

**Integrated HIV Prevention  
and Care Plan  
2022 – 2026  
*Activities Update***

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JULY 16, 2025

# AGENDA

- Introductions
- Integrated HIV Prevention and Care Plan (IHPCP)
  - Background
  - Planned activities
  - Implemented activities
  - Additional activities
  - Ongoing challenges
- Discussion

# PRESENTERS

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# BACKGROUND

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- The purpose of the *Integrated HIV Prevention and Care Plan* (IHPCP) is to provide a roadmap to how the Pennsylvania Department of Health (PADOH) Division of HIV Health (Division) is addressing HIV in the Commonwealth
- IHPCP focuses on:
  - Status of HIV in Pennsylvania (Pa.) and what will be done to prevent HIV
  - Help people with HIV (PLWH) get and stay in care
  - Address emerging trends
  - Respond in ways that strengthens the state's HIV response

# BACKGROUND

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- IHPCP addresses HIV in Pa. through the “Five Pillars”:  
(1) prevent, (2) diagnose, (3) treat, (4) respond, and (5) support
- IHPCP was developed jointly by the Division, the Bureau of Epidemiology, University of Pittsburgh’s HIV Prevention and Care Project (HPCP), and members of the HIV Planning Group (HPG)
- The planning process and content that forms the basis of the IHPCP were developed over the course of 5 years since 2017-2021

# Pillar 1

## ***PREVENT***

**Goal:** *Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)*

**Strategy 1A:** Implement Data-to-Care (D2C) approaches to reengage PLWH into care

**Strategy 1B:** Expand status neutral capacity across the Commonwealth

**Strategy 1C:** Support and expand PrEP screenings and services

**Strategy 1D:** Expand sexually transmitted diseases (STD) Data-to-PrEP initiative

**Strategy 1E:** Continue and enhance condom distribution

**Strategy 1F:** Support social media campaigns that advance prevention efforts

**Strategy 1G:** Continue post-exposure prophylaxis (PEP) activities

**Strategy 1H:** Support perinatal prevention services

## Strategy 1A: Implement Data-to-Care (D2C) approaches to reengage PLWH into care

### PLANNED

- Identify persons with HIV who are not in care by implementing a Central Output Model to engage individuals statewide in D2C
- Provide linkage to, re-engagement in, and retention in HIV medical care services for persons with HIV who are not in care, with a goal of a 25% increase in those linked, reengaged, and/or retained through D2C initiatives.
- Expand D2C process across the state to include all regional jurisdictions, 11 County Municipal Health Departments (CMHD) and 6 Districts

### IMPLEMENTED

- **A Central Output Model was implemented** in January 2023 to engage individuals on a D2C statewide level.
- **The D2C process has been expanded on a statewide level.**
- **410 individuals have since been identified** as not in care because of the expanded D2C process.

## Strategy 1B: Expand status neutral capacity across the Commonwealth

### PLANNED

- Develop and implement status neutral navigation and linkage services (SNNLS) that Promote Risk Reduction measures, including incorporating risk reduction into capacity building (CB).
- Equip all CMHDs to provide status neutral linkage services/interventions.
- Develop status-neutral training, education, or guidance based on pending Centers for Disease Control and Prevention (CDC) guidance

### IMPLEMENTED

- **The Status Neutral Navigation and Linkage Program (SNNLP) is currently in its pilot phase**, during which new programming and reporting measures are being tested and refined.
- **The pilot has shown early signs of success**, prompting the program to move forward with plans for statewide implementation in 2025.
- **A comprehensive training curriculum has been developed** and is undergoing review as part of the ongoing pilot evaluation.
- **SNNLP is scheduled for three upcoming sessions** in September, October, and December of 2025.

## Strategy 1C: Support and expand PrEP screenings and services

### PLANNED

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- Increase number of Participating Provider Agreements (PPAs) providers prescribing PrEP.
- Promote and increase access to new PrEP medications as they become available.
- Ensure linkage to and retention in PrEP services for clients by the CMHDs.
- Collaborate with Department of Drug & Alcohol Programs (DDAP) providers to expand PrEP screening to people who inject drugs (PWID).
- Support research into expanding PrEP access and uptake among underserved populations, including women of color.

