, exceeding the notice of funding opportunity (NOFO) indicator to refer 85% of new positives into PS. As a result of the high percentage of PS referrals, the recipient implemented activities to increase testing access for persons at risk by developing partner elicitation materials to educate index clients on its purpose and establishing a workgroup to proactively address implementation barriers appears appropriate to increase access to funded activities. The planned launch of an online HIV Self-Testing strategy in collaboration with University of Pittsburgh and Pennsylvania State in January 2020 will also increase access to testing activities statewide.

Due to COVID-19, the implementation of HIV testing in non-healthcare settings, PS and data-to-care activities was temporarily suspended from March – April 2020, while testing activities in healthcare settings continued on a limited basis to meet state guidelines to mitigate new infections. After relaxing COVID-19 guidelines in May 2020 by Governor Wolfe, the recipient developed re-opening guidance for partners to safely provide prevention services in a limited capacity with persons at highest risk for HIV infection. The recipient is encouraged to continue the effective implementation of testing activities to develop community informed and data driven programming.

Strategy 3: PADOH conducts surveillance activities for the entire state as well as continues to support local activities for cluster and outbreak investigations in real time. Despite the challenges, progress of most but not all activities related to this strategy remain on track. PADOH made tremendous progress towards strategy and have sound plans to partner with local HDs when there is staff availability for data reviews. PADOH did identify molecular and time-space clusters and the summary of clusters identified during the reporting period will be shared as soon as it is available.

The impact of COVID-19 was well documented. In particular, the surveillance staff at PADOH are split between COVID-19 response and HIV surveillance activities. As a result, communication with CDC and other partners during investigation of and intervention in transmission clusters and outbreaks was scaled back. PADOH has plans to address this issue in year 4 for this strategy by the onboarding of new staff and described plans for engaging stakeholders measures to improve the cluster response. PADOH does anticipate hiring a Public Health Program Assistant Administrator (PHPAA) to the staff complement that will assist with cluster investigations.

Strategy 4: PADOH effectively implemented funded activities for HIV positive person to improve linkage and referral activities to reduce HIV transmissions. The implemented activities refined existing activities, expanded the service delivery area. During the reporting period, the recipient prioritized support for HNS and ARTAS activities with partners that streamlined resource allocation of scalable interventions, adjusted DIS field visit data collection activities to document HIV medical care appointment to improve linkage to care activities. The recipient's integration of HNS and ARTAS activities at Ryan White (RW) Part B regional sites increased program awareness and was the catalyst to recruiting interested partners (Lancaster General hospital and Pinnacle Health REACH clinic). Additional analysis of collaborating RW regional sites identified a gap in service delivery in the western part of the state that will be integrated as required activities in fee-for-service Participating Provider Agreement (PPA) with western located sub-recipients in FY04.

Due to COVID-19, the recipient scaled back the implementation of funded activities and restricted in-person activities (data-to-care and PS) to comply with mitigation guidelines. In May 2020, Governor Wolfe initiated a re-opening plan that the recipient has used in conjunction with CDC guidelines to develop revised protocols and procedures to safely implement funded activities.

Strategy 5: PADOH continues to provide prevention activities for high-risk HIV negative persons through local provider partnerships during the reporting period. The implemented activities supported the integration of HNS activities in RW regions, technical assistance for existing CMHD partners (9) and the recruitment of two additional sites (Lancaster General hospital and Pinnacle Health REACH clinic) to strengthen the implementation of funded activities and increase target population access to cost effective, scientifically proven and scalable interventions. Whereas, the development of two new partnerships under a fee-for-service PPA expands PrEP activities into a LGBTQ drop-in-center (GLO Harrisburg) and a multi-facility (7) planned parenthood organization with women at high risk for HIV acquisition to address service delivery gaps and priority population needs.

