

PDPH AACO is the recipient of RWHAP Part A Funding for the Eligible Metropolitan Area. This area includes the Pennsylvania counties of Bucks, Chester, Delaware, Montgomery and Philadelphia, as well as Burlington, Camden, Gloucester and Salem in New Jersey. CDC prevention funding administered by PDPH AACO is exclusive to the City of Philadelphia as is Ending the HIV Epidemic initiative funding.

The Pennsylvania Department of Health is responsible for funding Diagnose and Prevent activities in the counties of Bucks, Chester, Delaware, and Montgomery. The Department of Health for the State of New Jersey is responsible for funding Diagnose and Prevention activities in the counties of Burlington, Camden, Gloucester and Salem.

Consequently, Diagnose and Prevent goals and objectives, and the corresponding activities detailed in this plan reflect the work being done in the City of Philadelphia. The Integrated Plans for both the states of New Jersey and Pennsylvania have been reviewed and incorporated where appropriate.

Diagnose

Goal 1: To diagnose 95% of persons living with HIV by 2026

Objective 1: Promote routine opt-out HIV screenings and diagnostic testing in 50 healthcare and other institutional settings by 2026

- Expand opt-out testing in funded emergency departments.
- Continue opt-out testing in the Philadelphia Department of Prisons.
- Increase efforts to educate medical providers about conducting opt-out HIV testing.
- Educate clinical providers on bio-social HIV screening in clinical settings where opt out testing isn't achievable.
- Promote opt-out HIV testing for all PDPH AACO funded PDPH AACO.

Objective 2: Maintain HIV testing services in non-clinical settings

- Increase status-neutral testing in priority populations.
- Support HIV self-testing through telehealth program.
- Provide/facilitate capacity building for non-clinical testing.

Objective 3: Implement novel HIV testing initiatives

- Implement routine opt-out testing at intake to substance use treatment facilities.
- Promote testing in primary care settings.
- Implement testing in pharmacies in priority zip codes.
- Support capacity building in novel settings.

Goal 2: Eliminate disparities in non-clinical HIV testing

Objective 1: Increase the number of partners to address syndemics to reduce new HIV diagnoses

- Implement HIV/Viral Hepatitis Service Integration.

- Collaborate with substance use facilities.
- Work with the PA and NJ Departments of Health to address interrelated factors exacerbating HIV.

Objective 2: Enhance health equity efforts through policy and process improvements

- Implement and coordinate health equity efforts with the PA and NJ Departments of Health.
- Extend current health equity efforts to the PDPH, AACO funded prevention providers.

Objective 3: Evaluate HIV testing programs to address disparities in priority populations on an annual basis

- Use public health data to identify disparities in non-clinical HIV diagnoses.
- Provide feedback to funded providers.
- Implement CQI processes to address disparities.
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- Key Partners: Philadelphia Office of HIV Planning, PDPH Division of Disease Control, RW funded clinical providers, health care facilities, community-based providers, Philadelphia County Prison Health Services, NJ and PA Departments of Health

Potential Funding Resources: CDC HIV Prevention and Surveillance Prevention Cooperative Agreement, Pennsylvania Department of Health, City of Philadelphia General Revenue, Medicaid, and other public and private funding sources

Estimated Funding Allocation: TBD

Outcomes: Increase the # of newly identified persons with HIV

Monitoring Data Source: Philadelphia EMR data, PA, NJ Depts of Health public health data, and EvaluationWeb

Expected Impact on the HIV Care Continuum: Increase the number of people who know their HIV status to 95% and linked to medical care within 96 hours 95%

Treat

Goal 1: By 2026 95% of people living with HIV will be virally suppressed

Objective 1: Increase uptake of iART among eligible persons newly diagnosed with HIV to 95%.

- In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours).
- Continue to support an established low-threshold HIV treatment site in an underserved area of Philadelphia designed to serve PWID.
- Support and explore other low-threshold treatment models for HIV care (e.g., telemedicine, nurse-extended visits, pharmacy-supported HIV care) throughout the jurisdiction.

AIDS Activities Coordinating Office

- Provide technical assistance in high-volume substance abuse treatment programs to diagnose HIV, immediately initiate ART, and link PLWH to HIV medical care.
- Continue to support efforts to expand access to ADAP and emergency pharmaceutical assistance in the jurisdiction.