### IMPLEMENTED

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- In 2023, **678 individuals were linked to PrEP services, and in 2024, 644 individuals were linked**—demonstrating consistent reach. Overall, the number of individuals receiving services increased from 3,182 in 2023 to 3,595 in 2024, representing a **13% increase and reflecting the impact of expanded education and testing infrastructure.**
- To support and expand PrEP screenings and services, the Division collaborated with DDAP, Single County Authority structures, and local Drug & Alcohol (D&A) providers to **establish a foundation of education and a framework for HIV testing**

## Strategy 1D: Expand sexually transmitted diseases (STD) Data-to-PrEP initiative

### PLANNED

- Enhance the current use of STD Data-to-PrEP systems to identify clients for PrEP referrals, with the goal of achieving a 25% increase in individuals successfully linked to PrEP through this approach.

### IMPLEMENTED

- Division of STD **continues to expand STD Data-to - PrEP initiative** by working to increase PrEP referrals to individuals with repeat STD infections.
- The Division is currently discussing and evaluating the effectiveness of the program.

## Strategy 1E: Continue and enhance condom distribution

### PLANNED

- Facilitate 10% increase in purchase of specialty condoms with federal funding.
- Continue and enhance distribution of condoms, particularly in priority/high incidence areas and among priority populations.
- Ensure that CMHDs maintain robust condom distribution programs, with a goal of achieving a 50% increase in condom distribution.

### IMPLEMENTED

- In **2021, 467,950 condoms** were distributed and in **2024, 830,570 condoms** were distributed, for a **77.49% increase in condom distribution.**
- In **2021, CMHDs distributed 15,173 condoms** and in **SFY 23-24, CMHDs distributed 42,100 condoms**, for a **177.5% increase in CMHD condom distribution.**

## Strategy 1F: Support social media campaigns that advance prevention efforts

### PLANNED

- Identify 2-3 campaigns for appropriate dual messaging around HIV, STD & Hepatitis C Virus (HCV).
- Expand 1-2 PrEP education campaigns across the state.
- 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.
- Support regional grantee media campaigns to educate and engage regionally prioritized populations.

### IMPLEMENTED

- Jewish Healthcare Foundation has a successful media campaign that increased the number of individuals receiving case management.
- True T (Pittsburgh) has a social media presence to help reduce barriers to care.
- United Way Of Wyoming Valley: Caring Communities and Wyoming Valley AIDS Council (WVAC) had Spanish-focused media campaigns that have drawn new clients.
- PA Thrive Partnership has a media campaign for their services for TV and internet/social media with client testimonials and health education.

## Strategy 1G: Continue post-exposure prophylaxis (PEP) activities

### PLANNED

- Conduct a needs assessment for PEP, with the goal of completing one successful assessment and delivering a report to the HPG by 2024.
- Develop an initiative to address gaps in the provision of PEP including capacity, education, and resources with annual reporting to the HPG, by 2025.

### IMPLEMENTED

- **1 successful intervention underway**, with annual reporting to the HPG, by 2025 to address gaps in provision of PEP.
- The Division continues to explore a means for increasing PEP services/availability. **The current offering of testing services for PEP through the PPA network is sustainable.**
- **The Division is considering different plans to increase the availability of PEP services**, including purchasing PEP to have at PPA locations.

## Strategy 1H: Support perinatal prevention services

### PLANNED

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- Conduct site and telehealth/remote visits to birthing facilities to improve the disease reporting ability of local clinicians.
- Conduct case surveillance for people who are pregnant and diagnosed with HIV and/or syphilis, and their infants after birth.
- Conduct perinatal exposure reporting for HIV and congenital syphilis.

### IMPLEMENTED

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- Case surveillance activities for pregnant people living with HIV and their infants continues to be part of our routine activities.
- The department continues active perinatal HIV exposure reporting by contacting providers and conducting bi-annual match of the Pennsylvania birth registry.

