

Appendix A: Workplan

Ending the HIV Epidemic Pillar: Prevent

Goal: Reduce new HIV transmissions by increasing PrEP and PEP services and supporting HIV prevention including, condom distribution, perinatal transmission prevention and harm reduction services.

Prevent Strategy 1A:

Implement status neutral navigation and linkage services, for HIV prevention, across the Commonwealth.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(4)	Implement the Status Neutral Navigation and Linkage Program (SNNLP) to prevent HIV acquisition and assist in retention in care.	Need:	–	In 2025: <ul style="list-style-type: none"> • ## of provider agencies were trained in SNNLP. • ## of individuals participated in SNNLP. 	Maintain or increase the number of provider agencies were trained each year. Increase in number of individuals participating in SNNLP each year.

Data Sets informing this Strategy: [Priorities to be added]

CB Needs Assessment survey; Epidemiological data

Prevent Strategy 1B:

Support and expand PrEP and PEP services.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(-)	Support initiation of PrEP for uninsured individuals with laboratory services and provider visits through contracts or agreements with the Division.	Need:	<ul style="list-style-type: none"> • Participating Provider Agreements (PPAs) • County Municipal Health Departments (CMHD) 	In 2025, ## uninsured individuals received PrEP services.	Increase in number of uninsured individuals initiating PrEP services.

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(8)	Promote and increase access to new PrEP medications as they become available.	Need: PrEP knowledge	<ul style="list-style-type: none"> • PrEP Providers • Drug Companies 	Baseline	Goal
(9)	Ensure referrals or linkage to and retention in PrEP services for clients by HIV testing providers.	Need: PrEP uptake	<ul style="list-style-type: none"> • CMHDs • Testing Providers • PPAs 	In 2025, ## individuals were referred to PrEP through HIV testing services out of ### unique testing encounters.	100% of individuals at risk for acquiring HIV are referred to PrEP through HIV testing services.
(16, 21)	Support initiation of PEP for uninsured individuals with laboratory services and provider visits.	Need: PEP uptake	<ul style="list-style-type: none"> • CMHDs • Testing Providers • PPAs 	In 2025, ## uninsured individuals received PEP services.	Number of uninsured individuals initiating PEP services.
#	<p>Assess and address gaps in the provision of PEP including. Include a focused campaign for service providers.</p> <p><i>[New activity under review by Program Managers. Addresses 2 HPG Recs: d. Conduct a biennial needs assessment for PEP for HIV. e. Develop an initiative to address gaps in the provision of PEP including capacity, education, and resources; including a focus campaign for service providers across the Commonwealth.]</i></p>	Need: Capacity, education, and resource support for PEP providers	<ul style="list-style-type: none"> • PEP Providers 	N/A	<p>Successful development and implementation of assessment, including plans to address gaps, if identified.</p> <p>Development of a focused campaign to support PEP providers.</p>

Data Sets informing this Strategy:

Contract Laboratory and Provider Reporting; Epidemiological data

<p>Prevent Strategy 1C: Implement sexually transmitted diseases (STD) Data-to-PrEP Initiative.</p>					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics

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<p># (12)</p>	<p>Provide a referral and linkage to PrEP services for individuals diagnosed with five or more lifetime STDs.</p>	<p>Need: Individuals being diagnosed with multiple STDs being aware of PrEP services and value</p>	<ul style="list-style-type: none"> • DOH STD Program 	<p>In 2025:</p> <ul style="list-style-type: none"> • ### individuals with four or more lifetime STDs were identified for the initiative. • ## (__) were successfully linked to PrEP. 	<p>Number of individuals identified for the initiative annually.</p> <p>Number of individuals successfully engaged (contacted) annually.</p> <p>Number of individuals referred to PrEP annually.</p> <p>Annual increase in the percentage of successful engagements linked to PrEP.</p>
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Data Sets informing this Strategy:
Epidemiological data; STI Data

<p>Prevent Strategy 1D: Continue to implement a condom distribution program.</p>					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
<p>(14, 15)</p>	<p>Maintain an inventory of condoms for distribution within communities disproportionately impacted by HIV.</p>	<p>Need: Increase condom use/uptake</p>	<ul style="list-style-type: none"> • CMHDS • Testing Providers • Community Based Organizations 	<p>In 2025, ### condoms were distributed to providers serving priority populations.</p>	<p>Total # of condoms distributed annually.</p> <p>Total # of providers receiving condoms for distribution annually.</p>

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(16)	Maintain CMHD condom distribution programs.	Need: Continued CMHD condoms distribution	<ul style="list-style-type: none"> • CMHDs 	In 2025: <ul style="list-style-type: none"> • CMHDs received ## condoms from the Division. • ## of condoms distributed by providers who serve communities disproportionately impacted by HIV. 	Number of condoms purchased annually by CMHDs. Number of condoms received from the Division annually. Annual review of all CMHD condom distribution policies.
	Eval Rec: 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?]			

