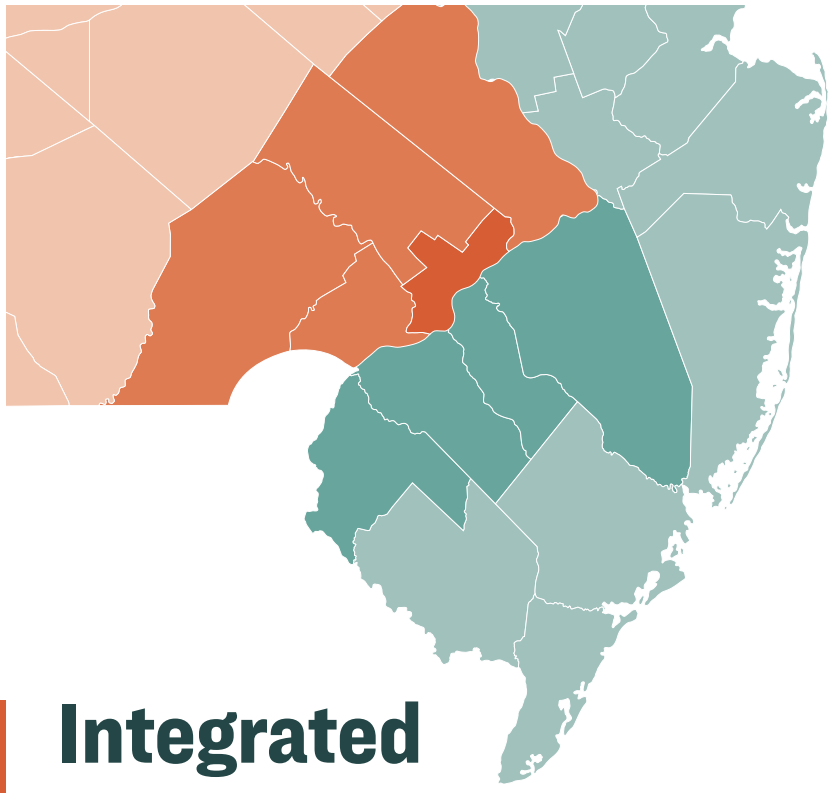

Integrated HIV Prevention and Care Plan 2022–2026

Philadelphia Eligible Metropolitan Area

Diagnose all people with HIV as early as possible

Treat people with HIV rapidly and effectively

Prevent new HIV transmissions by using proven interventions

Respond quickly to potential HIV outbreaks

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DECEMBER 2022

Prepared in collaboration with the Philadelphia HIV Integrated Planning Council

Department of Public Health
CITY OF PHILADELPHIA

Acknowledgments

The Philadelphia Eligible Metropolitan Area Integrated HIV Prevention and Care Plan 2022-2026 was developed by the City of Philadelphia Department of Public Health and the Philadelphia HIV Integrated Planning Council, and the Philadelphia Office of HIV Planning in collaboration with the Pennsylvania and New Jersey Departments of Health and their respective HIV planning bodies. Appendix 5 lists contributors to the planning process.

About the Language Used

This plan honors the lived experiences and choices of all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socio-economic circumstances. Language used in the plan is inclusive and first-person. And to convey respect and reduce the stigma that continues to be faced by communities and populations disproportionately impacted by HIV, evidence-based, contemporary terms are used wherever possible. The intention is to reflect the EMA's vision for a collective, inclusive, and respectful response to the HIV epidemic.

Suggested Citation

Philadelphia Eligible Metropolitan Area Integrated HIV Prevention and Care Plan 2022-2026. Philadelphia Department of Public Health, Philadelphia HIV Integrated Planning Council, and Philadelphia Office of HIV Planning, 2022.

Contact

For more information, visit www.phila.gov/departments/department-of-health/ and www.hivphilly.org.

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Section I. Executive Summary

Building on lessons learned and progress made since AIDS was identified in 1981 and HIV in 1984, we now have the opportunity to end the HIV epidemic by 2030.

The Philadelphia Eligible Metropolitan Area Integrated HIV Prevention and Care Plan CY 2022-2026 (*Integrated Plan*) includes the legislatively mandated Statewide Coordinated Statement of Need. For a five-year period, the Integrated Plan will inform program planning, resource allocation, evaluation, and continuous quality improvement for federal, state, and local HIV/AIDS resources available to the public health system in the EMA.

Developed in response to federal guidance,[1] the *Integrated Plan* establishes measurable objectives and activities for the delivery of HIV prevention, care, outbreak response, and equity goals throughout the nine-county EMA.[2] The *Integrated Plan* aligns with the National HIV/AIDS Strategy 2022-2025 (NHAS) and shares its vision.

Vision

The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment, lives free from stigma and discrimination, and can achieve their full potential for health and well-being across the lifespan.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

The core of the plan is its goals and objectives (Section V) organized by the national Ending the HIV Epidemic (EHE) initiative's four key strategies:

- Diagnose all people with HIV as early as possible.
- Treat people with HIV rapidly and effectively.
- Prevent new HIV transmissions by using proven interventions.
- Respond quickly to potential HIV outbreaks.

Developing the HIV workforce is an additional local strategy included in the plan. Equity-focused objectives address disparities in outcomes where appropriate.

Other sections describe the community engagement and planning process used to develop the plan (Section II), contributing data sets and assessments (Section III), a situational analysis (Section IV), and information addressing implementation, monitoring, and follow-up (Section VI). Documentation of the Philadelphia HIV Integrated Planning Council's concurrence with the *Integrated Plan* is provided in the final section.

[1] *Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026*. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention and HIV/AIDS Bureau, Health Resources and Services Administration. June 2021.

[2] For the purposes of the Ryan White HIV/AIDS Program (RWHAP), the Philadelphia EMA consists of the City and County of Philadelphia and eight adjacent jurisdictions in southeastern Pennsylvania (Bucks, Chester, Delaware, and Montgomery Counties) and southern New Jersey (Burlington, Camden, Gloucester, and Salem Counties).

The plan provides a coordinated approach for the five-year period for public funding of HIV prevention and care. Its activities are specific, measurable, achievable, relevant, and time-bound (SMART). To the extent possible, the plan extends strategies implemented in the City of Philadelphia beginning in 2020 through the federal Ending the HIV initiative to the entire the 9-county EMA. Its goals and objectives are listed below. See Section V for further details, including the activities planned to achieve the plan's objectives.

2022-2026 Goals and Objectives for the Philadelphia EMA	
Diagnose all people with HIV as early as possible.	
Goals	**Objectives**
Diagnose 95% of persons living with HIV.	▪ Promote routine opt-out HIV screenings and diagnostic testing in at least 50 healthcare and other institutional settings. ▪ Maintain HIV testing services in non-clinical settings using rapid point of care testing or 4th generation laboratory testing (where applicable). ▪ Implement novel HIV testing initiatives.
Eliminate disparities in non-clinical HIV testing.	▪ Increase the number of partners to address syndemics to reduce new HIV diagnoses. ▪ Enhance health equity efforts through policy and process improvements. ▪ Evaluate HIV testing programs to address disparities in priority populations on an annual basis.