# Pillar 2

## ***DIAGNOSE***

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

**Strategy 2A:** Continue and expand HIV testing

**Strategy 2B:** Continue novel HIV testing initiatives

**Strategy 2C:** Continue PPAs

**Strategy 2D:** Continue and enhance Partner Services (PS)

**Strategy 2E:** Implement State Opioid Response (SOR) Grant, HIV/Viral Hepatitis Service Integration Project

## Strategy 2A: Continue and expand HIV testing

### PLANNED

- 25% increase in efforts to support private providers conducting HIV testing.
- Provide/facilitate a 10% per year in capacity building for clinical testing.
- Identify and support health care and non-health care providers that have diagnosed individuals with HIV.
- Increase HIV testing with priority populations, with 75% of all people tested identify with priority populations.

### IMPLEMENTED

- As of 2024, **43 private providers** receive support to increase HIV testing in their setting.
- Since 2022, **34 clinicians/staff** have been trained through capacity building efforts.
- Outreach to **283 providers** since February 2023.
- Increase in testing with priority populations.
  - **Baseline:** 28,852 tests in priority populations (56%)
  - **Current:** 34,823 tests (73.7%) from July 2023–June 2024
- Responsible parties (Division, testing providers, Pa. Expanded HIV Testing Initiative (PEHTI), Mid-Atlantic AIDS Education Training Center (MAAETC), HPCP) to continue and expand HIV testing.

## Strategy 2B: Continue novel HIV testing initiatives

### PLANNED

- Continue to support efforts to identify new partners to promote routine HIV testing, including assessing feasibility of Urgent Care Centers (15% increase)
- Assess feasibility of incorporating Viral Hepatitis testing/education with routine HIV testing.
- **Continue to promote and fund HIV Self Testing (HST) activities** (1,200 orders per year) and online promotion throughout the Commonwealth, in coordination with Philadelphia's self testing program.

### IMPLEMENTED

- **In partnership with the Division, PEHTI piloted an emergency department program** as a recommendation by the CDC as an effective way to identify undiagnosed cases among vulnerable populations without consistent access to care.
  - The program ran for 15 months, with 8,932 individuals tested, and 10 new diagnoses identified.
- **PEHTI and HPCP, with support from the Division, continue to maintain getmyHIVtest.com program.**
  - In 2024, PEHTI, HPCP, and DOH **mailed out 788 HIV home self-test kits**. Since 2020, 4,780 total kits have been mailed.

## Strategy 2B: Continue novel HIV testing initiatives (cont'd)

### PLANNED

- Promote and support 10% increase of HIV testing in nonclinical settings, including in bars, community centers, and other priority community resources.
- 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.
- Increase outreach to HIV providers to offer education and technical assistance to expand on-site Hepatitis testing initiatives, aiming to reach 50% of HIV providers with technical assistance each year.

### IMPLEMENTED

- **In 2024, PEHTI and its partners tested 20,894 people for HIV in a non-corrections setting.** There were 51 new HIV diagnoses from these tests. Since 2018, 195 have been diagnosed through these tests.
- **PEHTI offers free technical support, reimbursement support, and training to clinics who offer HIV, HCV, and STD screening.**
- **In 2024, PEHTI and its partners tested 21,127 people for hepatitis C in a non-corrections setting.** There were 4,157 new, active hepatitis C diagnoses from these tests.

## Strategy 2C: Continue PPAs

### PLANNED

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- 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.
- Continue to support and monitor PPA agreements throughout the Commonwealth.
- Collaborate with the Division of Immunizations to enhance outreach and education for public health emergencies that impact communities affected by HIV.

### IMPLEMENTED

- The Division’s Monitoring and Evaluation (M&E) Section conducts **annual monitoring for all PPA’s, CMHD and Regional Grantees**. During monitoring visits capacity building and technical assistance is discussed.

## Strategy 2D: Continue and enhance Partner Services (PS)

### PLANNED

- Increase partner elicitation among newly identified/diagnosed individuals with HIV.
- Increase the number of partners identified with an unknown HIV status.
- Refer 100% of individuals in priority populations who test positive for HIV to PS.

