

Workplan Activity Revision Overview

The chart below highlights changes made to the language of activities, to date. Plan recommendations provided by the HPG Evaluation Subcommittee are also included.

2022-2026 Activity	2027-2031 Activity	HPG Recommendation
1: PREVENT		
A. Implement Data-to-Care (D2C) approaches to reengage People Living With HIV (PLWH) into care	Re-numbered to Strategy 3A (Treat Pillar): Implement Data-to-Care (D2C) approaches to reengage people living with HIV (PLWH) into care.	
1. Identify persons with previously diagnosed HIV who are not in care.	Identify individuals with previously diagnosed HIV who are not currently in care.	
2. Provide linkage to, re-engagement in, and retention in HIV medical care services for persons with previously diagnosed HIV who are not in care.		
3. Expand D2C process across the state to include all regional jurisdictions.	Removed	a. <i>Maintain and improve the state-wide D2C program for all regional jurisdictions.</i> [Removed as an activity because this is already being accomplished]
B. Expand status neutral capacity across the commonwealth	Strategy 1A: Implement status neutral navigation and linkage services, for HIV prevention, across the Commonwealth.	
4. Develop and implement status neutral navigation and linkage services (SNNLS) that Promote Risk Reduction measures, including incorporating risk reduction into capacity building (CB).	Implement the Status Neutral Navigation and Linkage Program (SNNLP) to prevent HIV acquisition and assist in retention in care.	
5. Equip all CMHDs to provide status neutral linkage services/interventions.	Removed	
6. Develop status-neutral training, education, or guidance based on pending CDC guidance.	Removed	
C. Support and expand PrEP screenings and services	Strategy 1B: Support and expand PrEP and PEP services.	
-	Support initiation of PrEP for uninsured individuals with laboratory services and provider visits through contracts or agreements with the Division.	

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7. Increase number of Participating Provider Agreements (PPAs) providers prescribing PrEP.	Removed	
8. Promote and increase access to new PrEP medications as they become available.	No change	
9. Ensure linkage to and retention in PrEP services for clients by the CMHD's and relevant providers throughout the grant cycle.	Ensure referrals or linkage to and retention in PrEP services for clients by HIV testing providers.	
-	Support initiation of PEP for uninsured individuals with laboratory services and provider visits.	
See (21)		
See (22)		
10. Develop collaborations with Department of Drug & Alcohol Programs (DDAP) providers to expand PrEP screening to people who inject drugs (PWID).	Removed	
11. Support research into expanding PrEP access and uptake among underserved populations, including women of color.	Removed	
D. Expand sexually transmitted diseases (STD) Data-to-PrEP Initiative	Strategy 1C: Implement sexually transmitted diseases (STD) Data-to-PrEP Initiative.	
12. Enhance current use of STD Data-to-PrEP to identify clients for PrEP referrals.	Provide a referral and linkage to PrEP services for individuals diagnosed with five or more lifetime STDs.	
E. Continue and enhance condom distribution	Strategy 1D: Continue to implement a condom distribution program.	
13. Facilitate purchase of specialty condoms with federal funding.	Removed	
14. Continue and enhance distribution of condoms in priority/high incidence areas.	Maintain an inventory of condoms for distribution within communities disproportionately impacted by HIV.	
15. Continue and enhance distribution of condoms to priority populations.		
16. Ensure that CMHDs maintain robust condom distribution programs to ensure the effective distribution of condoms within their individual communities across the commonwealth.	Maintain CMHD condom distribution programs.	