Treat people with HIV rapidly and effectively.	
Goals	**Objectives**
95% of people living with HIV will be virally suppressed.	▪ Increase uptake of iART among eligible persons newly diagnosed with HIV to 95%. ▪ Re-engage 95% of people with HIV who are out of care into HIV medical care. ▪ Assess the needs of people aging with HIV in the jurisdiction, including long-term survivors and more recently diagnosed people with HIV over age 50 years, then identify and implement strategies to support identified needs.
Increase engagement in HIV medical care to 95% among people living with diagnosed HIV.	▪ Address social and structural influencers of health to reduce barriers to engagement in HIV medical care for people with HIV who seek behavioral health care, housing, and supportive services. ▪ Provide public-facing information on the availability of HIV treatment and supportive services for people with HIV.

Treat people with HIV rapidly and effectively.	
Goals	**Objectives**
Eliminate HIV-related disparities in HIV outcomes.	▪ Address health equity disparities in RWHAP funded HIV care facilities. ▪ Expand the evaluation of HIV care programs to reduce health disparities. ▪ Provide training related to health equity issues and key populations to all subrecipients.

Prevent new HIV transmissions by using proven interventions.	
Goals	**Objectives**
Use biomedical interventions to reduce new HIV diagnoses by 75%.	▪ 50% of people with a PrEP indication will be prescribed PrEP. ▪ Ensure access to nonoccupational post-exposure prophylaxis (nPEP or PEP). ▪ Support perinatal prevention services for pregnant individuals.
Increase the number of access points for evidence-based harm reduction services.	▪ Expand access to harm reduction supplies through novel approaches. ▪ Expand syringe service programs.
Reduce disparities in HIV-related prevention services in priority populations.	▪ Monitor local disparities along the status-neutral HIV continuum. ▪ Reduce HIV-related disparities in new diagnoses among priority populations. ▪ Increase and support health promotion activities for HIV prevention in the communities where HIV is most heavily concentrated.

Respond quickly to potential HIV outbreaks.	
Goals	**Objectives**
Identify and investigate active HIV transmission clusters and respond to all HIV outbreaks.	▪ Maintain a robust core HIV public health data system to identify outbreaks of HIV. ▪ Maintain outbreak response plans and structures to respond to outbreaks and clusters that require an escalated response. ▪ Intervene in all clusters that are identified.
Ensure data sharing with the Pennsylvania and New Jersey Departments of Health.	▪ Expand data sharing with Pennsylvania Department of Health. ▪ Implement data sharing with New Jersey Department of Health.

Develop the HV workforce.	
Goal	**Objective**
Strengthen the HIV workforce.	▪ Increase the capacity of the HIV workforce to provide quality services.

a. Approach

The *Integrated Plan 2022-2026* is a new EMA-wide plan based on CDC/HRSA guidance, the National HIV/AIDS Strategy (NHAS), and the Ending the HIV Epidemic (EHE) Community Plan for the City of Philadelphia that was developed in 2020.

In addition, the *Integrated Plan* uses the most recently available data on HIV's impact in the EMA as well as outcome measures and disparities data.

To the extent possible, strategies in the *Integrated Plan* extend to the eight surrounding counties that are a part of the EMA as many EHE activities as possible that are currently being implemented in the City.

Section II, below, provides further details on the planning process, including how the community was engaged and stakeholders were involved.

b. Documents Submitted to Meet Requirements

The *Integrated Plan* was informed by its immediate predecessor plan for 2017-2021, a 2018 update, the 2020 Ending the HIV Epidemic Initiative Community Plan for the City of Philadelphia, and the 2022-2026 integrated plans including the Statewide Coordinated Statement of Need for Pennsylvania and New Jersey.

Section II. Community Engagement and Planning Process

a. Entities Involved

The Philadelphia EMA's approach to developing this plan builds on current HIV-specific plans including NHAS and the Philadelphia EHE Community Plan. We also made use of the EMA's very well-developed HIV planning infrastructure and additional new information to provide a current assessment of need and situational analysis. Through active engagement of affected communities and stakeholders that reflect the demographics of the local HIV epidemic, the plan was further informed by input and feedback to the plan's goals, objectives, and strategies. The planning process complied with the relevant federal, state, and local legislative and planning requirements.

In 2017, the Community Planning Group for HIV prevention in the City of Philadelphia and the RWHAP Planning Council for the 9-county EMA were merged to form the HIV Integrated Planning Council (HIPC). Since then, the HIPC has responsibility for HIV prevention and care planning for CDC and HRSA funded services in the City of Philadelphia and the eight counties surrounding it in southeastern Pennsylvania and southern New Jersey.

Given the EMA's emphasis on community and stakeholders input in all HIV planning endeavors, the HIPC, supported by the Office of HIV Planning, provided the infrastructure for community engagement, as well as a Letter of Concurrence, for developing the 2022-2026 plan.

Other principal entities involved are the Philadelphia Department of Public Health's AIDS Activities Coordinating Office (PDPH AACO) and the Pennsylvania and New Jersey Departments of Health (PADOH and NJDOH).

The planning process included a wide range of key external stakeholders and broad communities, as follows

- People living with HIV (PLWH)
- People co-infected with HIV and hepatitis C
- People representing priority populations affected by HIV
- People with histories of incarceration
- Health Department staff (PDPH AACO, PADOH, NJDOH)
- Community based-organizations serving populations affected by HIV
- HIV prevention service providers
- HIV clinical care providers including RWHAP Part C and Part D
- Community Health Center representatives including FQHCs
- Non-elected community leaders including faith and business/labor communities
- HOPWA representative
- Substance use treatment providers
- Hospital planning agencies and health care planning agencies
- Behavioral health care providers
- Social service providers
- Community members that reflect the demographics of the local epidemic
- Community members unaligned with funded HIV provide.

See Appendix 5 for a list of contributors to the 2022-2026 planning process.

b. Role of the RWHAP Part A Planning Council

The first RWHAP Part A Planning for the Philadelphia EMA was established in 1990. In 2017, the Planning Council and local Community Planning Group for HIV prevention in the City of Philadelphia merged to form the HIV Integrated Planning Council. Recently, HIPC revised its mission statement to highlight the value of involvement of people with HIV and equity in all HIV planning.