Data Sets informing this Strategy:
Epidemiological data

Prevent Strategy 1E: Expand capacity and educational messaging addressing HIV, comorbidities, and social determinants of health.					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(17, 18, 19, 20)	Support localized social media campaigns to educate and engage communities disproportionately impacted by HIV through contracts or agreements with the DOH. *When permitted and resources are available from funding agencies.	Need: Awareness campaigns for HIV prevention, Viral Hepatitis, and STDs	<ul style="list-style-type: none"> • Contract Agencies • Stakeholders with lived experience 	In 2025, ## agencies implemented ## social media campaigns.	Annual number of agencies implementing social media campaigns. Annual number of individuals engaged through social media campaigns.

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<p>(55)</p>	<p>Develop and distribute a toolkit to HIV providers focused on integrating Hepatitis testing and treatment into their settings.</p> <p>[Moved from Strategy 5D]</p> <p>[Eval Rec under review by Program Managers: I: Develop and distribute a toolkit to HIV providers focused on integrating Hepatitis testing and treatment into their settings including client facing materials for education awareness.]</p>	<p>Need:</p>	<ul style="list-style-type: none"> • Bureau of Epidemiology • DOH Viral Hepatitis Program 	<p>Baseline</p>	<p>Completion and dissemination of toolkit.</p>
<p>(73)</p>	<p>Partner with the DOH Viral Hepatitis Program and the DOH STD Program in outreach efforts when building new working relationships with stakeholders.</p> <p>[Moved from Strategy 5A]</p>	<p>Need: Greater synchronicity of comorbidity testing and education services.</p>	<ul style="list-style-type: none"> • DOH Field Services • DOH Viral Hepatitis Program • DOH STD Program 	<p>In 2025, monthly meetings occurred with staff from the Division’s prevention team, the Viral Hepatitis Program, and the STD Program.</p>	<p>Continue monthly meetings with Viral Hepatitis and STD Programs.</p>
	<p>[Eval rec: 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.]</p>	<p>[Stakeholders with lived experience added as Implementation Partners for (17)]</p>			
<p>Data Sets informing this Strategy: Surveillance/HCV data</p>					

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Prevent Strategy 1F: Support perinatal prevention services.					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(23)	Conduct site and telehealth/remote visits to birthing facilities to improve the disease reporting ability of local clinicians.	Need: Improve perinatal disease reporting	<ul style="list-style-type: none"> • Disease Intervention Specialists (DIS) • Birthing Facilities • Clinicians 	Of the ___ providers, 24 site visits conducted in 2024.	100% site visits conducted annually.
(24)	Conduct case surveillance for people who are pregnant and diagnosed with HIV and/or syphilis, and their infants after birth.	Need: Improve perinatal diagnosis and outcomes	<ul style="list-style-type: none"> • DOH HIV and STD Surveillance • Hospitals • Clinicians 	In 202__, of the people identified who were pregnant and had a positive HIV diagnosis (102), case surveillance was conducted for 100%.	Complete case surveillance for 100% of people identified as pregnant and having a positive HIV diagnosis.
(25)	Conduct perinatal exposure reporting for HIV and congenital syphilis.	Barrier: Quality of perinatal data	<ul style="list-style-type: none"> • DOH HIV and STD Surveillance • Hospitals • Clinicians 	In 2021, of the potential perinatal exposures identified (8 total (2 HIV and 6 congenital syphilis) cases, 100% received perinatal exposure reporting.	Complete perinatal exposure reporting for 100% of identified HIV and congenital syphilis cases.
-	Maintain a client facing toolkit, which includes a timeline of services needed for perinatal prevention of HIV and related conditions. [New activity to address Eval Rec g is under review by Program Managers - g. Develop and maintain a client facing toolkit w/ a timeline of services needed during pregnancy for prevention of HIV and related conditions.]	Need: Perinatal prevention resources	<ul style="list-style-type: none"> • DOH Viral Hepatitis Program • DOH STD Program 	Toolkit launched in 20__.	Annual or as needed updates to toolkit.