Objective 2: Re-engage 95% of PLWH out of care in HIV medical care

- Increase re-engagement in HIV medical care by maintaining existing PDPH, AACO data-to-care (D2C) activities and collaborating with the PADOH in cross-jurisdictional D2C activities.
- Expand operating hours in RW funded O/AHS clinics to include evening and weekend appointments for HIV medical care.
- Evaluate the need for additional medical case management services at RW funded clinical sites.
- Strengthen the multidisciplinary team approach by supporting and evaluating a pilot program to add community health workers at one designated RW medical clinic to implement Managed Problem Solving, an evidence-based intervention.

Objective 3: Assess the needs of people aging with HIV in the jurisdiction, including long-term survivors and more recently diagnosed PLWH over 50, then identify and implement strategies to support identified needs

- Review available literature on social and health challenges for people aging with HIV, as well as evidence-based strategies to improve health outcomes among people aging with HIV.
- Consult with stakeholders and community members regarding proposed strategies to support people aging with HIV.
- Draft and release RFP based on needs identified from the review of the literature and consultations.

Goal 2: Increase engagement in HIV medical care to 95% among PLWDH

Objective 1: Address social and structural influencers of health to reduce barriers to engagement in HIV medical care for PLWH who seek behavioral health care, housing, and supportive services

- Reduce barriers to behavioral health care by expanding service access through partnership with the Department of Behavioral Health and Intellectual Disability Services.
- Increase the coordination of mental health care and HIV care for PLWH through integration of additional behavioral health consultants using the Primary Care Behavioral Health model of targeted assessment, short term intervention, and brief follow-up.
- Pursue the implementation of a transitional housing program to assist PLWH who are rent-burdened or experiencing homelessness with the goal of permanent housing by providing short-term transitional housing with an intensive medical case management component.
- Support homelessness prevention activities by providing direct emergency financial assistance for rent and utilities in the EMA.
- Ensure medical case managers continue to assess and address housing instability when developing assessments and completing and reviewing clients' service care plans.
- Address transportation barriers for medical appointments and other necessary services.

- Support integration of trauma-informed approaches to HIV care.
- Continue to provide necessary linguistic services.
- Provide supportive services that reduce individual barriers to engagement in care and treatment adherence (i.e., Food Bank/Home Delivered Services, Emergency Financial Assistance, transitional housing, etc.).

Objective 2: Provide public-facing information on the availability of HIV treatment and supportive services for PLWH

- Increase visibility of and increase the awareness of the Ryan White funded service delivery system to people who are under-insured and uninsured to reduce barriers to care related to affordability.
- Reduce HIV Stigma by including health equity and cultural humility approaches to future funding request for proposals that address provider-initiated stigma and bias.
- Develop and distribute rights-based consumer medical education, including tool- kits for PLWH.
- Increase the capacity of PDPH-funded HIV care providers to implement evidence-based new and expanded activities, through targeted technical assistance activities to improve health outcomes of PLWH.
- Maintain a public online data dashboard presenting local EHE-related information that displays key performance indicators for providers. Shared information will include retention and viral suppression metrics for individual Ryan White funded medical facilities.
- Continue ongoing data dissemination to key community partners and internal and external stakeholders to increase knowledge, close information gaps, and provide educational resources to empower PLWH to improve their health.
- Promote awareness among providers and PLWH regarding the availability of injectable ART options, which may contribute to improved engagement in care and VLS for patients with barriers to adherence.
- Ensure that non-digital and diverse mechanisms are used to disseminate information to address the digital divide.

Goal 3: Eliminate HIV-Related Disparities in HIV Outcomes

Objective 1: Address health equity disparities in Ryan White funded HIV care facilities

- Pilot health equity assessments and follow-up staff surveys at select provider sites.
- Pilot low literacy health guide developed by the PDPH/ AACO specific to HIV with select providers.
- Evaluate pilot programs for lessons learned and best practices.
- Expand efforts to all funded treatment providers in the EMA.

Objective 2: Expand the evaluation of HIV care programs to reduce health disparities

- Implement benchmarks based on lessons learned from evaluation of pilot programs.

- Continue HRSA/ HAB measures for all Ryan White funded services.
- Analyze public health data to evaluate health outcomes for priority populations.
- Implement continuous improvement projects to address noted disparities in services.

Objective 3: Provide training related to health equity issues and key populations to all subrecipients

- Continue explored identity series and other health equity initiatives for PDPH/ AACO internal staff.
- Implement the Health Equity Institute for EHE-funded providers to explore and discuss the intersectional identities of people impacted by HIV in order to identify disparities and begin to develop strategies to address disparities in the HIV prevention and care service systems, as well as other health equity issues.