Mission Statement for the Philadelphia EMA HIV Integrated Planning Council
The HIV Integrated Planning Council works to ensure that all people living with HIV (PLWH) have fair, equitable, and appropriate access to all services within the Philadelphia EMA. HIPC focuses on the continuous improvement in service system standards and functions to maximize the quality of life for PLWH. We do so by: ▪ *Promoting diversity and inclusivity through listening to individual needs.* ▪ *Maximizing meaningful involvement of PLWH on the Council through active recruitment and by providing an additional, designated space for PLWH to meet with each other.* ▪ *Diminishing barriers to care and promoting dignity by following client-centered approaches.* ▪ *Ensuring that PLWH and service providers work together and have open discussions around all levels of design, delivery, and evaluation of services.* ▪ *Upholding and advocating for the autonomy and agency of PLWH.* *January 2022*

The role and responsibilities of the HIPC includes collaborating with the PDPH AACO on developing and monitoring plans for HIV prevention and care in the EMA. For the *Integrated Plan* in 2022, three presentations by PDPH AACO to the HIPC were conducted. Time was allocated at the end of each meeting for HIPC members and the public to discuss the information presented and ask questions. In addition to HIPC review, the plan was discussed by the HIPC's standing Comprehensive Planning Committee.

The three *Integrated Plan* presentations to the HIPC in 2022 were as follows:

- September: In this presentation, the federal integrated planning guidance was reviewed, and its different sections explained. The purpose of the plan and the schedule for HIPC input and concurrence was also discussed.
- October: This presentation, a brief review of what was discussed previously was provided. Draft goals and objectives under Diagnose, Treat, Prevent and Respond were then presented and discussed.
- November: In the third presentation, PDPH AACO reviewed of the proposed goals and objectives and provided the HIPC with an opportunity to formally concur with the plan. The presentation also reviewed the changes to the draft *Integrated Plan* made based on input from the HIPC and Comprehensive Plan Committee members. During this meeting, questions and concerns were addressed by the PDPH AACO Director. HIPC members then voted to concur with the plan.

Following the November HIPC meeting, the Council's three co-chairs provided the HIPC's letter of concurrence, shown in Appendix 1, on behalf of the full HIPC.

c. Role of Planning Bodies and Other Entities

No additional planning bodies or other entities were directly involved in developing this plan. However, the two HIV planning bodies for Pennsylvania and New Jersey, through their respective Departments of Health, provided information regarding each state's 2022-2026 goals and activities. This information enables the Philadelphia EMA to coordinate its planned activities and avoid duplication of effort.

d. Collaboration with RWHAP Parts (SCSN Requirement)

To assure that timely and accountable planning occurs, the HIPC actively collaborates with RWHAP recipients and providers across the EMA, as well as the Pennsylvania and New Jersey Part B services and AIDS Drug Assistance Programs.

The primary mechanism for collaboration is through appointed representation on the HIPC by RWHAP Part A, Part B, Part C, Part D, and Part F programs including the local AIDS Education and Training Center (AETC) and the local HOPWA program. HIPC members participate in RWHAP Part B planning groups for Pennsylvania and New Jersey.

In developing the *Integrated Plan*, the PDPH AACO reviewed the 2022-2026 integrated plans from PADOH and NJDOH, incorporated relevant goals and objectives into the Philadelphia *Integrated Plan*, and presented the results to HIPC for feedback and concurrence.

e. Engagement of People Living with HIV

People with and affected by HIV were engaged in all stages of the planning process, including development of the goals, objectives, and activities. Membership of the HIPC reflects the demographics of the epidemic in the EMA including geographic considerations. All HIPC activities are open to the public, inclusive, and evidence-based. Great care is taken to assure that deliberations consider the needs of historically underserved populations, persons who are unaware of their HIV status, and people with lived experience of HIV who have been lost to care.

Meaningful participation is assured through the HIPC's standing Positive Committee. HIPC's Positive Committee has supported the engaged and informed participation of people with HIV in all community planning activities for over two decades. The Committee meets monthly on relevant topics, including training on epidemiological data, service provision, and how to best participate in full council meetings. Its members participate in needs assessment activities, consumer surveys, and all three resource allocations processes for RWHAP Part A services (one for each of the three sub-regions of the EMA: City of Philadelphia, the four Pennsylvania counties, and the four New Jersey counties). In addition, the Committee monitors the development and adherence to the HIPC's recruitment guidelines. For example, when recruiting new members, the Committee assures that promotional materials will appeal to potential new HIPC members who are also living with HIV. In addition, monitoring of the *Integrated Plan* is an ongoing function of the HIPC's standing Comprehensive Planning Committee.

f. Priorities

Listed below are key priorities that arose from the planning and community engagement process. These initially informed the local Ending the HIV Epidemic Plan in 2020. Given no material change in

the environment since then, the key priorities also informed the *Integrated Plan 2022-2026*, in addition to HIPC's input in 2022 to the its specific goals, objectives, and strategies.

- ***Health is a fundamental human right.*** The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, age, gender, sexual preference, health status, economic, or social condition.
- ***Stable housing and other basic needs are necessary for good health.*** Besides health, other basic human needs must be met including safe and secure housing, nutritious food, education, and safe working conditions.
- ***Health services must be available, accessible, and affordable.*** The right to health for all people means that everyone should have access to the health services they need, when and where they need them, without suffering financial hardship. No one should get sick and die because they are poor, or because they cannot access the health services they need. Person-centered service is the embodiment of human rights in the practice of care. The right to health also means that everyone should be entitled to control their own health and body free from stigma and discrimination.
- ***Person-centered care protects the universal right to privacy and treats everyone with respect and dignity.*** When people are engaged as active participants in their own care, when their human rights are respected, outcomes are better and health systems are more efficient.

The activities and strategies of the *Integrated Plan* respond to these priorities as directly as possible while addressing additional priorities specific to HIV service delivery that arose from the community engagement process:

- ***Provide radical customer service at all levels.*** Create meaningful relationships with the people served, and address barriers to engaging with them in HIV prevention and treatment services. The EMA must assure that its services are delivered at the highest level of customer service that leaves a positive, lasting impression with the person served.
- ***Reduce HIV stigma through education, awareness, and anti-bias programs***. Reach beyond providing basic HIV education to advance the values of humanity, dignity, and respect for all persons regardless of their HIV or health status, sexual orientation, gender identity or gender expression, income, education, location of residence, or history of criminal justice involvement.
- ***Partner to assure safe and secure housing***. Housing, like healthcare, must be a right and stable housing reduces disparities in viral suppression among people with HIV and also prevents people at the highest risk of acquiring HIV. The challenge of housing people with and at risk of HIV requires active, ongoing collaboration with partners beyond PDPH AACO and the HIV system's providers including the local HOPWA program, among others.
- ***Acknowledge that HIV care and prevention occurs within a fractured and complex external social and healthcare setting.*** Healthcare as a system in the U.S. may be broken, but the people we serve are not. Yet within this challenging environment, the EMA can improve the way services are communicated and delivered to adapt to the specific needs of the populations served by providing accessible, culturally humble services.

g. Updates to Other Strategic Plans Used

The *Integrated Plan* is closely aligned with the *Community Plan to End the HIV Epidemic in Philadelphia* (*EHE Plan*), published in December 2020. The *EHE Plan* was the outcome of an extensive community consultation and planning process in the City of Philadelphia, which is the EHE Phase I jurisdiction recipient of federal EHE planning resources (CDC 19-1906). The *EHE Plan* guides the work plans and ongoing activities for the HRSA and CDC EHE resources (HRSA 20-078 and CDC 20-2010).