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<p>Eval Rec: f. Develop and maintain communications for notices of perinatal prevention services between Department of Drug and Alcohol Programs and the Division of HIV Health.</p>	<p>[HPG: what notices should be shared? DDAP or provider network?]</p>			
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Data Sets informing this Strategy:
Epidemiological data; Pennsylvania's version of the National Electronic Disease Surveillance System (PA-NEDSS)

Ending the HIV Epidemic Pillar: Diagnose

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

Diagnose Strategy 2A: Continue and expand HIV testing.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(26)	Increase the number of private providers conducting HIV testing.	Need: Increased testing among providers who do not have PPAs.	<ul style="list-style-type: none"> Private Testing Providers, including urgent and primary care providers who do not have PPAs PA Expanded HIV Testing Initiative (PEHTI) MidAtlantic AIDS Education and Training Center (MAAETC) 	In 2025, ## new providers were engaged to promote routine HIV testing by PEHTI.	Increase in the number providers engaged by PEHTI to promote routine HIV testing.
(27)	Provide/facilitate capacity building for clinical HIV testing.	Need: Ongoing training for new and existing clinicians	<ul style="list-style-type: none"> MAAETC Hospitals Clinicians 	In 2025, ## clinicians participated in the HIV Testing in Clinical Settings training.	10% increase in the number of clinicians participating in the HIV Testing in Clinical Settings training.

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(29)	Increase HIV testing within communities disproportionately impacted by HIV.	Need: Increased testing among communities disproportionately impacted by HIV.	<ul style="list-style-type: none"> HIV Testing Providers 	<p>In 2025, ## of individuals were tested for HIV through a contracted HIV testing provider.</p> <p>Of those contracted providers, ## serve members of communities disproportionately impacted by HIV based on reported data.</p>	Ensure at least 75% of contracted HIV testing providers serve members of communities disproportionately impacted by HIV.
	[Eval Rec for (28), which was removed: h. Identify and support health care and non health care providers that have diagnosed individuals with HIV with a toolkit showing providers via categories; brick & mortar sites, non-clinical sites, and mobile sites.]	[HPG: Clarify request? There is a map on the website already. What is meant by a toolkit?]			

Data Sets informing this Strategy:

Epidemiological data; PA-NEDSS

Diagnose Strategy 2B: Continue novel HIV testing initiatives.					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(31)	Assess feasibility of incorporating Viral Hepatitis testing/education with routine HIV testing.	Need: Hepatitis awareness & testing	<ul style="list-style-type: none"> DOH Viral Hepatitis Program 	N/A	Feasibility report and/or pilot results.
(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.	<p>Need: HIV testing in private or home settings, including for rural communities and individuals experiencing stigma</p> <p>Barrier: Access to testing</p>	<ul style="list-style-type: none"> PEHTI Philadelphia Health Department 	1,030 HST orders placed in 2021.	1,200 HST orders per year.

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(33)	Promote and support HIV testing in non-clinical settings, including in bars, community centers, and other priority community spaces.	<p>Need: Increase HIV testing in non-clinical settings</p> <p>Barrier: Access to testing, HIV stigma</p>	<ul style="list-style-type: none"> • PPAs • CMHDs • Community partners including: bars, community centers, Syringe Services Programs (SSPS), etc. 	4443 HIV tests were conducted in non-clinical settings in 2021.	10% increase in testing in non-clinical settings.
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Data Sets informing this Strategy:
PA-NEDSS

Diagnose Strategy 2C: Continue Participating Provider Agreements (PPAs).

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(37)	Continue to support and monitor Participating Provider Agreements (PPAs) throughout the Commonwealth, including providing technical assistance, as needed.	Need: Providers to partner in delivering HIV services.	<ul style="list-style-type: none"> • PPAs 	In 2025: <ul style="list-style-type: none"> • 100% of PPAs had site visits. • 100% of PPAs had performance measure reviews. 	Conduct annual site visits for 100% of PPAs, including assessing technical assistance needs. [TA added to address HPG Rec i] Review performance measures for each PPA annually.