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		c. Establish and maintain a process for expiring PADOH condom supplies to be re-distributed across the commonwealth. [HPG: Already done for DOH warehouse; unsure if feasible at provider levels. Would a recommendation or requirement to include a redistribution plan in CHMD policies satisfy this recommendation?]
F. Support Social Media Campaigns that advance prevention efforts	Re-numbered to Strategy 1E and merged with former 5A: Expand capacity and educational messaging addressing HIV, comorbidities, and social determinants of health	
17. Identify campaigns for appropriate dual messaging around HIV, STD & Hepatitis C Virus (HCV).	Support localized social media campaigns to educate and engage communities disproportionately impacted by HIV through contracts or agreements with the DOH. *If the funding agencies allow for these costs.	s. Engage stakeholders with lived experience to assure alignment within current and newly established messaging campaigns thru adequate methods for encouraging participation for knowledge recognition. [Stakeholders with lived experience added as Implementation Partners for this activity]
18. Expand PrEP education campaigns across the state.		
19. 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.		
20. Support regional grantee media campaigns to educate and engage regionally prioritized populations.		
See (55)		
See (73)		
G. Continue Post Exposure Prophylaxis (PEP) activities	Merged into Strategy 1B	
21. Conduct a needs assessment for PEP.	Assess and address gaps in the provision of PEP including. Include a focused campaign for service providers.	d. Conduct a <i>biennial</i> needs assessment for PEP for HIV. [New Activity Created]
22. Develop an initiative to address gaps in the provision of PEP including capacity, education, and resources.		e. Develop an initiative to address gaps in the provision of PEP including capacity, education, and resources; <i>including a focus campaign for service providers across the Commonwealth.</i> [New Activity Created]
H. Support Perinatal Prevention Services	Re-numbered to Strategy 1F	

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23. Conduct site and telehealth/remote visits to birthing facilities to improve the disease reporting ability of local clinicians.	No Change	
24. Conduct case surveillance for people who are pregnant and diagnosed with HIV and/or syphilis, and their infants after birth.	No Change	
25. Conduct perinatal exposure reporting for HIV and congenital syphilis.	No Change	
-	Maintain a client facing toolkit, which includes a timeline of services needed for perinatal prevention of HIV and related conditions.	g. Develop and maintain a client facing toolkit w/ a timeline of services needed during pregnancy for prevention of HIV and related conditions. [New activity under review by Program Managers]
		f. Develop and maintain communications for notices of perinatal prevention services between Department of Drug and Alcohol Programs and the Division of HIV Health. [HPG: what notices should be shared? DDAP or provider network?]
2: DIAGNOSE		
A. Continue and expand HIV Testing	No Change	
26. Increase efforts to support private providers conducting HIV testing.	Increase the number of private providers conducting HIV testing.	
27. Provide/facilitate capacity building for clinical testing.	Provide/facilitate capacity building for clinical HIV testing.	
28. Identify and support health care and non- health care providers that have diagnosed individuals with HIV.	Removed	h. Identify and support health care and non health care providers that have diagnosed individuals with HIV <i>with a toolkit showing providers via categories; brick & mortar sites, non-clinical sites, and mobile sites.</i> [HPG: Clarify request? There is a map on the website already. What is meant by a toolkit?]

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29. Increase HIV testing with priority populations.	Increase HIV testing within communities disproportionately impacted by HIV.	
B. Continue Novel HIV Testing Initiatives	No Change	
30. Continue to support efforts to identify new partners to promote routine HIV testing, including assessing feasibility of Urgent Care Centers.	Merged with (26)	
31. Assess feasibility of incorporating Viral Hepatitis testing/education with routine HIV testing.	No Change	
32. Continue to promote and fund HIV Self Testing (HST) activities and online promotion throughout the commonwealth, in coordination with Philadelphia's self-testing program.	No Change	
33. Promote and support HIV testing in non-clinical settings, including in bars, community centers, and other priority community resources.	Promote and support HIV testing in non-clinical settings, including in bars, community centers, and other priority community spaces.	
34. Gather baseline data on the number of HIV providers across the state who are also offering Hepatitis testing services. This info to be used to inform Activity # 34.	Removed	
35. Increase outreach to HIV providers to provide education and technical assistance to expand on-site Hepatitis testing initiatives.	Removed	
C. Continue Participating Provider Agreements	No Change	
36. Assess the feasibility to add "early initiation of Anti-Retroviral Treatment (ART) and PrEP" language to the PPA to enhance efficacy among HIV testing providers.	Removed	
37. Continue to support and monitor PPA agreements throughout the commonwealth	Continue to support and monitor Participating Provider Agreements (PPAs) throughout the Commonwealth, including providing technical assistance, as needed.	i. Continue to support and monitor PPA agreements throughout the commonwealth <i>including Technical Assistance opportunities with Division contracted services.</i> [Technical assistance added to activity's goal]
38. Collaborate with Division of Immunizations to enhance outreach and education for public health emergencies that impact communities impacted by HIV.	Removed	
D. Continue and enhance Partner Services (PS)	No Change	