### IMPLEMENTED

- **90.6% of PLWH** were successfully interviewed through **PS activities**.
- **71.79%** of named partners with an unknown status were tested for HIV.
- HPCP implemented **updated documentation guidelines for field staff conducting PS interviews to improve outcome data**. 99.6% of PLWH, including newly diagnosed were offered PS
- Overall, the program continues to successfully increase performance measure outcomes on an annual basis.

## Strategy 2E: Implement State Opioid Response (SOR) Grant, HIV/Viral Hepatitis Service Integration Project

### PLANNED

- Increase awareness of, and expand access to, HIV and viral hepatitis testing, education, and prevention services in facilities treating persons with substance use disorder.

### IMPLEMENTED

- The PADOH and the Division continue to maintain the SOR Grant, HIV/Viral Hepatitis Service Integration Project. Information on the project is maintained at stophiv.com: [SOR, HIV/Viral Hepatitis Service Integration Project collaboration with Pennsylvania DOH provides support to patients and care providers | StopHIV.com](#)

# Pillar 3

## ***TREAT***

**Goal:** *Treat people with HIV rapidly and effectively to reach sustained viral suppression*

**Strategy 3A:** Continue and enhance the Ryan White (RW) Continuous Quality Improvement (CQI) Plan

**Strategy 3B:** Continue the Special Pharmaceutical Benefits Program (SPBP) Medication Adherence Program

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

**Strategy 3D:** Support RW Regional Grantees

**Strategy 3E:** Develop and support a Case Management (CM) Workgroup

**Strategy 3F:** Enhance the SPBP Customer Service Line (CSL)

## Strategy 3A: Continue and enhance the Ryan White (RW) Continuous Quality Improvement (CQI) Plan

### PLANNED

- Improve viral suppression from a baseline of 90% to 93%.
- Improve annual retention in support services from baseline of 63% to 90%.
- Annual retention in core services from a baseline of 80% to 90%.
- Improve linkage to RW Part B Services within 30 days of diagnosis from a baseline from 53% to 85%.

### IMPLEMENTED

- **Viral Suppression:**
  - SPBP 95%
  - Medical Case Management (MCM) 92%
  - Health Education/Risk Reduction 90.51%
  - Outpatient/Ambulatory Health Services 92%
- **Overall RWPB: 85%**
- **Annual Retention:**
  - SPBP 81%
  - Foodbank/Home Delivered Meals 70.8%
  - MCM 77.05%
  - Medical Transportation 52.58%
- **Overall linkage to RW Part B: 62.04%**

## Strategy 3B: Continue the SPBP Medication Adherence Program

### PLANNED

- Identify SPBP clients who need additional support to become adherent to HIV medication treatment regimens on a quarterly basis.
- Provide clinical consultation to clients and their providers to ensure optimal adherence with HIV medication treatment regimens.
- Increase HIV viral suppression among SPBP clients.

### IMPLEMENTED

- A clinical review of individuals enrolled in SPBP's medication adherence program was completed to determine the impact that the adherence program had on lowering individual's HIV viral load.
  - **107 individuals were identified** with pre and post adherence intervention viral load results.
  - Of the 107 individuals, **74 (69%) were virally suppressed** prior to the start of the medication adherence consultations.
  - After the medication adherence consultations were conducted, **91 (85%) of the 107 individuals** were virally suppressed.
- The **2024 Quality Improvement Project (QIP)** looks to improve statewide MCM annual retention and service utilization from 76% to 80%.
  - The project will run through December 2025

## Strategy 3B: Continue the SPBP Medication Adherence Program

### PLANNED

- Identify SPBP clients who need additional support to become adherent to HIV medication treatment regimens on a quarterly basis.
- Provide clinical consultation to clients and their providers to ensure optimal adherence with HIV medication treatment regimens.
- Increase HIV viral suppression among SPBP clients.

### IMPLEMENTED

Cont.:

- **The SPBP medication adherence consultations are completed on an on-going basis.** Each quarter, there are approximately 70 consultations with providers and 60 consultations completed with SPBP clients. The goal is to address barriers and issues with non-adherence to HIV treatment medications and various other drug classes.