Key Partners: PDPH AACO, PDPH Division of Disease Control, Office of HIV Planning, Philadelphia EMA Integrated Planning Council, RW funded clinical providers, health care facilities, community-based providers, Office of Homelessness Prevention, Division of Housing and Community Development, Department of Behavioral Health and disability Services, Philadelphia County Prison Health Services, Prevention Point Philadelphia, Southeastern Pennsylvania Transportation Authority, Mayor's Office, AIDS Law Project

Potential Funding Resources: Ryan White HIV/AIDS Program, HRSA EHE Initiative, HRSA Bureau of Primary Care, Medicaid, Medicare, private health insurers

Estimated Funding Allocation: TBD

Outcomes (reported annually, locally monitored more frequently): 95% of PLWH will reach viral suppression during the five-year period without disparities among priority populations

Monitoring Data Source: PDPH HIV Public Health Data, PDPH AACO, CAREWare

Expected Impact on the HIV Care Continuum: Increase the percentage of PLWH on ART to 95% and improve viral suppression rates in priority populations to 95%

Prevent

Goal 1: Use biomedical interventions to reduce new HIV diagnoses by 75%

Objective 1: 50% of people with a PrEP indication will be prescribed PrEP

- Expand current network of low-threshold sexual wellness clinics to provide HIV, STI and HCV testing, PrEP, PEP, and linkage to HIV, STI and HCV treatment in Philadelphia.
- Expand PrEP access and provider capacity through low-threshold implementation models, e.g., same-day PrEP, telePrEP, nurse-extended PrEP, pharmacy-administered PrEP, and PrEP in drug treatment centers and behavioral health programs.
- Pursue new PrEP partnerships with the NJ and PA Departments of Health.

- Expand financial support for PrEP-related routine laboratory work, through provider and home collected specimens, and adherence services.
- Continue to provide ongoing technical assistance for the implementation of PrEP.
- Expand PDPH/ AACO's capacity to evaluate PrEP uptake.
- Increase knowledge of PrEP among most impacted populations through communications and outreach.
- Increase number of providers trained to prescribe PrEP.
- Develop collaborations with providers to expand PrEP screening to people who inject drugs.
- Support research into expanding PrEP access and uptake among underserved populations.
- Collaborate with PA Department of Health Data-to-PrEP Initiative.
- Increase uptake of ART as a method of prevention (U=U).

Objective 2: Ensure access to Nonoccupational Post Exposure Prophylaxis (nPEP or PEP)

- Establish a centralized mechanism to distribute PEP through a PEP Center of Excellence.
- Establish new PEP partnerships with the NJ and PA Departments of Health.
- Develop an initiative to address gaps in the provision of PEP including capacity, education, and resources.

Objective 3: Support Perinatal Prevention Services for pregnant individuals

- Provide specialized case management for pregnant persons living with HIV.
- Develop PrEP navigation support for pregnant HIV-negative women at risk of HIV acquisition.
- Conduct case surveillance for women with diagnosed HIV infection and their infants.
- Conduct perinatal HIV exposure reporting.

Goal 2: Increasing the number of access points for evidence-based harm reduction services

Objective 1: Expand access to harm reduction supplies through novel approaches

- Implement harm reduction vending machines intervention at pilot sites.
- Ensure the availability of syringes at pharmacies by maintaining the PA DOH standing order
- Provide organizational development and capacity building to expand local partnerships and establish new organizations providing SSP services and new locations of service based on need and HIV public health data.
- Expand capacity for syringe service programs to distribute and collect syringes RW White funded clinical sites.
- Pursue the expansion of distributing syringes and other harm reduction supplies in Emergency Departments and urgent care sites.

Objective 2: Expand SSP service delivery

- Enhance linkage to substance use disorder treatment in SSPs.

- Implement quality improvement plans as needed.
- Provide more equitable SSP services geographically in Philadelphia.
- Advocate for implementation of SSPs in the counties in the jurisdiction outside of Philadelphia and in NJ counties in the jurisdiction.

Goal 3: Reduce disparities in HIV-related prevention services in priority populations

Objective 1: Monitor local disparities along the status-neutral HIV Continuum

- Continue reporting data by demographics and risk groups in the PDPH HIV Surveillance Report.
- Maintain bi-annual update of the EHE dashboard, which includes HIV care metrics by demographics and risk groups.
- Measure MSM/TSM perspectives on HIV testing and PrEP access to monitor disparities in access to testing/PrEP among these groups.