The recipient is working to strengthen the implementation of PrEP activities by integrating tele-PrEP activities as an option and collaborating with capacity building provider University of Rochester to access other jurisdictional models (Louisiana, Iowa, Nebraska and New Jersey) to inform the development process. In the 4th quarter, the recipient plans to recruit partners to participate in tele-PrEP activities from a planned PrEP Institute event to expand service delivery in rural and urban areas.

Due to COVID-19, the recipient suspended implementation of in-person activities and reduced access to funded activities from March-May 2020. When activities resumed, implementation was based on provider capacity that was provided limited to existing clients through walk-in appointment and tele-health visits, where available to support state guidelines to mitigate new COVID-19 infections.

Strategy 6: PADOH conducts HIV perinatal surveillance activities for the entire state and also remains abreast of issues locally. PA has observed a decline in perinatal cases and PADOH looks to identify issues of missed opportunities of following exposures and case identification. PADOH is making tremendous progress with regards to this strategy and perinatal HIV service coordination for exposures. Notably, some of the PA providers have established contacts with PADOH and now routinely report HIV positive women who are pregnant and receiving clinical care in their facilities. PADOH progress is commendable in that "completeness of perinatal exposure variables for cases in PA has improved to 100% in the first quarter of 2020; especially the 'date of the mother's first positive test'". PADOH partnerships with other programs such as Hepatitis C and Zika, local providers and county HDs shows promise to improve and ensure communication. Perinatal data and action plan have been shared with stakeholder.

The impact of COVID-19 was well documented. A couple of activities related to this strategy were significantly impacted. Activities related to 1) promoting prenatal HIV testing according to CDC recommendations, and 2) analysis and dissemination of data on HIV-infected women of childbearing age, perinatal HIV exposures, and infected infants were scaled back.

Strategy 7: PADOH made progress towards established community level activities through collaborative partnerships. The recipient's collaboration with GLO-Harrisburg, a Project Silk Diffusion site offered various types of activities including testing, support groups and outreach with the target population increased engagement among the target population. The implemented online activities (i.e., sexual health education, PS, blog and health alerts) increased communications to increase awareness and access to available services. The planned FY04 program collaboration and service integration to include STI testing/treatment and PrEP navigation services will continue to grow the drop-in program one-stop shopping resource of service for program participants.

The recipient will also increase the roles and responsibilities of the Peer Engagement Specialist that will increase the positions time and effort to full-time status and begin to source funding to sustain future program activities after NOFO award.

Due to COVID-19, GLO scaled back in-person activities that was transitioned to virtual platforms to continue implementation activities that resonated with the target population based on the increased activity outputs experienced using multiple social marketing campaigns (Start Talking Stop HIV, HIV Care is Prevention and #StopHIVStigma) from March-June2020.

Summary of Strengths:

- PADOH conducts HIV surveillance for the entire state, and successfully stays abreast of core strategies and activities for integrated HIV surveillance. PADOH describes strategic efforts to build local and county HDs with local capacity and partnerships to improve laboratory reporting, cluster and outbreak investigations as well as perinatal HIV surveillance. As surveillance staff return from supporting COVID-19 response, PADOH laid out clear plans and emphasized the importance to review surveillance data with local and country HDs for trends in clusters, lab reporting, and perinatal missed opportunities. Particularly, for perinatal HIV surveillance, PADOH has already identified promising strategies for year 4 such improvements to the reporting system and distribution of mother to child HIV transmission flyers which will put more emphasis on the need to follow CDC's recommended testing guidelines for perinatal HIV exposed babies and their mothers.
- PADOH in collaboration with external partners will ramp-up the implementation of an online HIV Self-Testing program to expand program reach in urban and rural communities to support the continued implementation of prevention activities. - S2
- PADOH demonstrated strong leadership during a pandemic to support the continued implementation of prevention activities safely for staff and participants, based on state COVID-19 guidelines. – S2

Summary of Weaknesses:

None noted at this time.

Summary of Recommendations:

- PADOH should continue to work with local partners, STD clinicians, and substance abuse treatment providers toward progress on the Perinatal Action Plan to identify and improve missed opportunities.
- PADOH should continue to work with the laboratory and Philadelphia to resolve reporting issues before December 2020.