Data Sets informing this Strategy:
Epidemiological data; PPA reporting; PA-NEDSS

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Diagnose Strategy 2D: Continue and enhance Partner Services (PS).					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(-)	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.	Need: Identify private providers that diagnosed individuals with HIV to support linking clients to care	<ul style="list-style-type: none"> HIV Testing Providers 	In 2025: <ul style="list-style-type: none"> ### providers diagnosed individuals with HIV. ### Dear Provider letters were sent to providers who diagnosed individuals with HIV. 	100% of new providers are sent a Dear Provider letter. Number of private providers that identify newly diagnosed individuals with HIV. Number of Dear Provider letters sent to identified providers.
(39)	Implement partner elicitation among newly identified/diagnosed individuals with HIV as part of Partner Services (PS).	Need: Increase the number of partners identified with an unknown HIV status.	<ul style="list-style-type: none"> Division of Communicable Disease Field Services (DOH Field Services) CMHDs HIV Testing Providers 	###% of PLWH newly diagnosed in 2025 interviewed for PS.	100% newly diagnosed or identified offered PS.
(40?)	Refer named individuals identified through Partner Services activities for HIV testing.	Need: Increase testing among partners of individuals diagnosed with HIV	<ul style="list-style-type: none"> DOH Field Services CMHDs HIV Testing Providers 	In 2025, ### partners were elicited and ### were referred to HIV testing.	100% of named partners with unknown status referred for HIV testing.
(41?)	Conduct Partner Services (PS) with 100% of individuals newly diagnosed with HIV within 30 days of diagnosis.	Need: Connect newly diagnosed individuals to PS.	<ul style="list-style-type: none"> DOH Field Services CMHDs HIV Testing Providers 	In 2025, ## (##%) of individuals newly diagnosed with HIV received Partner Services within 30 days of diagnosis.	100% of individuals newly diagnosed with HIV receive Partner Services within 30 days of diagnosis.
Data Sets informing this Strategy: PA-NEDSS					

Ending the HIV Epidemic Pillar: Treat

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

Treat Strategy 3A:

Implement Data-to-Care (D2C) approaches to reengage people living with HIV (PLWH) into care.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(1, 2)	Identify individuals with previously diagnosed HIV who are not currently in care.	<u>Gap:</u> All PLWH not in care or who have been lost to care	<ul style="list-style-type: none"> Division's HIV Prevention Program DOH HIV Surveillance DOH Field Services 	In 2025 there were ## individuals identified as not in care/lost to care through the D2C algorithm.	<p>Implement D2C Central Output Model to engage individuals statewide.</p> <p>Provide linkage to, re-engagement in, and retention in HIV medical care services for persons with previously diagnosed HIV who are not in care to at least 85% of the individuals identified for D2C.</p> <p>100% of those individuals engaged for D2C reach viral suppression within 6-months.</p>

Data Sets informing this Strategy:

Epidemiological data

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Treat Strategy 3B: Continue and enhance the Ryan White Continuous Quality Improvement (CQI) Plan.					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(43)	Improve viral load suppression.	Need: Improve viral load suppression	<ul style="list-style-type: none"> • DOH Field Services • SPBP • Regional Grantees, including their subrecipients • RW Part A • RW Parts C-D 	See current CQM Plan for current baseline.	See current CQM Plan for current goal (updated quarterly).
(44)	Improve annual retention in support services as referenced in the CQI Plan .	Need: Improve retention in RWPB support services, including: <ul style="list-style-type: none"> • Health Education/ Risk Reduction • Food Bank/Home Delivered Meals • Medical Transportation • Non-Medical Case Management 	<ul style="list-style-type: none"> • DOH Field Services • Regional Grantees, including their subrecipients • RW Part A • RW Parts C-D 	See current CQM Plan for current baseline.	See current CQM Plan for current goal (updated quarterly).
(45)	Annual retention in core services as referenced in the CQI Plan .	Need: Improve retention in RWPB core services, including: <ul style="list-style-type: none"> • Special Pharmaceutical Benefits Program (SPBP) • Medical Case Management • Outpatient/Ambulatory Health Services 	<ul style="list-style-type: none"> • DOH Field Services • Medical Case Managers • Regional Grantees, including their subrecipients • RW Part A • RW Parts C-D 	See current CQM Plan for current baseline.	See current CQM Plan for current goal (updated quarterly).

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(46)	Improve linkage to RWPB services within 30 days of diagnosis.	Need: Improve linkage to RW services	<ul style="list-style-type: none"> • DOH Field Services • Regional Grantees, including their subrecipients • RW Part A • RW Parts C-D 	See current CQM Plan for current baseline.	See current CQM Plan for current goal (updated quarterly).
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Data Sets informing this Strategy:
PA-NEDDS; CAREWare; Special Pharmaceutical Benefits Program (SPBP) data; Epidemiological data