As previously noted, the *Integrated Plan* extends Philadelphia's EHE goals and objectives, where possible, to the EMA's Pennsylvania and New Jersey counties adjacent to the City of Philadelphia. Any divergence from the *EHE Plan* in the *Integrated Plan* is to accommodate the EMA in its entirety and the differing needs and capacity across the counties.

The *EHE Plan* and the *Integrated Plan* are organized by the four key national strategies to end the HIV epidemic: diagnose, treat, prevent, and respond. Both plans take into account the external environment including highly influential factors such as poverty, racism, lack of safe and affordable housing, HIV stigma, LGBTQIA+ stigma, language barriers, consumer mistrust of public health and medicine, mental health, substance use, and histories of incarceration, among others.

As planned components of the *EHE Plan* are developed and implemented, needs assessment data are used to refine activities, specify and adjust target audiences, and update annual work plans. Major shifts have not been observed since early 2021, so priority adjustments have not been necessary as yet.

In Spring 2022, PDPH AACO meticulously analyzed the NHAS objectives and strategies and compared them to those in the *EHE Plan*. The purpose of this review was to identify opportunities for closer alignment between the various plans, where applicable. As a result, the cross-walk between NHAS and the *EHE Plan* informed the development of the *Integrated Plan* as well as provided information for a planned update of the *EHE Plan*. In the early 2023, PDPH AACO will conduct community consultations (including with HIPC) to share status reports on the progress of the *EHE Plan*. The input received will inform an update that will align with the *Integrated Plan* and NHAS.

Section III. Contributing Data Sets and Assessments

The purpose of this section is to describe how HIV impacts people in the Philadelphia EMA. Based on available qualitative and quantitative data – including direct input from people affected by and living with HIV – this section discusses the services needed to access and maintain HIV prevention, describes care and treatment services, identifies barriers for people accessing those services, and assesses the gaps in the service delivery system.

Following a description of data sharing and use, the most current epidemiologic profile is summarized. Next, a resource inventory of organizations and agencies providing HIV care and prevention services in the Philadelphia EMA is presented along with a description of the inventory's current strengths and gaps. The section concludes with a needs assessment and list of key priorities and barriers.

a. *Data Sharing and Use*

Multiple primary and secondary data sources, including quantitative and qualitative data, were used to develop this plan. These include:

- **HIV surveillance data** from the Philadelphia Department of Health, Pennsylvania Department of Health, and New Jersey Department of Health.
- **HIV prevention program data** from the Philadelphia Department of Public Health and the Pennsylvania Department of Health.
- **RWHAP CAREWare data** from the Philadelphia Department of Public Health: CAREWare is a HRSA-supported database used by all RWHAP-funded providers in the Philadelphia EMA to record and manage client data. CAREWare data are used for monitoring service utilization, outcomes monitoring and evaluation at both the provider- and systems-level, continuous quality improvement, and reporting to state and federal funders.
- **Client Services Unit (CSU) intake data** from the Philadelphia Department of Public Health: The CSU completes an intake assessment with all clients calling to enroll in Medical Case Management services in the Philadelphia EMA, which includes information on demographics, medical and social history, and needs. Client needs identified as part of this assessment are aggregated and shared with the HIPC annually in order to help determine service priorities and regional allocations.
- **Medical Monitoring Project (MMP) data** through a nationally representative, population-based surveillance system to assess clinical outcomes, behaviors, and the quality of HIV care. Data on 920 persons interviewed for MMP from Philadelphia from 2015-2020 produced information about met and unmet needs for HIV care and care-related services. This data represents 17,455 people with HIV in Philadelphia. These data give the EMA information on service needs at the linked to care, retained in care, and on ART stages in the Continuum. These data are used to determine service priorities and regional allocations and inform the HIPC about the service needs for people with HIV who may not be RWHAP clients.
- **National HIV Behavioral Surveillance data** is collected in rotating, annual cycles, in three different populations at increased risk for HIV: men who have sex with men (MSM), people who inject drugs (PWID), and heterosexuals at increased risk for HIV infection. NHBS collects data in 22 project areas with high prevalence of HIV, of which Philadelphia is one. These data inform the HIPC on risk

behaviors, testing patterns, general demographics, HIV prevalence, and substance use of local at-risk populations.

- Data to Care (D2C) is a public health strategy that uses HIV surveillance data, pharmacy fill data, clinic appointment data, and other treatment and care data sources to identify persons with HIV who are not in care, link those not in care to appropriate medical and social services, and ultimately support the HIV Care Continuum.
- Demonstrating Expanded Interventional Surveillance (DExIS): Towards Ending the HIV Epidemic in Philadelphia data from a multi-year CDC-funded demonstration project launched in 2018 as a supplement to the City of Philadelphia's core HIV surveillance cooperative agreement to identify missed opportunities for HIV prevention in Philadelphia using individual, system, and community level interventions. DExIS identifies and analyzes sentinel cases (defined as either acute HIV infection or an HIV diagnosis within six months of a previous negative HIV test) to ascertain predictors of missed opportunities along the HIV continuum; provides individual interventions to the identified sentinel cases paired with a confidential standardized interview and chart abstractions to augment information; conducts ongoing inter-disciplinary team meetings within the health department leading to identification of patterns of missed opportunities along the continuum; and provides system-level analysis for the purposes of actionable recommendations. This project is being incorporated into routine HIV surveillance activities in 2023.
- Other data sources including community feedback on Philadelphia's EHE Plan, Youth Risk Behavioral Surveillance System (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS), Philadelphia EMA hepatitis surveillance data, Philadelphia EMA STD surveillance data, Philadelphia EMA needs assessment data, census/community survey data, and data from the Philadelphia regional household survey conducted annually by Public Health Management Corporation (PHMC).

PDPH AACO maintains data sharing agreements with the PDPH Division of Disease Control for STI and viral hepatitis data. PDPH AACO and PADOH also executed a letter of agreement for coordination of HIV surveillance and prevention activities. PDPH AACO is the grantee for Pennsylvania State Rebate dollars from the RWHAP Part B program for care services within the five Pennsylvania counties in the EMA. Currently, the NJDOH shares aggregate level HIV, STI, and viral hepatitis data. PDPH AACO is in the process of developing a Memorandum of Understanding (MOU) with New Jersey to share HIV-related data.

b. *Epidemiologic Snapshot*

This section summarizes the burden of HIV in the Philadelphia EMA by its three sub-regions: the City of Philadelphia, four southeastern Pennsylvania counties, and four southern New Jersey counties. The snapshots are based on current epidemiological profiles of people diagnosed with HIV and people at risk of exposure to HIV by sub-region, beginning with the City of Philadelphia.