- PADOH discussed maintaining virtual implementation models until state COVID-19 guidelines are relaxed and in-person activities can be resumed. The recipient should consider continuing the use of virtual platforms to support increased client access post pandemic.

Action Items: Responses to action items are due to CDC within 30 days of the start of the budget period (by February 1, 2021).

The recipient must respond to the following action item(s):

None noted at this time.

SECTION I: COMPONENT A: Operational and Foundational Strategies and Activities (Strategies 8-11)

Select a response in the drop-down box for which the recipient provided appropriate information.

Strategy 8: Partnerships for integrated HIV prevention and care planning	Successes, challenges, and anticipated changes were provided
Did the recipient make any changes to their Integrated HIV Prevention and Care Plan and/or planning group process?	Yes
Did the recipient describe the impact of COVID-19 on integrated HIV prevention and care planning activities (i.e., HIV Planning Groups, etc.)?	Yes
Strategy 9: Implementation of structural strategies to support and facilitate HIV surveillance and prevention	Successes, challenges, and anticipated changes were provided
Did the recipient describe the procedures being used or intended to be used to ensure data are secured when stateno/cityno information is shared and stored between <i>eHARS</i> and <i>EvaluationWeb</i> ?	Yes
Did the recipient describe any changes in security and confidentiality procedures/policies impacting the jurisdiction, funded local/state/tribal staff and contractors, and programmatic activities?	Yes
Did the recipient submit <i>Appendix D: FY 2021 SAS Licensing Request/Memorandum of Acceptance and 2021 List of Assigned SAS Users</i> ?	Yes
Did the recipient submit the signed <i>Appendix F: Certification of Compliance with the NCHHSTP Data Security and Confidentiality Standards for the reporting period</i> ?	Yes
Strategy 10: Data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities	Successes, challenges, and anticipated changes were provided
Did the recipient describe how surveillance data was disseminated to inform prevention activities?	Yes
Did the recipient describe the dissemination of program monitoring and evaluation data and how feedback is shared with healthcare and non-healthcare providers and other community partners to inform and/or improve HIV prevention efforts?	Yes
Did the recipient provide the information requested in <i>Appendix A: Resource Allocation (Areas within the Jurisdiction with the Greatest Burden of HIV Disease)</i> ?	Yes
<u>Reviewers' Input:</u> Is the recipient's resource allocation plan consistent with its geographic burden and planned strategies in those geographic areas identified in Appendix A?	Yes

Strategy 11: Capacity building activities for HIV programs, epidemiologic science, and geocoding	Successes, challenges, and anticipated changes were provided
Did the recipient indicate if CBA/TA provided met their needs/expectations?	Yes
Did the recipient include CBA/TA needs for Year 4? If yes, complete the “Summary of Capacity Building Needs” following Section VI: Additional Information.	Yes
Did the recipient describe the impact of COVID-19 on capacity building activities for HIV programs, epidemiologic science, and geocoding?	Yes
If you select “no” for any of the questions for strategies 8-11, indicate below any information not provided.	