Treat Strategy 3C: Continue the Special Pharmaceutical Benefits Program (SPBP) Medication Adherence Program.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(47)	Identify SPBP clients who need additional support to become adherent to HIV medication treatment regimens.	Need: Improve adherence to medications	<ul style="list-style-type: none"> • SPBP 	In 2021, a six-month pilot program was conducted to identify clients that were unable to remain adherent to HIV treatment medications.	Identification of clients that are unable to remain-adherent to HIV treatment medications will be conducted at least quarterly.
(48)	Provide clinical consultation to clients and their providers to ensure optimal adherence with HIV medication treatment regimens.	Barrier: SPBP client medication regimen non-adherence	<ul style="list-style-type: none"> • SPBP • Medical Case Managers • SPBP Clients 	64% of identified clients adherent to HIV treatment medications post intervention in the six-month pilot program in 2021.	90% of identified clients adherent to HIV treatment medications post intervention.
(49)	Increase HIV viral suppression among SPBP clients.	Need: Increase rates of viral suppression among SPBP clients	<ul style="list-style-type: none"> • SPBP • Medical Case Managers • SPBP Clients 	In 20__, 95% of SPBP clients with a viral load less than 200 copies/ml at the most recent HIV viral load test.	90% of SPBP clients with a viral load less than 200 copies/ml at the most recent HIV viral load test.

Data Sets informing this Strategy:
PA-NEDDS; CAREWare; SPBP enrollee data

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Treat Strategy 3D: Enhance the SPBP Customer Service Line (CSL).					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(58)	Develop call standards for the Customer Service Line (CSL). <i>[Eval rec o. Develop call standards for the CSL; update website to assist end users find FAQs information to reduce reported higher volume driving themes/topics. [move to Activity B within the Pillar 3: Treat]]</i> <i>[Please review the HPG recommendation to add updated website information.]</i> <i>Note that as a response to the recommendation to move the activity, this strategy was moved up so that it is closer to other SPBP activities]</i>	Need: Ensure consistency and efficacy in all calls addressed through the CSL	<ul style="list-style-type: none"> • SPBP 	Baseline	Successfully completed set of call standards.
Data Sets informing this Strategy: Needs Assessments					

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Treat Strategy 3E: Continue the Minority AIDS Initiative (MAI).					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(50)	Re-engage PLWH who are lost to care with treatment & access to medications.	Need: Reengaging PLWH lost to care, including minority PLWH	<ul style="list-style-type: none"> MAI Recipients 	As of 2025, 76% of minority individuals receiving MAI outreach services linked to medical care (i.e., attended their first medical appointment after being identified as lost-to-care/high risk) within the fiscal grant year	80% of individuals who received Encounter Outreach Services will be linked to medical care within the measurement year. 80% of individuals who received Referral Outreach Services will keep their first medical appointment within the measurement year.
(51)	Increase the participation numbers of minority PLWH populations in AIDS Drug Assistance Program (ADAP)/SPBP and other medication assistance programs.	Need: Increasing access to medication assistance for minority PLWH	<ul style="list-style-type: none"> MAI Recipients 	48% of minority clients eligible for SPBP were enrolled in SPBP within the fiscal grant year (July 2021 – June 2022)	10% increase in the number of eligible minority clients enrolled in SPBP each fiscal grant year.
	Eval rec: j. Track and increase participation of BIPOC minority led grant recipients to improve awareness within BIPOC minority PLWH populations of available services to maintain their care continuum.	[HPG: Ok to replace BIPOC with minority? Thoughts on goals?]			
Data Sets informing this Strategy: Epidemiological data					

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Treat Strategy 3F: Maintain up to date program standards and resources.					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
# (56, 57)	Review program guidance and standards at least once per year and update, as necessary. [Merged activity incorporates Eval Recs m, n]	<u>Need:</u> Improve program resources, including: <ul style="list-style-type: none"> • Pa. RWPB Program Standards • Case Management Standards • Additional program guidance 	<ul style="list-style-type: none"> • CQI Workgroup 	N/A	Successfully completed annual review and update.
Data Sets informing this Strategy: Needs Assessments					

Ending the HIV Epidemic Pillar: Respond

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

Respond Strategy 4A: Maintain the Pa. Cluster Detection and Response (CDR) Plan.					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(59)	Initiate an Outbreak Response Plan (ORP) within 72 Hours of an outbreak declaration.	<u>Need:</u> Maintain ORP readiness	<ul style="list-style-type: none"> • DOH HIV Epidemiology 	0 detected outbreaks as of 2025.	95% of identified outbreaks have an ORP initiated within 72 hours of the outbreak declaration.