By far, the majority of the burden of HIV in the EMA is in the City of Philadelphia yet reducing new HIV infections and improving health outcomes for people with HIV remains a challenge. Despite steady declines, Philadelphia is one of 48 counties in the U.S. with the highest number of new HIV diagnoses.[3]

Summary for the City and County of Philadelphia

In 2021, there were 365 new diagnoses reported in the City of Philadelphia.[4] However, due to advances in HIV treatment and few deaths, the number of people with HIV has remained stable in the past few years. Currently, 18,351 people with HIV live in Philadelphia.[2] As of 2021, the prevalence rate for Philadelphia was 1,202.6 people diagnosed and living with HIV per 100,000 population diagnosed. There are significant differences in HIV prevalence between subpopulations, as shown in the figure below.[2] Regardless of transmission category, Black individuals have the highest prevalence rates followed by Hispanics.

Notably, 55.6% of people with HIV in Philadelphia are over the age of 50. Specific action is needed to meet the needs of older people living with HIV. The burdens of HIV, aging, and related health comorbidities, combined with the social and structural challenges that people aging with HIV face, necessitate not only a focus on HIV-related outcomes, but also a coordinated response aimed at treating comorbidities and improving long-term health and quality of life.

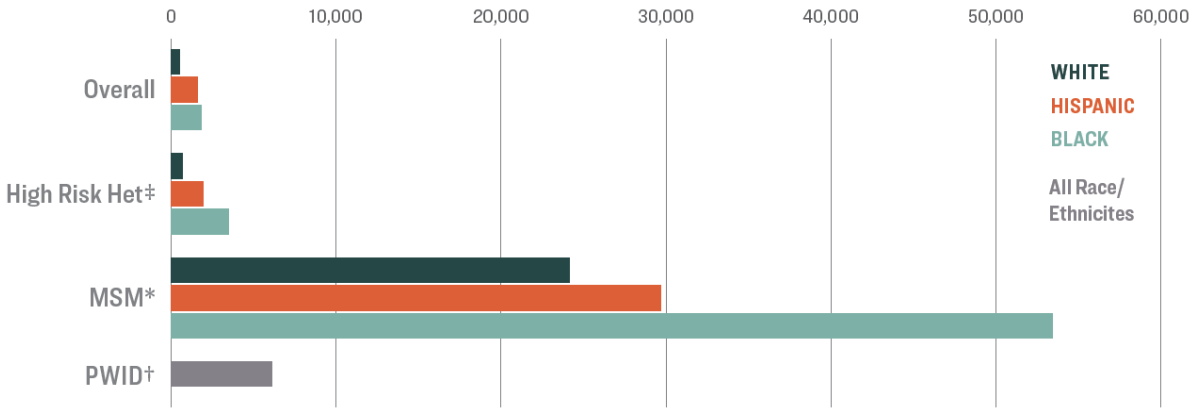
Summary for the Pennsylvania Counties in the EMA

This snapshot is a summary of the most current epidemiologic profile for the Pennsylvania counties and provides information on individuals newly diagnosed with HIV, people with diagnosed HIV, the HIV Care Continuum, and persons at risk for HIV. This information is based on data available at the time of publication. All analyses are reported up to the 2020 except for the section on the HIV care continuum which is based on 2019 data. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.

[3] *Status of HIV in America*. Atlanta, GA; 2019. https://www.hiv.gov/federal-response/ending-the- hiv-epidemic/hiv-in-america#_ftnref1. Accessed December 31, 2019.

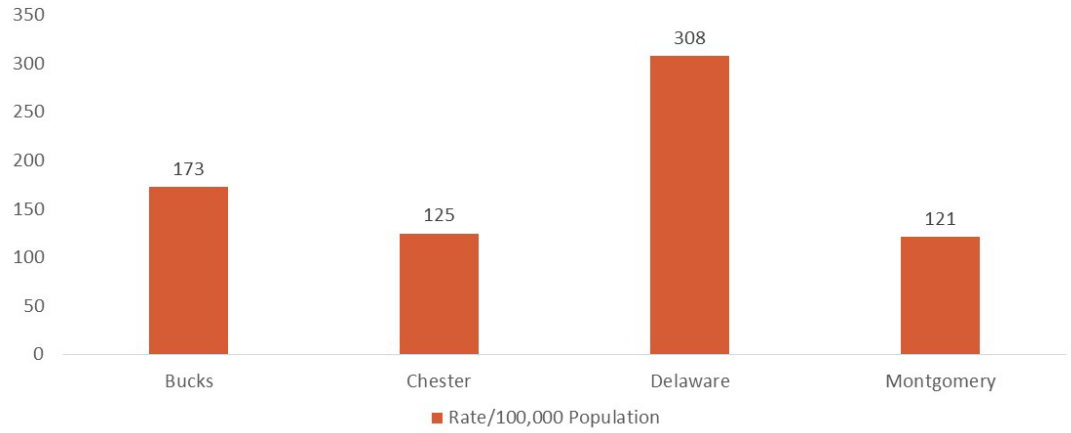
[4] Philadelphia Department of Public Health. *HIV in Philadelphia: Surveillance Report*. Philadelphia; 2021. 2021HIVReport-FINAL.pdf (phila.gov)

Prevalence by Race/Ethnicity and Transmission Category, Philadelphia, 2021[5]



In 2020 (most recent data available), there were 118 new diagnoses reported. However, due to advances in HIV treatment and few deaths, the number of people with HIV has remained stable in the past few years. Currently, 3,827 people with HIV live in the Pennsylvania counties, nearly half of whom (48.1%) are 55 years of age or older.

Prevalence by Jurisdiction, Pennsylvania Counties, 2020

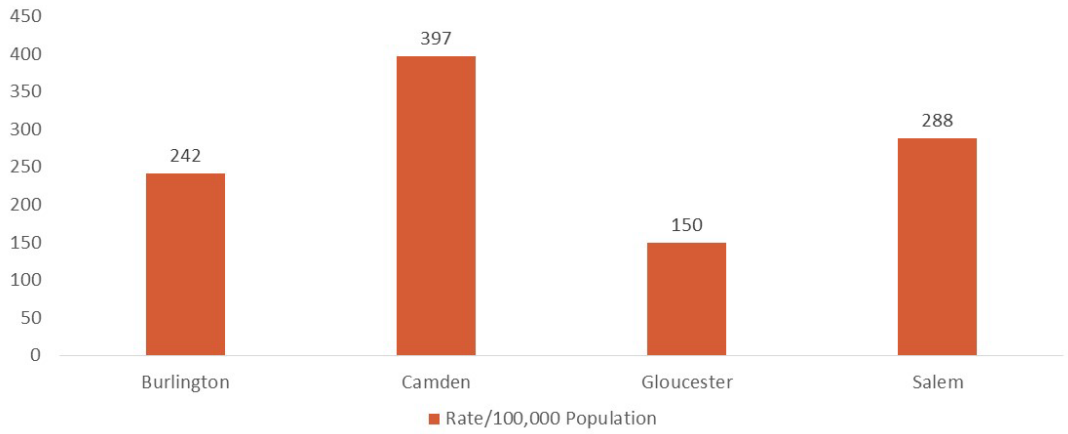


[5] Rates shown are per 100,000 population.