Monitoring Team Feedback: Component A: Operational and Foundational Strategies and Activities
<p>Reviewers’ Assessment of Progress:</p> <p>PADOH continues making progress toward capacity building activities through an established partnership with HPCP. The implementation of funded activities resulted in a community needs assessment, training portfolio expansion and geocoding enhancements. The developed training calendar provides a foundation of trainings (i.e., ARTAS, HNS, HIV Testing, HIV basics, Motivational Interviewing, Cultural Humility and Integrating Hep C into our HIV Work) for providers with an integrated mechanism to increase training awareness with reminder emails. During the reporting period, the developed training calendar strengthened their ability to meet existing training needs to address emerging capacity building needs with new trainings: 1) Social Determinants and Health Equity; 2) Mental Health Awareness; and 3) Suicide Prevention.</p> <p>The development of a new SAS code enhanced case cleaning activities by analyzing 95% of eHARS identified new HIV diagnosis from 2010 in addition to finalizing the cleaning process for 2019 cases to improve prevalence activities based on current address versus address at diagnosis. Information gathered from partner surveys will forecast the FY04 training curriculum to enhance prevention and care implementation efforts. The recipient is encouraged to continue strengthening the training portfolio by adding new offering to address emerging needs and increasing communication statewide among providers with activities like the 2021 HIV Prevention conference.</p> <p>Due to COVID-19, the recipient experienced a disruption of funded activities resulting in the cancellation of activities like the 2020 HIV Summit to comply with emergency stay at home orders. It also was the catalyst for the integration of new technology (Zoom) to support virtual training opportunities to meet provider needs. In FY04, the recipient will participate in planned jurisdictional capacity building trainings to enhance the implementation of HIV anticipates ramp-up HIV home testing and development of a cluster response plan and PrEP marketing strategies (women and MSM of Color).</p> <p>Summary of Strengths:</p> <ul style="list-style-type: none"> • PADOH launched a statewide survey among SPBP HIV positive consumers to assess stigma in the jurisdiction. • PADOH updated the eHARS system to version 4.11 in January 2020 with plans to replace PA-NEDSS with NBS.

Summary of Weaknesses:

None noted at this time.

Summary of Recommendations:

The recipient has improved provider access to required and recommended trainings throughout the jurisdiction with virtual training opportunities, due to COVID-19. It is recommended that the recipient continue to support virtual capacity building opportunities after state guidelines have been relaxed to offer in-person training.

Action Items: Responses to action items are due to CDC within 30 days of the start of the budget period (by February 1, 2021).

The recipient must respond to the following action item(s):

- The recipient will identify how the SPBP survey findings will be used to inform program development activities no later than February 1, 2021.
- The recipient will submit a revised memorandum of Acceptance of Responsibility for the Use of SAS Institute Products Provided by CDC with the authorizing official's signature, no later than February 1, 2021.
- The recipient will submit the revised temporary Security & Confidentiality agreement established due to COVID-19, no later than February 1, 2021.

NHM&E DATA SUBMISSION (HIV Prevention Only)

NHM&E Data Tables extracted from EvaluationWeb® with data submitted as of September 15, 2020.

Select a response in the drop-down box for which the recipient provided appropriate information.

Did the recipient provide any additional comments or clarifications regarding their NHM&E data submission including justification for partial/late data submission?

No Updates or Clarifications

If yes, provide comments or clarifications stated by the recipient here:

PS18-1802 DATA TABLES

Note: The information included in the PS18-1802 Data Tables (auto-populated from EvaluationWeb) will be used to review progress made towards meeting the performance standards, unless otherwise noted.

Please review PS18-1802 Data Tables to assess progress towards meeting NOFO Performance Standards (Table 1: NOFO and National Indicators At-A-Glance).

Did the recipient achieve $\geq 80\%$ rate of **newly-identified HIV-positive persons verified in surveillance**?

Project Officer Input:

Indicate recipient's percentage of newly-identified HIV-positive persons verified in surveillance: 100%

Met

Did the recipient achieve $\geq 85\%$ rate of **newly-identified HIV-positive persons linked to HIV medical care in ≤ 30 days**?

Project Officer Input:

Indicate recipient's percentage of newly-identified HIV-positive persons linked to HIV medical care in ≤ 30 days: 86.3%

Met

Did the recipient achieve $\geq 85\%$ rate of **newly-identified HIV-positive persons interviewed for partner services**?

Project Officer Input:

Indicate recipient's percentage of newly-identified HIV-positive persons interviewed for partner services: 86.3%

Met

Did the recipient achieve $\geq 85\%$ rate of **HIV-positive persons referred/provided evidence-based risk reduction interventions**?