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

### PLANNED

- Re-Engage PLWH who are lost to care back into treatment & access to medications.
- Increase the participation numbers of Black, Indigenous and People of Color (BIPOC) PLWH populations in AIDS Drug Assistance Program (ADAP)/SPBP and other medication assistance programs.

### IMPLEMENTED

- The CQI Workgroup recommended **creating instructions to find unretained clients in CAREWare.**
  - Written instructions and a short video were created by David O'Donnell from PA Thrive Partnership.
  - **The instructions detail how to run CAREWare reports for unretained clients.**
- The CQI Workgroup also recommended providing Regional Grantees with routine service category utilization reports which are used during quarterly Data Visualization reports, to include MAI.
- Beginning in 2024, the Jewish Healthcare Foundation (JFH) is now provided with routine MAI reports for participating providers.

## Strategy 3D: Support RW Regional Grantees

### PLANNED

- Develop a state RW Part B Handbook.
- Develop Frequently Asked Questions (FAQ) for Regional Grantees.
- Hold Quarterly meetings with Regional Grantees.
- Develop and distribute a toolkit to HIV providers focused on integrating Hepatitis testing and treatment into their settings.

### IMPLEMENTED

- This activity is currently being worked on as various components needed for a handbook exist. These components have been shared with Regional Grantees to date. The next steps are to review and compile the components to create the handbook.
- The Case Management Workgroup is still working on a FAQ/Best Practices document for Regional Grantees.
- Division held quarterly meetings with Regional Grantees is an on-going activity.
- Annual TA/training is provided to CQI Workgroup members and Regional Grantees representatives.

## Strategy 3E: Develop and support a Case Management (CM) Workgroup

### PLANNED

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- Review the RW Program Standards annually and update, as necessary.
- Complete a CM Standards Update annually.

### IMPLEMENTED

- **Successful creation of a CM Workgroup to review and update the Pa. RW Service Standards, and Case Management trainings.**
  - The initial review /update of the Pa. RW Service Standards has been completed, and this workgroup continues to meet and address current issues as well as a continuation of the routine review and updating of the Pa. Service Standards.

## Strategy 3F: Enhance the SPBP Customer Service Line (CSL)

### PLANNED

- Develop call standards for the CSL.

### IMPLEMENTED

- HPG Evaluation Subcommittee **recommended the website be updated to address how to reach out with questions** about the phone conversations you may have had/any grievances you may have.
- Also suggested website is made **compatible for those with disabilities.**

# Pillar 4

## ***RESPOND***

**Goal:** *Monitor HIV incidence and respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them*

**Strategy 4A:** Maintain the Pa. Cluster Detection and Response (CDR) Plan

**Strategy 4B:** Facilitate monitoring by statewide stakeholder bodies

**Strategy 4C:** Continue and enhance HIV Surveillance

**Strategy 4D:** Ensure comprehensive monitoring and evaluation

## Strategy 4A: Maintain the Pa. Cluster Detection and Response (CDR) Plan

### PLANNED

- Initiate an Outbreak Response Plan (ORP) within 72 Hours of an outbreak declaration.
- Enact continuous evaluation of the ORP throughout the course of an outbreak.
- Conduct an overall evaluation of the activities of the ORP once a determined outbreak has been contained.
- Develop a final report to summarize the ORP activities for an outbreak once the outbreak is contained and evaluated.
- Ensure that all CMHDs have a CDR Plan as required through the HIV Prevention grant.

### IMPLEMENTED

- The CDR leadership team, including HIV prevention and surveillance, has worked with CMHDs to provide public health recommendations to **update protocols written in their ORP for improvements.**

## Strategy 4B: Facilitate monitoring by statewide stakeholder bodies

### PLANNED

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- Convene and support the HPG to monitor and evaluate the progress of the IHPCP narrative, data, and activities.
- Convene and support SPBP Advisory Council to review and update the SPBP formulary.