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(60)	Enact continuous evaluation of the Outbreak Response Plan (ORP) throughout the course of a determined outbreak.	Need: Maintain ORP readiness	<ul style="list-style-type: none"> • DOH HIV Epidemiology 	100% of disease investigation specialists. who received training in CDR operations in 2025.	At least 90% of disease investigation specialists. have received training in CDR operation per year.
(61)	Conduct an overall evaluation of the activities of the Outbreak Response Plan (ORP) once a determined outbreak has been contained.	Need: Maintain ORP readiness	<ul style="list-style-type: none"> • DOH HIV Epidemiology 	N/A	100% of outbreaks receive a documented evaluation per year.
# (62)	Develop a final report to summarize the activities of the Outbreak Response Plan (ORP) for a determined outbreak once the outbreak has been contained and evaluated.	Need: Maintain ORP readiness	<ul style="list-style-type: none"> • DOH HIV Epidemiology 	N/A	100% of identified outbreaks have a written summary report within 6 months of being contained and closed.
# (63)	Ensure that all CMHDs have a Cluster Detection and Response (CDR) plan as required by HIV prevention grants.	Need: Maintain CDR readiness	<ul style="list-style-type: none"> • CMHDs 	In 2025, 100% of CMHDs had a CDR plan.	Final summary reports submitted to Division.
# (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.	Need: Increase recognition and awareness of CDR, including its purpose and process.	<ul style="list-style-type: none"> • Division’s HIV Prevention Program • Bureau of Epidemiology 	N/A	Goal
	Eval rec: 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]			

Data Sets informing this Strategy:

ORP; Epidemiological monitoring

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Respond Strategy 4B: Facilitate monitoring by statewide stakeholder bodies.					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(64)	Convene and support the HIV Planning Group (HPG) to monitor and evaluate the progress of the IHPCP narrative, data, and activities.	Need: Stakeholder oversight of HIV and IHPCP activities	<ul style="list-style-type: none"> • HPG • Community Stakeholders • PLWH 	The HPG held five meetings throughout 2025. They generated a summary of recommendations for the IHPCP and assessed progress on its activities.	The HPG will hold meetings at least quarterly throughout a calendar year and generate a yearly summary of recommendations for the IHPCP and an assessment of progress on its activities.
(65)	Convene and support SPBP Advisory Council to review and update the SPBP formulary.	Need: Stakeholder involvement in SPBP activities	<ul style="list-style-type: none"> • SPBP • SPBP Advisory Council Members • Regional Grantees • Community Stakeholders • Providers • PLWH 	New medications were reviewed and either approved or denied for inclusion in the SPBP formulary quarterly in 2021.	New medications are to be reviewed and either approved or denied for inclusion in the SPBP formulary at least quarterly per calendar year.
	Eval rec: 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?]			
Data Sets informing this Strategy: Federal guidance					

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Respond Strategy 4C: Continue and enhance HIV surveillance.					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(66)	Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and viral load results that will be used to determine linkage to care for persons newly diagnosed with HIV.	Need: Accurate and timely HIV lab reporting	<ul style="list-style-type: none"> • DOH HIV Surveillance • Disease Investigators 	Of all CD4 and viral load results entered in the Enhanced HIV/AIDS Reporting System (eHARS) during 2025, 89% were entered within 30 days after the specimen collection date.	Of all CD4 and viral load results entered in eHARS, at least 90% are entered within 30 days after the specimen collection date.
(67)	Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.	Need: Ensuring secure data	<ul style="list-style-type: none"> • DOH HIV Surveillance • DOH Information Technicians (IT) 	100% completion of annual security and confidentiality training by all disease investigators working with Pennsylvania's version of the National Electronic Disease Surveillance System (PA-NEDSS) data in 2025.	100% completion of annual security and confidentiality training by all disease investigators working with PA-NEDSS data by January 1 of each reporting year.
(68)	Enhance geocoding and data linkage capacity to support understanding of how social determinants' influence risk for disease and continuum of care outcomes.	Need: Accurate and timely geocoding and data linkage	<ul style="list-style-type: none"> • DOH HIV Surveillance • Disease Investigators 	99.1% of newly diagnosed HIV and prevalence were geocoded in 2021.	At least 90% of newly diagnosed HIV and prevalence are geocoded.
(69)	Ensure timely reporting of HIV genetic sequences.	Need: Accurate and complete HIV data and reporting	<ul style="list-style-type: none"> • DOH HIV Surveillance • Infectious Disease Laboratories • DOH IT 	Of all HIV sequences entered in the Enhanced HIV/AIDS Reporting System (eHARS) during 2025, 88% were entered within 60 days after the date of specimen collection.	Of all HIV sequences entered in eHARS, at least 85% are entered within 60 days after the date of specimen collection.