Project Officer Input:

Indicate recipient's percentage of HIV-positive persons referred/provided evidence-based risk reduction interventions: 96.8%

Met

Did the recipient achieve $\geq 85\%$ rate of **HIV-negative persons referred/provided evidence-based risk reduction interventions**?

Project Officer Input:

Indicate recipient's percentage of HIV-negative persons referred/provided evidence-based risk reduction interventions: 87.3%

Met

<p>Did the recipient achieve $\geq 80\%$ rate of HIV-positive persons provided individualized behavioral risk-reduction counseling?</p> <p>Project Officer Input:</p> <p>Indicate recipient's percentage of HIV-positive persons referred/provided evidence-based risk reduction interventions: 98.9%</p>	<p>Met</p>
<p>Did the recipient achieve $\geq 80\%$ rate of HIV-positive persons referred to or provided an essential support service?</p> <p>Project Officer Input:</p> <p>Indicate recipient's percentage of HIV-positive persons referred/provided evidence-based risk reduction interventions: 100%</p>	<p>Met</p>
<p>Indicate if any information is missing from the PS18-1802 Data Tables below: Not Applicable (N/A).</p>	
<p>Reviewers' Assessment of PS18-1802 Data Tables</p>	
<p>PADOH made progress towards reaching national indicators that exceeded targets for all nine indicators reportable variables. As a result of implementation, the recipient conducted 23,237 test events, identifying 51 new HIV infections, experiencing a 0.8% seropositivity rate, in addition to identifying 124 previous positives.</p> <p>Evaluation web data submitted by the recipient reflects a high functioning program that has effectively provided linkages to care and need-based referrals along the continuum of care regardless of HIV status. The developed SAS code routinely analyzes data from multiple surveillance systems (i.e., eHARS, PA-NEDSS) to monitor and track performance outputs, in addition to identifying missed opportunities to inform program development.</p> <p>As noted, previously in this report COVID-19 impacted the implementation of funded activities and resulted in the reduction of reported tests. The recipient is encouraged to keep the joint monitoring team updated on progress made.</p>	

SECTION II: COMPONENT B: Demonstration Projects <input type="checkbox"/> Not Applicable	
Select a response in the drop-down box for which the recipient provided appropriate information.	
Did the Health Department provide the following information for their funded demonstration project during the reporting period?	
Describe updates on implementation of main project activities?	Yes
Describe any successes achieved with their demonstration project?	Yes
Describe any implementation challenges experienced with their demonstration project?	Yes
Describe any challenges not directly related to implementation experienced with their demonstration project?	Yes
Describe any technical assistance needs and resources needed for their demonstration project?	Yes
Describe any lessons learned with their demonstration project?	Yes
Describe the impact of COVID-19 on Component B demonstration project activities?	Yes
Provide the information requested for their project focus in <i>Appendix H: Component B Focus Area Questions</i> ?	Yes
If you selected “no” for any of the questions for Component B, indicate below any information not provided: N/A	

Monitoring Team Feedback: Component B Demonstration Project Activities
<p>Reviewers’ Assessment of Progress:</p> <p>PADOH continued to make progress towards planning and implementation activities through a collaboration with Alleghany Department of Health (ACHD) and contractual partner, University of Pittsburgh. The recipient’s project determination, after addressing research concerns regarding survey questionnaire length and integration of ACHD to refer eligible clients into the STD Data to PrEP program, funded demonstration project activities was approved for implementation, June 2020 by CDC. As a result of project determination approval, the recipient developed a project flow diagram, educational materials, memorandum of agreement and revised other documents like the logic model, client surveys, evaluation plan and EPMP that aligns with short term goals.</p> <p>Additionally, the recipient worked to increase communication with participating PrEP providers in Alleghany County by discussing best practices to inform program development activities (i.e., interventions, recruitment and adherence) and increase program awareness among PrEP providers by participating in AIDS Free Pittsburgh PrEP sub-committee meetings. The project determination process and completion of associated activities to reduce research concerns was identified as a barrier to implementation. It is anticipated that the demonstration project will launch with the target population August 2020. Due to COVID-19, the recipient transitioned planning activities to virtual platforms to continue planning activities. The recipient is encouraged to keep the joint monitoring team updated on progress made implementing funded activities.</p>

Summary of Strengths:

- PADOH reduced research concerns identified through the project determination stage by revising the survey questionnaires to correlate survey questions with demonstration project activities.
- PADOH participates in AIDS Free Pittsburgh PrEP sub-committee meetings to outreach and recruit PrEP providers.