Objective 2: Reduce HIV-related disparities in new diagnoses among priority populations

- Expand new PrEP clinical-community partnerships to engage focus populations.
- Continue City-wide distribution of free condoms, including in high schools, locations accessed by youth, and syringe service programs.
- Expand capacity for HIV prevention workforce to provide primary HIV-related education.
- Expand promotion and distribution of community-specific sexual wellness and harm reduction information and supplies through innovative approaches.

Objective 3: Increase and support health promotion activities for HIV prevention in the communities where HIV is most heavily concentrated (health promotion)

- Continue the distribution of condoms in the jurisdiction.
- Support Media Campaigns (organic, social, paid) that advance prevention efforts.
- Encourage the provision of trauma-informed services that provide affirming and culturally competent care for transgender women, women of color, MSM of color, PWID, and people experiencing homelessness.

Key Partners: PDPH Division of Disease Control, PDPH Division of Substance Use Prevention and Harm Reduction, PA and NJ Depts of Health, RW funded clinical providers, health care facilities, community-based organizations, and established SSP programs

Estimated Funding Allocation: TBD

Outcomes: By 2025, increase the proportion of persons on PrEP, in priority populations who have an indication for PrEP, to 50%, more specifically:

50% of transgender individuals and men who have men and MSM (13-24 years of age) will be on PrEP

25% of MSM (13-17 years of age) will be on PrEP

50% of MSM (18-24 years of age) will be on PrEP

75% of cis-gender women who inject drugs on PrEP
50% of PWID will be on PrEP

Monitoring Data Source: Philadelphia Department of Public Health data and EvaluationWeb.

Expected Impact on Status Neutral Approach: Increase to 50% the number of people with a PrEP indication who are prescribed PrEP. Decrease by 50% the number of PWID who report sharing syringes

Respond

Goal 1: Identify and investigate active HIV transmission clusters and respond to all HIV outbreaks

Objective 1: Maintain a robust core HIV public health data system to identify outbreaks of HIV

- Increase the capacity for HIV-related lab reporting.
- Maintain capacity for molecular HIV surveillance activities and cluster review.
- Maintain capacity for mobilizing outbreak response in case a cluster or outbreak is identified.

Objective 2: Maintain outbreak response plans and structures to respond to outbreaks and clusters that require an escalated response

- When an escalated response is required, immediately convene a cross-divisional working group including all divisions that interact with the community impacted by the outbreak.
- Direct/re-direct existing HIV prevention and care program activities to intervene in the outbreak/cluster. Quickly implement outbreak response plan as necessary to respond to rapidly growing networks of HIV transmission.
- Implement any enhanced interventions identified in the Outbreak Response Plan and/or developed in response to the outbreak.
- Implement a communication strategy to inform and recommend actions for providers and stakeholders impacted by the outbreak.
- Monitor and evaluate the escalated outbreak response.
- Streamline systems of data management to avoid duplication, enhance data-linkage and ascertain death factors.

Objective 3: Intervene in all clusters that are identified

- Initiate an Outbreak Response Plan (ORP) within 72 Hours of an outbreak declaration.
- Enact continuous evaluation of the ORP throughout the course of a determined 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 activities of the ORP for a determined outbreak once the outbreak has been contained.

Goal 2: Ensure data sharing with the PA and NJ Departments of Health

Objective 1: Expand data sharing with PA

- Expand data to care activities.
- Coordinate cross jurisdictional response.

Objective 2: Implement data sharing with NJ

- Pursue the feasibility of coordinating a cross jurisdictional outreach response team.

Key Partners: PDPH AACO, HIV Outbreak Response Team, PA and NJ Depts of Health

Potential Funding Resources: CDC HIV Prevention and Surveillance Prevention Cooperative Agreement, Pennsylvania Department of Health, HRSA EHE, CDC

Estimated Funding Allocation: TBD

Outcomes: Investigate 100% of clusters identified.

Monitoring Data Source: HIV public health data, HIV Prevention program data, CAREWare.

Expected Impact on Status Neutral Approach: Increase the number of people in networks affected by rapid transmission who know their HIV diagnosis, are linked to medical care, and are virally suppressed or linked to PrEP services

Workforce Development

A critical component to achieving the goals of Diagnose Treat, Prevent and Respond

Goal 1: Strengthen the HIV workforce

Objective 1: Increase the capacity of the HIV workforce to provide quality services

- Provide training related to health equity issues and other work-related topics.
- Expand on the radical-customer-service approach at the provider level.
- Support efforts of funded providers to diversify their HIV workforce.