Summary for the New Jersey Counties in the EMA

In 2020 (the most recent data available), 108 new diagnoses were reported in the New Jersey Counties in the EMA. However, due to advances in HIV treatment and few deaths, the number of people with HIV has remained stable in the past few years. Currently, 3,144 people with HIV live in the New Jersey Counties. Approximately 43% of people with HIV in the New Jersey Counties are 55 years of age or older.[6]

Prevalence by Jurisdiction: New Jersey Counties in the Philadelphia EMA, 2020



Diagnose all people with HIV as early as possible

City of Philadelphia

The number of newly diagnosed people with HIV decreased 28% from 508 diagnoses in 2017 to 365 new diagnoses in 2021[2]. The City has experienced steady declines in new HIV diagnoses since the mid-2000s, consistent with national trends.

- In 2021, over a third of the people diagnosed with HIV were Black men who have sex with men (MSM). In 2021, an estimated 2.8% of Black HIV negative MSM were diagnosed with HIV, compared to 2.5% of Hispanic/Latino MSM and 0.5% of White MSM.
- In 2019, at the height of the outbreak, there were 83 newly diagnosed cases of HIV among people who inject drugs (PWID) (including MSM who inject drugs), representing a 151% increase from 33 cases reported in 2016. During 2021, there were 62 new HIV diagnoses among PWID and PWID/MSM.
- Out of all new diagnoses in 2021, nearly 1 in 4 were among youth ages 13–24 (just over 1 in 6 were

[6] Sullivan PS, Woodyatt C, Koski C, Pembleton E, McGuinness P, Taussig J, Ricca A, Luisi N, Mokotoff E, Benbow N, Castel AD. *A data visualization and dissemination resource to support HIV prevention and care at the local level: analysis and uses of the AIDSVu Public Data Resource*. Journal of medical Internet research. 2020;22(10):e23173

among ages 20-24, 1 in 20 among ages 13-19).

- The most recent PDPH AACO estimate (using 2019 data because of limitations due to the impact of COVID-19 on more recent data) indicated that an estimated 1,700 people living with HIV are unaware of their HIV status. Based on estimates from 2019, individuals who are unaware of their status individuals account for 40% of new infections. Of HIV transmission risk groups, MSM have the highest estimated unaware rate. One thousand MSM living with HIV, or 14%, are estimated to be unaware of their HIV status.
- Over a third of youth ages 13–24 living with HIV are unaware of their status.
- Although local data are currently not available for transgender individuals, PDPH AACO estimates that approximately 17% are unaware of their HIV status (based on national data).[7]

Number of New HIV Diagnoses by Year, Philadelphia 2017-2021					
	2017	2018	2019	2020	2021
Number of HIV Diagnoses	508	438	445	335	365

Rates of Newly Diagnosed HIV disease per 100,000 People by Year of Diagnosis and Risk Group, 2017 – 2021

[7] *HIV and Transgender Communities Strengthening Prevention and Care for a Priority Population.*; 2016. https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-transgender-brief.pdf.

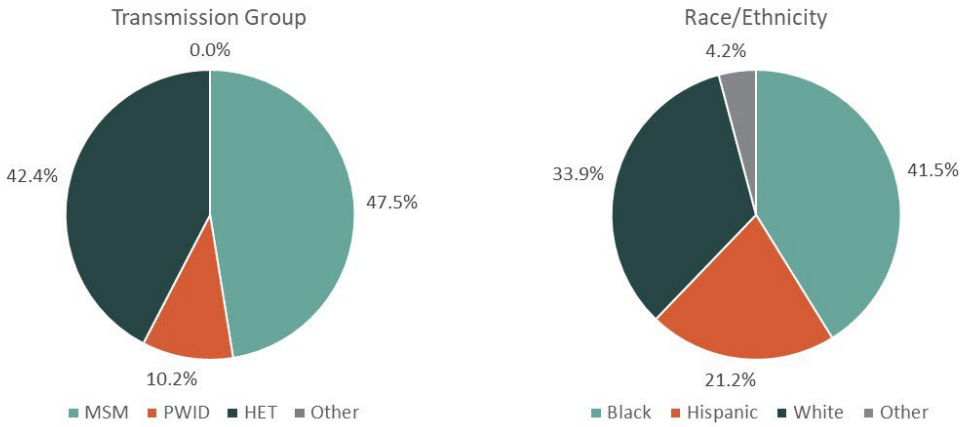
Pennsylvania Counties in the Philadelphia EMA

Similar to the decline in new cases in the City of Philadelphia, the number of new HIV diagnoses is declining in the Pennsylvania Counties of the Philadelphia EMA, as shown below.

Number of New HIV Diagnoses by Year, Pennsylvania Counties in the Philadelphia EMA 2017-2021					
	2017	2018	2019	2020	2021
Number of HIV Diagnoses	149	168	153	118	Not available

In 2020, the plurality of new HIV diagnoses occurred among MSM. Population denominators for the transmission group categories are not available, however, but general estimates for the U.S. and Pennsylvania suggest that the new diagnosis rates are highest in MSM, followed by PWID, then heterosexuals. [8]

New HIV diagnoses by race/ethnicity, Pennsyulvania Counties in the Philadelphia EMA, 2020



In comparing numbers of individuals newly diagnosed with HIV with the sociodemographic of the Pennsylvania Counties, the HIV epidemic disproportionately impacts Blacks/African Americans and Hispanics/Latinos. Blacks/African Americans accounted for 41.5% of new HIV diagnoses in 2020, but 10.9% of the general population of the Pennsylvania Counties. Hispanics/Latinos/Latinx accounted for 21.2% of individuals newly diagnosed with HIV and 6.0% of the general population of the Pennsylvania Counties. Comparatively, whites accounted for 74.7% of the general population of the Pennsylvania Counties and 21.2% of individuals newly diagnosed with HIV in 2020. In total, 62.7% of all individuals newly diagnosed with HIV in 2020 were among Blacks/African Americans and Hispanics in the Pennsylvania Counties. While these health disparities have long been noted, greater attention needs to be placed on addressing the disparities and social determinants of health that might influence these disparities with subsequent implementation of practical interventions and prevention strategies.