Summary of Weaknesses:

None noted at this time.

Summary of Recommendations:

None noted at this time.

Action Items: Responses to action items are due to CDC within 30 days of the start of the budget period (by February 1, 2021).

The recipient must respond to the following action item(s):

None noted at this time.

SECTION III: STAFFING AND MANAGEMENT

Select a response in the drop-down box for which the recipient provided appropriate information.

Indicate any vacant staff positions and provide a detailed plan with timeline for hiring/filling vacancies?	Yes	Yes
Indicate any delays in executing contracts?	No	
Indicate any changes/updates to contracts for indirectly funded service delivery entities in <i>Appendix B: Contract Information for Indirectly Funded Service Delivery Entities?</i>	Yes	
Describe the impact of COVID-19 on hiring/filling vacancies, changes in organizational structure, and current staffing?	Yes	

Monitoring Team Feedback: Staffing and Management

Reviewers' Assessment of Progress:

PADOH continues to implement funded prevention, surveillance and demonstration project activities effectively through a mix of health department central office and contractual staff. Staff continuity was maintained for key personnel and vacant positions recruited for based on developed hiring plans. During the reporting period, the recipient established a new Monitoring and Evaluation section to increase the level of coordination between prevention and care with a Ryan White funded Public Health Program Manager to provide section guidance/oversight using rebate dollars. The health departments strategic use of rebate funds also provides support for two of the three positions, whereas the third was re-classified to a Public Health Administrator Assistant (PHAA) position to conduct HIV/Hepatitis C program collaboration service integration activities.

Due to COVID-19, Governor Wolfe issued a hiring freeze to prioritize recruitment activities to support pandemic human resource needs. As a result, the Division Director and a number of other staff is serving in dual roles to continue implementation of funded prevention/surveillance activities. It's important to

note, PADOH was granted special approval to recruit for two vacant (PHPM and PHAA) positions during the reporting period with the remainder positions in the 4th quarter. The recipient is encouraged to continue with planned recruitment activities and keep the joint monitoring team informed of progress during routine program conference calls.

Summary of Strengths:

PADOH leveraged PS18-1802 priorities to negotiate recruitment for two positions (i.e., PHPM and PHAA) critical to the implementation of funded activities.

Summary of Weaknesses:

For the reassignment of PADOH human resource staff to conduct COVID-19 recruitment vacancies created a hiring pause for most of the vacant positions.

Summary of Recommendations:

None noted at this time.

Action Items: Responses to action items are due to CDC within 30 days of the start of the budget period (by February 1, 2021).

The recipient must respond to the following action item(s):

None noted at this time.

SECTION IV: BUDGET INFORMATION

Select a response in the drop-down box for which the recipient provided appropriate information.