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-	Distribute “Dear Provider” letters using Pennsylvania's version of the National Electronic Disease Surveillance System (PA-NEDSS) data to identify providers that for the first time have diagnosed individuals with HIV.	
39. Increase partner elicitation among newly identified/diagnosed individuals with HIV.	Implement partner elicitation among newly identified/diagnosed individuals with HIV as part of Partner Services (PS).	
40. Increase the number of partners identified with an unknown HIV status.	Refer named individuals identified through Partner Services activities for HIV testing.	
41. Refer 100% of individuals in priority populations who test positive for HIV to PS.	Conduct Partner Services (PS) with 100% of individuals newly diagnosed with HIV within 30 days of diagnosis.	
E. Implement State Opioid Response (SOR) Grant, HIV/Viral Hepatitis Service Integration Project	Removed	
42. Increase awareness of, and expand access to, HIV and viral hepatitis testing, education, and prevention services in facilities treating persons with substance use disorder.	Removed	HPG Suggested Removing
3: TREAT		
A. Continue and enhance the Ryan White (RW) Clinical Quality Management (CQM) Plan	Strategy 3B: Continue and enhance the Ryan White (RW) Continuous Quality Improvement (CQI) Plan.	
43. Improve viral load (VL) suppression.	No Change	
44. Improve annual retention in support services.	Improve annual retention in support services as referenced in the <u>CQI Plan</u> .	
45. Annual retention in core services.	Annual retention in core services as referenced in the <u>CQI Plan</u> .	
46. Improve linkage to RWPB Services within 30 days of diagnosis.	No Change	
B. Continue the SPBP Medication Adherence Program	Re-numbered to Strategy 3C	
47. Identify SPBP clients who need additional support to become adherent to HIV medication treatment regimens.	No Change	
48. Provide clinical consultation to clients and their providers to ensure optimal adherence with HIV medication treatment regimens.	No Change	

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49. Increase HIV viral suppression among SPBP clients.	No Change	
C. Continue the Minority AIDS Initiative (MAI)	Re-numbered to Strategy 3E	
50. Re-Engage PLWH who are lost to care back into treatment & access to medications.	Re-engage PLWH who are lost to care with treatment & access to medications.	
51. Increase the participation numbers of BIPOC PLWH populations in AIDS Drug Assistance Program (ADAP)/SPBP and other medication assistance programs.	Increase the participation numbers of minority PLWH populations in AIDS Drug Assistance Program (ADAP)/SPBP and other medication assistance programs.	
		j. Track and increase participation of BIPOC led grant recipients to improve awareness within BIPOC PLWH populations of available services to maintain their care continuum. [HPG: Ok to replace BIPOC with minority? Thoughts on goals?]
D. Support RW Regional Grantees	Re-numbered to Strategy 5A (Support Pillar)	
52. Develop a state RWPB Handbook.	Review and maintain all materials developed as supporting documents for Regional Grantees, at least annually (such as the Pa. RWPB policies and procedures and the Regional Grantee FAQ list).	k. Develop <i>and maintain</i> a state RWPB Handbook. [Addressed in revisions]
53. Develop Frequently Asked Questions (FAQ) for Regional Grantees.		
54. Hold Quarterly meetings with Regional Grantees.	No Change	
55. Develop and distribute a toolkit to HIV providers focused on integrating Hepatitis testing and treatment into their settings.	Moved to Strategy 1F	l. Develop and distribute a toolkit to HIV providers focused on integrating Hepatitis testing and treatment into their settings <i>including client facing materials for education awareness.</i> [Under review by Program Managers]
-	Support Regional Grantees in evaluating and providing services specific to their regional HIV prevention and care needs.	
E. Develop and support a Case Management (CM) Workgroup	Re-numbered to Strategy 3F: Maintain up to date program standards and resources.	

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56. Review the RW Program Standards annually and update as necessary.	Review program guidance and standards at least once per year and update, as necessary.	m. Review the RW Program Standards <i>at least once per year</i> and update as necessary. [Addressed in revisions]
57. Complete a Case Management Standards Update annually.		n. Complete a Case Management Standards Update <i>at least one per year</i> . [Addressed in revisions]
F. Enhance the SPBP Customer Service Line (CSL)	Re-numbered to Strategy 3D	
58. Develop call standards for the CSL.	No Change	o. Develop call standards for the CSL; <i>update website to assist end users find FAQs information to reduce reported higher volume driving themes/topics.</i> <i>[move to Activity B within the Pillar 3: Treat]</i> [Under review by Program Managers] [Strategy was moved closer to other SPBP activities]
4: RESPOND		
A. Maintain the Pa. Cluster Detection and Response (CDR) Plan	No Change	
59. Initiate an Outbreak Response Plan (ORP) within 72 Hours of an outbreak declaration.	No Change	
60. Enact continuous evaluation of the ORP throughout the course of a determined outbreak.	No Change	
61. Conduct an overall evaluation of the activities of the ORP once a determined outbreak has been contained.	No Change	
62. Develop a final report to summarize the activities of the ORP for a determined outbreak once the outbreak has been contained and evaluated.	No Change	
63. Ensure that all CMHDs have a CDR Plan as required through the HIV Prevention grant.	Ensure that all CMHDs have a Cluster Detection and Response (CDR) plan as required by HIV prevention grants.	