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(70)	Ensure complete reporting of newly diagnosed individuals with HIV to DOH.	Need: Accurate and timely HIV diagnosis reporting	<ul style="list-style-type: none"> • DOH HIV Surveillance • Disease Investigators 	Of the expected number of persons whose HIV infection was diagnosed during 2024, 94% were reported in eHARS by the end of 2025.	Of the expected number of persons whose HIV infection was diagnosed during a given year, at least 95% are reported in eHARS by the end of the following year.
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Data Sets informing this Strategy:
Needs Assessments

Respond Strategy 4D: Ensure comprehensive monitoring and evaluation.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(71)	Maintain an internal facing data dashboard depicting HIV metrics relative to the Division's work.	Need: HIV-related data communication to inform the Division's planning and work	<ul style="list-style-type: none"> • DOH HIV Surveillance • DOH IT 	Dashboard implemented in 2021.	At least quarterly updates to data.
(72)	Maintain a dashboard to monitor and evaluate progress on IHPCP goals.	Need: HIV-related data communication and transparency	<ul style="list-style-type: none"> • HPG • DOH IT 	Dashboard developed in 2022 and launched in 2023.	Maintain and update dashboard at least semi-annually.

Data Sets informing this Strategy:
Data assessment

Pennsylvania Pillar: Support

Goal: 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.

Support Strategy 5A: Support RW Regional Grantees.

#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
# (52, 53)	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). [Eval Rec to edit to (52): k. Develop and maintain a state RWPB Handbook.] [Addressed in revisions to this activity]	<u>Need:</u> RWPB program resources	Regional Grantees	Website to distribute current documents for Regional Grantees implemented circa 2019.	Annual review of supporting documents and updates as needed
# (54)	Hold quarterly meetings with Regional Grantees.	<u>Need:</u> RWPB resources	Regional Grantees	In 2025, quarterly meetings with Regional Grantees were held.	Initiating and sustaining quarterly meetings (each year).

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<p># (-)</p>	<p>Support Regional Grantees in evaluating and providing services specific to their regional HIV prevention and care needs.</p>	<p>Need: Identifying and addressing needs in specific regions of the Commonwealth</p>	<ul style="list-style-type: none"> • Regional Grantees 	<p>In 2025, 100% of Regional Grantees participated in:</p> <ul style="list-style-type: none"> • Quarterly spending reviews • Quarterly service utilization reviews • Annual monitoring activities, including epidemiological reviews 	<p>Conduct monitoring and review activities with all Regional Grantees, at least annually.</p>
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Data Sets informing this Strategy:
Needs Assessments

Support Strategy 5B: Support the HPG and SPBP Advisory Council.

#	Activity	Need/Gap/Barrier	Division’s Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
<p>(80)</p>	<p>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.</p> <p>[Eval rec: r. Consistently educate stakeholders on data security and confidentiality policies to meet current technological standards.]</p>	<p>Need: PLWH and stakeholder input for HIV planning</p> <p>Providing HPG with all resources and information necessary for it to function (including training on confidentiality, Division operations, etc.)</p> <p>[Revisions made to address Eval Rec r. including training on confidentiality]</p>	<ul style="list-style-type: none"> • HPG • PLWH • Community Stakeholders 	<p>The HPG held five meetings throughout the 2025 calendar year.</p>	<p>The HPG will hold meetings at least quarterly throughout each calendar year.</p>

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(81)	<p>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.</p>	<p>Need: PLWH and stakeholder input in HIV planning</p>	<ul style="list-style-type: none"> • HPG • Regional Grantees • PLWH • Community Stakeholders 	<p>A Stakeholder Engagement Plan was reviewed and implemented in 2025.</p>	<p>A Stakeholder Engagement Plan will be reviewed and approved by the HPG once per year.</p>
(82)	<p>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).</p> <p><i>Eval Rec to edit (82): u. Ensure that the HPG meetings are inclusive of representation of relevant planning partners and agencies from associated/intersectional services (Example agencies include ...); should a statewide partner be unavailable, regional representation may be utilized as a substitute.</i></p>	<p>Need: Stakeholder input in HIV planning</p> <p>[HPG: As this relates to HPG operations, suggest addressing in the HPG Protocols]</p>	<ul style="list-style-type: none"> • HPG • Planning Partners 	<p>As of 2026, the HPG has active partnerships with 11 of the 17 intersectional agencies identified for Planning Partner collaboration.</p>	<p>Recruit and maintain partnerships with 100% of intersectional Planning Partner agencies.</p>
(83)	<p>Facilitate relevant research and proposals, as identified by the HPG for improving opportunities and resources for PLWH.</p>	<p>Need: Research and analysis of topics including:</p> <ul style="list-style-type: none"> • Employment opportunities for PLWH • Adequate and accessible housing for PLWH • People aging with HIV • People experiencing long-term survivorship • PLWH with disabilities 	<ul style="list-style-type: none"> • HPG Steering Committee • Planning Partners 	<p>An Employment Workgroup was convened in 2019 and is currently receiving support from the Pa. Dept. of Labor and Industry.</p> <p>In 2022 the Assessment Subcommittee was renamed to the Intersectional and Innovation (I&I) Subcommittee. It's focus is on emerging topics in HIV care and prevention.</p>	<p>100% of HPG requests for information or support are addressed.</p>