### IMPLEMENTED

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- HPG is convened by the Division to engage in and support the planning activities that includes the IHPCP development and revision; IHPCP Assessment/Revision and IHPCP Evaluation/Monitoring.
- To accomplish this the **HPG holds 6 two-day meetings per year**. 4 times in Harrisburg, and twice in different regional locations throughout the Commonwealth.
- The **SPBP Advisory Council meets 4 times a year via conference calls**, where they provide input and recommendations about the SPBP drug formulary and program activities.

## Strategy 4C: Facilitate monitoring by statewide stakeholder bodies

### PLANNED

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- Ensure completeness of data including CD4 and VL results that will be used to determine linkage to care.
- Maintain structural strategies to ensure data security in the collection, review, and use of all data managed by the DOH.
- Enhance data linkage capacity to increase knowledge of influence of social determinants on disease risk and care outcomes.
- Finalize CAREWare Centralization Project for data completeness and security.
- Ensure complete reporting of newly diagnosed individuals with HIV to the PADOH.

### IMPLEMENTED

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- **PADOH just recently implemented laws and regulations** that require the reporting of all results.
- **CAREWare Centralized Project** was finalized and is now operated at a statewide level.
- The Division's M&E Section has **increased the number of monthly and routine data reports being pulled and utilized** to assist with prioritizing work such as with newly diagnosed individuals and Partner Services, or CQI performance measures.

## Strategy 4D: Ensure comprehensive monitoring and evaluation

### PLANNED

- Create a data dashboard depicting HIV data relative to the Division's work.
- Create a dashboard to monitor and evaluate progress on IHPCP goals.

### IMPLEMENTED

- **The Division created an internal dashboard** that shows CMHD, PPA, and CQI performance measures
- **America's HIV Epidemic Analysis Dashboard (AHEAD)** tracks the state's HIV rates and statistics, infections, treatment and structural factors influencing disease prevalence.
- IHPCP **dashboard maintained at Trello**, an online productivity management platform.

# Pillar 5

## *Support*

**Goal:** *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 socioeconomic circumstance, will have unfettered access to high quality, life extending HIV care that is free from stigma and discrimination.*

**Strategy 5A:** Expand capacity and educational messaging addressing HIV, comorbidities, and social determinants of health

**Strategy 5B:** Expand Division and related service partners' training and internal capacity/competency

**Strategy 5C:** Support the HPG and SPBP Advisory Council

**Strategy 5D:** Enhance CB/Technical Assistance (TA) Trainings

## Strategy 5A: Expand capacity and educational messaging addressing HIV, comorbidities, and social determinants of health

### PLANNED

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- Include/partner with representatives from Viral Hepatitis and STD in outreach efforts to affiliates or when establishing/building new working relationships.
- Support and promote HIV anti-stigma campaigns and related surveys and campaigns (such as PrEP awareness) as identified by the Division and/or HPG.
- Support culturally competent HIV-related messaging to 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 trans women.
- Monitor proposed state legislation and provide legislative assessments or analysis on their potential impacts on PLWH and communities at risk for HIV, including issues such as HIV decriminalization, syringe service programs, aging, discrimination, employment, housing, poverty, health care, etc.

### IMPLEMENTED

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- HPCP developed the **Intersectional Stigma Intervention project** that used human-centered design and involved structural methods to center partnerships to **develop meaningful, community-proposed solutions to stigma and discrimination** among PLWH's healthcare experience.

## Strategy 5B: Expand Division and related service partners' training and internal capacity/competency

### PLANNED

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- 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, PWID and HIV, and people experiencing long-term survivorship.
- Incorporate Trauma Informed Care trainings into all aspects of the Division and related service partners' work.
- Conduct Act 148 and other relevant data security and confidentiality trainings to all relevant staff and the HPG.

### IMPLEMENTED

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- **The Division partnered with MAAETC to host HIV & Aging trainings starting in 2024.** In addition, the MCM training series covers special populations including Aging and PWID. All trainings offered by HPCP also include a language guide as a resource for person-first language.
- The Division brought on trainers that conduct a **Trauma Informed Leadership training. This training started in 2022 and has been conducted 10 times.** In addition, the MAAETC includes trauma informed care in the MCM training series.