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63.1	Develop a high-level educational presentation on Cluster Detection and Response (CDR) activities, including an annual update to be delivered to the HPG and Regional Grantees.	
		p. Coordinate with grantees annually to review current CORDP for jurisdictions to assure comprehensive understanding across the Commonwealth of grantee expectations and outcomes. [Under review by Program Managers]
B. Facilitate monitoring by statewide stakeholder bodies	No Change	
64. Convene and support the HIV Planning Group to monitor and evaluate the progress of the Integrated HIV Prevention & Care Plan (IHPCP) narrative, data, and activities.	No Change	
65. Convene and support SPBP Advisory Council to review and update the SPBP formulary.	No Change	
		q. Develop and maintain an ongoing webspace that makes HPG and IHPCP work publicly available with continuous updates on activities, meetings, and projects. [HPG: Is this beyond the eval dashboard and the website?]
C. Continue and enhance HIV Surveillance	No Change	
66. Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly diagnosed with HIV.	No Change	
67. Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.	No Change	

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68. Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes.	Enhance geocoding and data linkage capacity to support understanding of social determinants' influence on risk for disease and continuum of care outcomes.	
69. Finalize CAREWare Centralization Project for data completeness and security.	Ensure timely reporting of HIV genetic sequences.	
70. Ensure complete reporting of newly diagnosed individuals with HIV to the Pa DOH.	No Change	
D. Ensure comprehensive monitoring and evaluation	No Change	
71. Create a data dashboard depicting HIV data relative to the Division's work.	Maintain an internal facing data dashboard depicting HIV metrics relative to the Division's work.	
72. Create a dashboard to monitor and evaluate progress on IHPCP goals.	Maintain a dashboard to monitor and evaluate progress on IHPCP goals.	
5: SUPPORT		
<i>Goal:</i> To facilitate the success of the above Pillars, and reflective of the most recent National HIV/AIDS Strategy (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 that is free from stigma and discrimination.	Promote collaborative efforts that address the full breadth of the HIV epidemic so that every Pennsylvanian will have unfettered access to high quality, life extending HIV care and prevention.	
A. Expand capacity and educational messaging addressing HIV, comorbidities, and social determinants of health	Merged with Strategy 1E (Prevent Pillar)	
73. Include/partner with representatives from Viral Hepatitis and STD in outreach efforts to affiliates or when establishing/building new working relationships.	Partner with the DOH Viral Hepatitis Program and the DOH STD Program in outreach efforts when building new working relationships with stakeholders.	
74. Support and promote HIV anti-stigma campaigns and related surveys and campaigns (such as PrEP awareness) as identified by the Division and/or HPG.	Removed	

2022-2026 Activity	2027-2031 Activity	HPG Recommendation
75. Support culturally competent HIV-related messaging to key and underserved/under resourced communities, such as individuals experiencing aging and/or long-term survivorship, rural communities, or young black Men who have sex with men (MSM) and transwomen.	Removed	
76. Monitor proposed/pending state legislation and provide legislative assessments or analysis as requested on their potential impacts on PLWH and communities at risk for HIV, including but not limited to issues such as HIV decriminalization, syringe service programs, aging, discrimination, employment, housing, poverty, health care, etc.	Moved to Strategy 5C	
B. Expand Division and related service partners' training and internal capacity/competency	Merged with Strategy 5C	
77. Incorporate trainings that speak to appropriate and person- centered language into all aspects of the Division and related service partners' work, including specific trainings that speak to the needs of people aging with HIV, PWD and HIV, and people experiencing long-term survivorship.	Removed	
78. Incorporate Trauma Informed Care trainings into all aspects of the Division and related service partners' work.	Conduct annual trainings on Act 148/Confidentiality and Security of HIV Related Information as appropriate.	
79. Conduct Act 148, and other relevant data security and confidentiality trainings to all relevant staff and the HPG.		
C. Support the HIV Planning Group (HPG) and SPBP Advisory Council	No Change	
80. Ensure the HPG, as the body representing HIV Prevention and Care services stakeholders in Pa., meet and make recommendations to the Division on HIV related issues, policies and procedures, and community needs and experiences.	Ensure the HPG, as the body representing HIV Prevention and Care services stakeholders in Pa., meet and make recommendations to the Division on HIV-related issues, policies and procedures, as well as community needs and experiences.	r. Consistently educate stakeholders on data security and confidentiality policies to meet current technological standards. [Addressed in revisions to activity's Needs]