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# (-)	Ensure HPG identified priorities are continually re-evaluated and reflected in ongoing care and prevention activities.	Need: Stakeholder feedback on current needs of PLWH	<ul style="list-style-type: none"> • HPG 	Priorities identified during the Priority Setting Process	Assess priorities at least annually.
(86)	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.	Need: Stakeholder input in the SPBP Advisory Council	<ul style="list-style-type: none"> • SPBP • SPBP Advisory Council 	Four meetings were held in 2025.	A minimum of four meetings will be held per calendar year.
# (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, and health care.	Need: Accurate guidance on legislative activities that may affect communities impacted by HIV.	<ul style="list-style-type: none"> • HPG 	N/A	As applicable, report any relevant legislation that may impact the Plan or PLWH in Pa. to the HPG.

Data Sets informing this Strategy:
Federal guidance

Support Strategy 5C: Enhance Capacity Building (CB)/Technical Assistance (TA) Trainings.					
#	Activity	Need/Gap/Barrier	Division's Implementation Partners	Data Baseline	Target Goals & Evaluation Metrics
(87)	Offer a case management training curriculum that addresses emerging needs, including among aging, long-term survivor, and disabled populations.	Need: Case management training resources	<ul style="list-style-type: none"> • MAAETC 	In 2025, the case management curriculum was offered 1 time and included: <ul style="list-style-type: none"> • Aging HIV and Special Populations • Public Benefits and Disability 	Continuation of the case management curriculum.

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(87.1)	<p>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.</p> <p><i>[Eval Rec: b. Develop a D2C process that identifies and establishes a continuum of care for PLWH that exit the correction systems within Pennsylvania.]</i></p>	<p>Need: Improved case management and provider resources for formerly incarcerated PLWH</p> <p><i>[HPG: Does this activity address the recommendation?]</i></p>	<ul style="list-style-type: none"> • CQI Workgroup 	<p>N/A</p>	<p>Goal</p>
(88)	<p>Maintain a PowerPoint describing the Division’s structure and purpose, including annual or as needed updates.</p>	<p>Need: Internal Division resources</p>	<p>–</p>	<p>Presentation developed in 2019.</p>	<p>Annual or as needed updates and continued implementation of presentation.</p>
(89)	<p>Conduct a bi-annual needs assessment of capacity building needs for Division staff and develop a plan to meet identified needs.</p>	<p>Need: Internal Division capacity building training resources</p>	<p>–</p>	<p>In 2025 an internal needs assessment for Division staff was conducted.</p>	<p>Successful development and implementation of assessment, including plan if warranted.</p>
(90?)	<p>Conduct an annual needs assessment of capacity building needs for CMHDs and providers with Participating Provider Agreements (PPAs) and develop a plan to meet identified needs.</p>	<p>Need: Capacity building training resources for prevention and care providers</p>	<ul style="list-style-type: none"> • CMHDs • PPAs • Prevention Providers 	<p>In 2025 a capacity building needs assessment was conducted for CMHDs and providers with PPAs.</p>	<p>Successful development and implementation of assessment, including plan if warranted.</p>
(91)	<p>Develop and maintain annual training schedules based on capacity building needs assessments.</p> <p><i>Eval rec under old Strategy 5B, which was removed: 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.</i></p>	<p>Need: Capacity building training resources to support compliance and integration of evidence-based practices</p> <p><i>[Need revised to reflect Eval Rec t.]</i></p>	<ul style="list-style-type: none"> • MAAETC • Regional Grantees • Prevention and Care Providers 	<p>Annual training schedules are developed and available online.</p>	<p>Successful development and implementation of training schedules.</p>

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(-)	<p>Conduct annual trainings on Act 148/Confidentiality and Security of HIV Related Information as appropriate.</p>	<p>Need: Internal Division training</p>	<p align="center">–</p>	<p>Trainings conducted in 2025:</p> <ul style="list-style-type: none"> • # Act 148/Confidentiality and Security of HIV Related Information. 	<p>Number of routine trainings available and number of participants.</p>
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Data Sets informing this Strategy:
 CB Needs assessment