<i>Did the Health Department:</i>	Component A	Component B <i>(if applicable)</i>
Provide a completed Standard Form-424A?	Yes	Yes
Provide a detailed line item budget and budget justification for <u>each</u> component that is implemented for the continuation award covering January 1, 2021 thru December 31, 2021?	Yes	Yes
Indicate any anticipated/estimated unobligated fund balance (SF-424A in Section A, columns c and d)?	No/Not submitted	No/Not submitted
Submit the names of all proposed contractors, including period of performance, scope of work, method of selection, method of accountability, and an itemized budget and justification for the Year 4 project period?	Yes	Yes
Provide the required components for all proposed consultants including the following: name of consultant, organizational affiliation, nature of services to be rendered, relevance of service to the project, number of days for consultation, and expected rate of compensation?	No/Not submitted	No/Not submitted
If indirect cost was requested, did the recipient provide a current cost allocation approval letter and indirect cost rate agreement?	Yes	Not applicable
In states with directly-funded cities, is a Letter of Agreement (LOA)/Letter of Concurrence (LOC) currently in place?	No/Not submitted	Not applicable
Indicate if there have been any changes/updates made to the LOA currently in place or submitted a revised LOA?	No/Not submitted	Not applicable
Allocate funding in their budget to adequately support program strategies and activities? Please explain your response in the Monitoring Team Feedback Section.	Yes	Yes
Direct Assistance (DA)		
Request or include Direct Assistance (DA)?	Yes	Not applicable
Submit a request for <u>new</u> DA in lieu of Financial Assistance (FA) for Year 4?	No/Not submitted	Not applicable
Include an <u>existing/standing</u> DA request in their budget?	Yes	Not applicable
Request DA for Statistical Analyst System (SAS) license?	Yes	Not applicable

Monitoring Team Feedback: Budget Information

Reviewers' Assessment of Progress:

PADOH submitted a proposed budget that is comprehensive and supports the implementation of funded prevention, surveillance and demonstration project activities. A review of the budget line items for the respective components illustrates that the proposed budget line item justification for Ultrabook Workstations (n=7) can be strengthened by also providing the respective staff title for each.

It is important to note, COVID-19 has resulted in the cancelation, postpone and/or transition to virtual platform. As a result, the recipient should be prepared to identify other training opportunities to for proposed out-of-state travel funds due to potential reduced conference/meeting participation costs. Additionally, the recipient is encouraged to begin the process to renew the indirect cost rate agreement due to pending expiration, June 30, 2021.

Summary of Strengths:

None noted at this time.

Summary of Weaknesses:

None noted at this time.

Summary of Recommendations:

None noted at this time.

Action Items: Responses to action items are due to CDC within 30 days of the start of the budget period (by February 1, 2021).

The recipient must respond to the following action item(s):

The recipient will identify the assigned staff title for each proposed Ultrabook Workstation, no later than February 1, 2021.

SECTION V: ASSURANCES OF COMPLIANCE

Select a response in the drop-down box for which the recipient provided appropriate information.

Did the recipient submit their Assurances of Compliance (**Appendix C**) to CDC?

Yes

SECTION VI: ADDITIONAL INFORMATION

Select a response in the drop-down box for which the recipient provided appropriate information.

Did the recipient provide any explanatory information or data that would be important to CDC?

No

If yes, provide a brief description stated by the recipient here:

N/A

Did the recipient provide the information requested in *Appendix G: COVID-19 HIV Surveillance and Prevention Activities Check-In to CDC*?

Yes

**SUMMARY OF CAPACITY BUILDING NEEDS:
(As Identified by Monitoring Team or Health Department)**

None noted at this time.

SUMMARY OF ACTION ITEMS:

Instructions: List all action items identified in this report and indicate the category for each (e.g., budget, EPMP, Strategy 4, etc.).

Category	Action Item
Strategy 8	The recipient will identify how the SPBP survey findings will be used to inform program development activities no later than February 1, 2021.
Strategy 9	The recipient will submit the revised temporary Security & Confidentiality agreement established due to COVID-19, no later than February 1, 2021.
Strategy 9	The recipient will submit a revised memorandum of Acceptance of Responsibility for the Use of SAS Institute Products Provided by CDC with the authorizing official's signature, no later than February 1, 2021.

FUNDING IS RECOMMENDED:

**Component A
HIV
Surveillance**

**Component A
HIV Prevention**

**Component B
(if applicable)**

Restriction(s), Withholding(s), or Condition(s)

No

No

No

List the Restriction(s), Withholding(s), or Condition(s) with amounts and issues in the table below.
(This includes issues found on the 424A form and/or the budget justification).

AMOUNT	ISSUE
\$	
\$	
\$	