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81. 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 Division.	Ensure reflective membership and diverse community engagement in the HPG and its planning processes. Statewide outreach will occur in formats that promote diverse, as identified and approved by the HPG and Division.	
82. Ensure that the HPG meetings are inclusive of representation of relevant planning partners and agencies from associated/intersectional services (Example agencies include Viral Hepatitis, STD, and Departments such as Education, Aging, DDAP, Corrections, Medicaid, etc.)	Ensure that HPG meetings are inclusive of representation from relevant intersectional service agencies identified as Planning Partners (See Section II.C for full list of Planning Partners).	u. Ensure that the HPG meetings are inclusive of representation of relevant planning partners and agencies from associated/intersectional services (Example agencies include Viral Hepatitis, STD, and Departments such as Education, Aging, DDAP, Corrections, Medicaid, etc.); <i>should a statewide partner be unavailable, regional representation may be utilized as a substitute.</i> [As this relates to HPG operations, suggest addressing in the HPG Protocols]
83. Facilitate HPG research and proposals for improving employment opportunities and resources for PLWH.	Facilitate relevant research and proposals, as identified by the HPG for improving opportunities and resources for PLWH.	
84. Facilitate an HPG workgroup for research and proposals for improving outcomes and resources for people aging with HIV and people experiencing long-term survivorship.		
85. Facilitate an HPG workgroup for research and proposals for improving HIV-related disparities among communities of color.		
-	Ensure HPG identified priorities are continually re-evaluated and reflected in ongoing care and prevention activities.	
86. Ensure the SPBP Advisory Council, as the body representing RW ADAP stakeholders in Pa., advises the SPBP and the Division on the SPBP formulary and programmatic policies and procedures.	Ensure the SPBP Advisory Council, as representatives for Pa. RW ADAP stakeholders, advises the SPBP and the Division on the SPBP formulary and programmatic policies and procedures.	
See (76)		
D. Enhance CB/Technical Assistance (TA)Trainings	Re-numbered to Strategy 5C	

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87. Develop and maintain a Case Management training curriculum that includes special conditions and populations, including but not limited to aging, long-term survivorship, and disability.	Offer a case management training curriculum that addresses emerging needs, including among aging, long-term survivor, and disabled populations.	
87.1	Explore current policies and procedures utilized by providers across the state to compile and develop best practices for the successful transition of incarcerated PLWH back into the community, including (re)engagement to medical care.	b. Develop a D2C process that identifies and establishes a continuum of care for PLWH that exit the correction systems within Pennsylvania. [HPG: Does this activity address the recommendation?]
88. Develop a Division PowerPoint and maintain annually or as needed.	Maintain a PowerPoint describing the Division's structure and purpose, including annual or as needed updates.	
89. Internally assess CB assistance needs and develop and implement a CB assistance plan if warranted.	Conduct a bi-annual needs assessment of capacity building needs for Division staff and develop a plan to meet identified needs.	
90. Ensure training needs are identified during annual on-site monitoring of contracted providers as well as through a bi-annual (every other year) capacity needs assessment distributed to both prevention and care providers.	Conduct an annual needs assessment of capacity building needs for CMHDs and providers with PPAs and develop a plan to meet identified needs.	
91. Develop and maintain annual training schedules based on capacity needs assessment.	Develop and maintain annual training schedules based on capacity building needs assessments.	t. Ongoing training for all funding recipients made available annually to assure staff are compliant to new and current policies with evidence based research including optional continuation education credits. [Under review by Program Managers] [See revised Need under (91)]
See (78) and (79)		