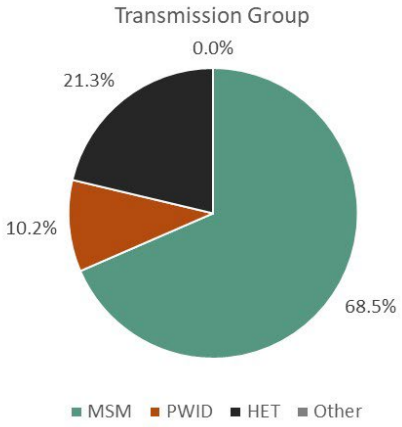
[8] Sullivan PS, Woodyatt C, Koski C, Pembleton E, McGuinness P, Taussig J, Ricca A, Luisi N, Mokotoff E, Benbow N, Castel AD. *A data visualization and dissemination resource to support HIV prevention and care at the local level: analysis and uses of the AIDSVu Public Data Resource*. Journal of medical Internet research. 2020;22(10):e23173

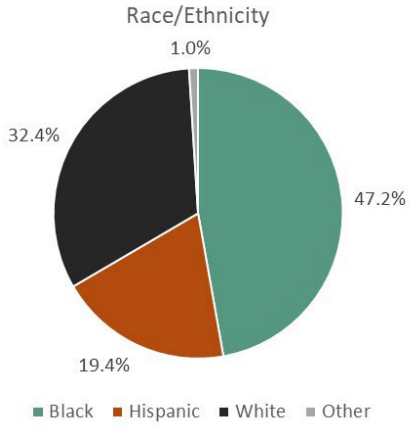
New Jersey Counties in the Philadelphia EMA

The number of new HIV diagnoses in the New Jersey Counties of the Philadelphia EMA is has remained stable since 2017.

Number of New HIV Diagnoses by Year, New Jersey Counties in the Philadelphia EMA 2017-2021					
	2017	2018	2019	2020	2021
Number of HIV Diagnoses	112	106	117	108	Not available

In comparing numbers of individuals newly diagnosed with HIV with the sociodemographic of the New Jersey counties in the Philadelphia EMA, the HIV epidemic disproportionately impacts Blacks/African Americans and Hispanics/Latinos. Blacks/African Americans accounted for 47.2% of new HIV diagnoses in 2020, but 28.5% of the general population. Hispanics/Latinos/Latinx accounted for 19.4% of individuals newly diagnosed with HIV and 12.4% of the general population. Comparatively, whites accounted for 63.9% of the general population and 32.4% of individuals newly diagnosed with HIV in 2020. In total, 66.6% of all individuals newly diagnosed with HIV in 2020 were among Blacks/African Americans and Hispanics in the New Jersey Counties.





Data presented included newly diagnosed HIV reported through June 30, 2022. Note: In 2017, PDPH AACO changed the method for identifying heterosexual transmission of HIV in order to align with CDC standards of risk factor collection.

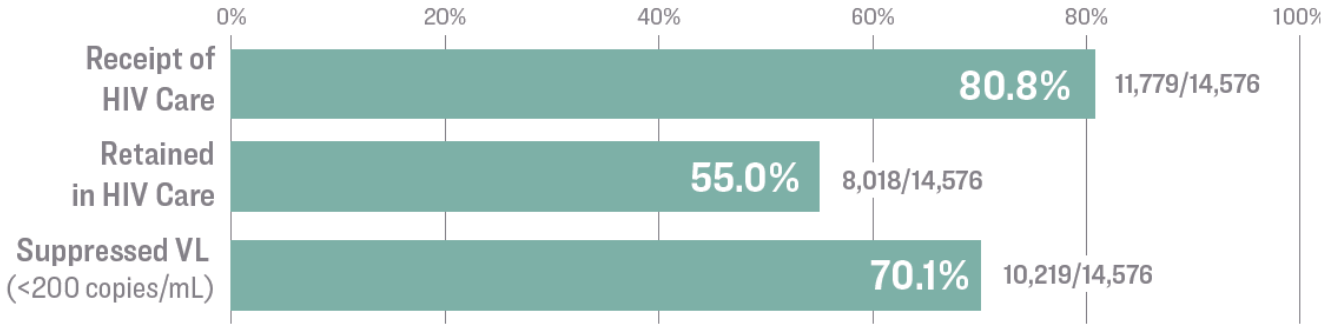
Treat people with HIV rapidly and effectively

The HIV Care Continuum is a data-driven tool focusing on the diagnosis and care of individuals living with HIV. The Continuum shows the percentage of people living with HIV at various stages of engagement in care.

City of Philadelphia

The chart below shows Philadelphia's modified prevalence-based HIV Care Continuum.[9] HIV Care Continuum outcomes are typically based on total counts from HIV public health data. However, this methodology can overestimate the number of people with HIV due to duplicate case reporting, migration, and missed deaths. In this modified prevalence-based HIV Care Continuum, PDPH AACO has excluded individuals without evidence of recent care in the last five years. This allows for a more precisely assessment of the EMA's HIV Care Continuum outcomes and better identifies individuals for intervention and re-engagement services.

Modified HIV Care Continuum Philadelphia, 2021*



- 3,775 people with HIV with a last known home address in Philadelphia have not had care in the past five years (2017-2021). These individuals may either be deceased or no longer live in Philadelphia and are excluded from the *Modified HIV Care Continuum*.
- Over 81% of people newly diagnosed with HIV in 2021 were linked to care within 30 days These rates were lower for PWID and Hispanic/Latinx MSM with 71.0% and 76.5% linking to care in 30 days, respectively.
- In Philadelphia, the greatest barrier to ending the HIV epidemic is poor retention in care specifically among people who are not virally suppressed. 2,797 people with HIV who had evidence of care in the last five years had no care in 2021 in Philadelphia. In 2019 these individuals accounted for 35% of HIV transmissions in Philadelphia. There are disparities in receipt of care and viral suppression across demographic and transmission risk groups.
- A little over 1 in 9 people with HIV in 2021 were in care but not virally suppressed. These individuals accounted for 25% of HIV transmissions in Philadelphia in 2019.

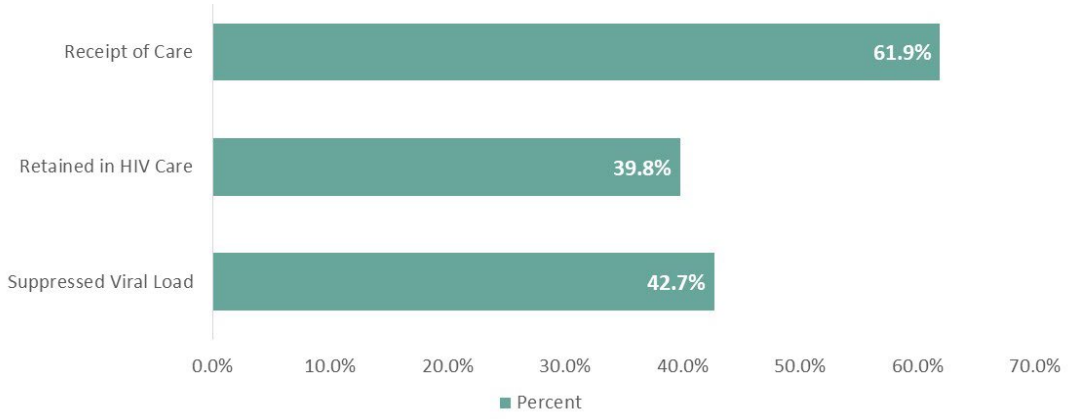
[9] Philadelphia Department of Public Health. Unpublished local data. Philadelphia, PA. 2020.

