

**IHPCP Goal Evaluation Worksheet**

Date: Thursday, May 2, 2024

**Ending the HIV Epidemic Pillar: *Diagnose***

**Goal:** Diagnose all people living with HIV as early as possible

**Strategy:** 2E – Expand Status Neutral Navigation and Linkage Services (SNNLS) across the Commonwealth

**Key Disparity Metric (s):** HIV and HCV testing and education PWID

**Data Sets Informing this Objective:** Epidemiological data, HCV incidence data, Stakeholder Input Data # 4, 11

**Priority Setting:**

The HPG voted these as their top priorities

1. SPBP/ADAP (collapsed because SPBP serves this purpose in PA)
2. Housing
3. Medical Case Management
4. Early Intervention Services
5. Outpatient/Ambulatory Care
6. Emergency Financial Assistance
7. Health Insurance Premiums
8. Outreach Services
9. Home and Community Based Care
10. Oral Health Care

**IHPCP Activity(s):**

#	Activity	Need/Gap/ Barrier & Priority Pop.	Responsible Party & Partnerships	Data Baseline	Target Goals/ Outcomes
42	Develop and implement status neutral navigation and linkage services (SNNLS) that Promote Risk Reduction measures, including incorporating risk reduction into capacity building (CB).	<b>Need: Hepatitis C Virus (HCV)-HIV comorbidities</b> <b>Priority pop: PWID</b>	<b>Division, Division of Viral Hepatitis</b>	<b>N/A</b>	<b>Completed SOR grant</b>

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**Please describe the program as a whole**

The Status Neutral Navigation and Linkage Program (SNNLP) is an initiative informed by the status neutral approach (meaning a person can benefit from the service regardless of their HIV status) to engage and retain individuals in services key for HIV prevention and care.

Overall, SNNLP is meant to help guide clients towards services through means of a navigator. These services can include PrEP, PEP, testing, social services, transportation, medical care, drug and alcohol treatment, etc.

While HCV services can be included in SNNLP, they are not as linked together as suggested in the activity.

**Describe the data indicators (if applicable) listed for your strategy and activity in the IHPCP.**

**Are there state or national standards?**

Reporting targets include:

80% of persons diagnosed with HIV are referred to or provided an essential support service.

85% of persons newly diagnosed with HIV are linked to medical care within 30 days after diagnosis

Percentage and number of persons tested negative for HIV who were referred to a PrEP provider

Percentage and number of persons aware of PrEP

**What are your baseline data and your current data indicators?**

80% of persons diagnosed with HIV are referred to or provided an essential support service. – PA is at 85%

85% of persons newly diagnosed with HIV are linked to medical care within 30 days after diagnosis – PA is at 78%

Percentage and number of persons tested negative for HIV who were referred to a PrEP provider – PA reports 71.5%

Percentage and number of persons aware of PrEP – PA reported 38%

**What groups(s) are your target population(s) and how was that decided?**

**Does your target population(s) align with the disparity metrics outlined in the IHPCP under the corresponding strategy?**

SNNLP technically has no target population, it is open to all persons whom a navigator may feel could benefit from navigation to services. However, navigators should take note of historical priority populations (MSM, MSM of Color, People of Color, Trans Population and PWID) that could benefit from the program.

**How are you measuring your success in accomplishing or maintaining this activity?**

The national standard of Linkage to Services is the main indicator of success for this program. However, the Division of HIV recognizes the amount of effort related to linkage services and have encouraged reporting of those efforts.

**What barriers or challenges have you experienced/are experiencing?**

Traditional linkage programs (ARTAS and HNS) were fraught with paperwork and reporting issues bogging down the linkage program.

**What solutions to these barriers and challenges have you come up with?**

SNNLP is hopefully a solution to those barriers encountered with HNS and ARTAS.

**If you had to give a percentage of how close you are to completing this goal(s), what would it be and why?**

Currently I would say the program is around 50% complete. We hope that a pending a beta test, and possible revisions post beta-test will be the last portions of the development of SNNLP before it goes fully live.

**What are your next steps? What is the sustainability of this effort (if applicable)?**

Next steps for the program are a training for the providers engaged in the pilot implementation, completing and learning from the pilot, making necessary adjustments to the training/documentation/guides, and roll out statewide. Navigation/linkage are requirements of CDC funding so this program will be supported through the next five-year grant cycle and beyond unless requirements change.

**Is there anything additional you'd like the HPG Evaluation Subcommittee to know?**

N/A

**Are there any other individuals associated with the program you'd like to recognize?**

The SNNLP workgroup members: Sharita Flaherty, Gary Snyder, Shane Cobert, Clint Steib, Leah Magagnotti, Yvonne Kingon, Kendra Parry, and Cheryl Henne.

**This section is for Evaluation Subcommittee purposes only**