## Strategy 5C: Support the HPG and SPBP Advisory Council

### PLANNED

- 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 community needs and experiences.
- 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 by the HPG and Division.
- 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)

### IMPLEMENTED

- **HPG regularly schedules meetings and subcommittees, where they create recommendations and advice for the Division** on issues and plans that impact people at risk for and PLWH throughout the Commonwealth.
- **HPG created a Membership and Recruitment Workgroup** that led a successful recruitment cycle for new HPG members, prioritizing communities with high HIV burden.
- **HPG holds two Townhall forums** that allow for greater stakeholder participation and inform regional concerns and additional perspectives for all involved.

## Strategy 5C: Support the HPG and SPBP Advisory Council (cont'd)

### PLANNED

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- Facilitate HPG research and proposals for improving employment opportunities and resources for PLWH
- Facilitate an HPG workgroup for research and proposals for improving outcomes and resources for people aging with HIV and people experiencing long-term survivorship.
- Facilitate an HPG workgroup for research and proposals for improving HIV-related disparities among communities of color.
- Ensure the SPBP Advisory Council advises the SPBP and the Division on the SPBP formulary and programmatic policies and procedures.

### IMPLEMENTED

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- **HPG created the Employment workgroup who in collaboration with Temple University and Penn State**, is conducting a research survey to better understand the employment and career advancements needs of people living with HIV.
- **HPG facilitates the Aging and Disability workgroup** that have made recommendations to improve outcomes for people aging with HIV. This workgroup has recently merged with the Intersection & Innovation Workgroup.
- **SPBP Advisory Council is made up 20 members comprised of recipients, clinicians, case managers, pharmacists, and other stakeholders.** They provide input and recommendations concerning SPBP drug formulary and program activities.

## Strategy 5D: Enhance CB/Technical Assistance (TA) Trainings

### PLANNED

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- Develop and maintain a Case Management training curriculum that includes special conditions and populations, including aging, long-term survivorship, and disability.
- Develop a Division PowerPoint and maintain annually or as needed.
- Internally assess CB assistance needs and develop and implement a CB assistance plan.
- Identify training needs during annual on-site monitoring of contracted providers and through a bi-annual capacity needs assessment distributed to prevention and care providers.
- Develop and maintain annual training schedules based on capacity needs assessment.

### IMPLEMENTED

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- MAAETC has collaborated with the Division to create a **comprehensive distance based longitudinal training series for RW-funded MCMs in Pa.**
- The Division developed a **Division PowerPoint to help orient various stakeholders.**
- The Division works with HPCP to do a **bi-annual CB Needs Assessment.**
- The Division **develops a training schedule based on Needs Assessment results.** Schedules are built on a 6-month schedule. The Division works with all trainers that provide routine trainings, and schedules are posted on [stophiv.com](http://stophiv.com) and the MAAETC website for the MCM training series.

# Bridging the Gaps

## *Supporting Activities in Action*

- Housing initiative with the Philadelphia Health Department successfully implemented
- As of March 2025, there were **155 quality improvement projects** statewide
- With the support of Division leadership, the CQI coordinator has essentially rebuilt the CQI program from the ground up, effectively oversees all aspects of the CQI program.
  - Provide TA to subrecipients.
  - Utilize performance measures data focused on services delivered and needs of PLWH.
  - Designed and developed an innovative, integrated programmatic approach to effectively monitor and validate performance measure data monthly to ensure data accuracy.
- Pitt Demonstration Project

# ONGOING CHALLENGES

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- Initial IHPCP plan called for a 50% increase in PrEP linkages reported by CMHDs and relevant providers.
  - Totals have increased by about 13%, however the Division believes the “50%” increase goal to be lofty.
- Pennsylvania is a large state with different methodologies to providing services.
  - Rural agencies may operate vastly different from urban settings.
  - The barriers experienced in rural settings may be unlike those in urban settings.
  - CQI works to affect change regardless of the location in the state.

# DISCUSSION

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- Questions?
- Comments?

**Thank you!**

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