Pennsylvania Counties

The PADOH HIV Surveillance assessment of the HIV Care Continuum for the Pennsylvania Counties used data through year-end 2019 with data updated at year-end 2020. See figure below. Prior to October 31, 2020, the Pennsylvania HIV regulation permitted reporting of only detectable viral load (VL) tests and CD4 results that are below 200 cells/ul or 14%. This regulation made it less likely to receive CD4 and VL test results outside these limits. The excluded test results were necessary for assessing the HIV care continuum. Therefore, the data provided for the HIV care continuum demonstrates a minimum estimate of the HIV care continuum for people with HIV in Pennsylvania during the analysis period.

Of the 153 new HIV diagnoses in the Pennsylvania Counties in 2019, 91.2% were linked to care in 30 days. In 2019, 61.9% of people with HIV in the Pennsylvania Counties received care, 39.8% were retained in care, and 42.7% were virally suppressed.

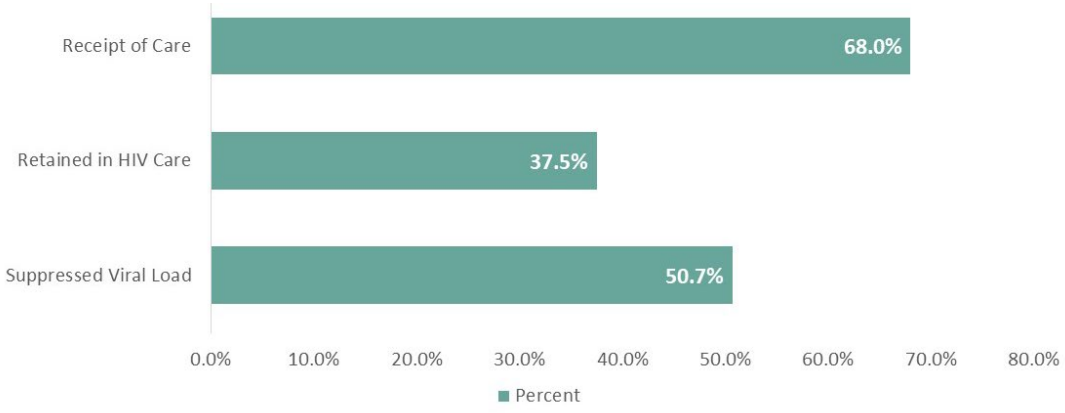
HIV Care Continuum in the Pennsylvania Counties of the Philadelphia EMA, 2019



New Jersey Counties

Of the 117 new HIV diagnoses in the New Jersey Counties in 2019, 80.3% were linked to care in 30 days. In 2019, people with HIV living in the New Jersey Counties, 68.0% received care in 2019, 37.5% were retained in care, and 50.7% were virally suppressed.

HIV Care Continuum in the New Jersey Counties of the Philadelphia EMA, 2019



Prevent new HIV transmissions by using proven interventions

Philadelphia

An estimated 297,340 people in Philadelphia are at risk for acquiring HIV. Among these, 8,190 (2.8%) have an indication for pre-exposure prophylaxis (PrEP). The greatest overall number and proportion of persons with an indication for PrEP is among MSM. In 2021, an estimated 3,683 Philadelphians are estimated to be on PrEP or 45.0% of those with an indication. The PrEP-to-need ratio for Philadelphia was 11.1. The PrEP-to-need ratio is the ratio of the number of PrEP users in 2021 to the number of newly diagnosed with HIV in 2020. A PrEP-to-need ratio of 11.1 means that for each new HIV diagnosis in Philadelphia, there were 11.1 PrEP users.

Other significant factors that contribute to a higher risk of acquiring HIV include sexually transmitted infections and substance use. Sexually transmitted infections increase the risk of both HIV transmission and acquisition.[10] In 2020, there were 511 cases of primary or secondary syphilis, 596 cases of early latent syphilis, 7,218 cases of gonorrhea, and 15,633 cases of chlamydia in Philadelphia.[11] According to 2020 Philadelphia Medical Monitoring Project data, 27.3% of people with HIV who were not virally suppressed had condomless sex with a person who was HIV-negative or of unknown status.[4]

Substance use contributes to behaviors that increase risk for exposure to HIV. Substance use is associated with trauma, mental illness, and other factors impacting people at risk for and living with HIV.[12] Injection drug use particularly increases HIV risk. As of 2021, 22% of people with HIV in Philadelphia had acquired HIV through current or past injection drug use.[2] After many years of low rates of new HIV infections many years of low rates of new HIV infections among person who inject drugs, diagnoses continue to rise.

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[10] Galvin SR, Cohen MS. The Role of Sexually Transmitted Diseases in HIV Transmission. *Nat Rev Microbiol*. 2004;2(1):33-42. doi:10.1038/nrmicro794.

[11] Philadelphia Department of Public Health. *2021 Health of the City.* Philadelphia, PA; 2021.https://www.phila.gov/media/20220718132807/HealthOfTheCity-2021.pdf. Accessed October 3, 2022.

[12] Brief DJ, Bollinger AR, Vielhauer MJ, et al. Understanding The Interface of HIV, Trauma, Post- Traumatic Stress Disorder, And Substance Use and Its Implications for Health Outcomes. *AIDS Care*. 2004;16(sup1):97-120. doi:10.1080/09540120412301315259.

Estimates of Adults with Indications for HIV Pre-Exposure Prophylaxis by Race/Ethnicity and Transmission Category, Philadelphia 2021[13]

	NEGATIVE AT RISK			PrEP INDICATION			% NEGATIVE POPULATION		
	MSM	PWID	Heterosexual	MSM	PWID	Heterosexual	MSM	PWID	Heterosexual
Black	4,777	6,012	125,911	3,390	300	1,290	71.0%	5.0%	1.0%
Hispanic	2,104	3,754	48,244	850	200	170	40.4%	5.3%	0.4%
White	5,475	12,849	64,378	710	1,040	100	13.0%	8.1%	0.2%
									
TOTAL*	12,897	23,428	261,015	5,080	1,540	1,570	39.4%	6.6%	0.6%

Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Notes: The population of individuals 18 and older living below poverty level is used as a proxy for heterosexuals at increased risk for HIV infection. The MSM population estimate is based on the number of active MSM in the past year. Racial/ethnic population composition for all active PWID is based on race/ethnicity data for individuals with a primary diagnosis of opioid use disorder who participated in any Medicaid funded outpatient services in Philadelphia in 2019. Racial/ethnic population estimates for HIV-negative PWID are based on the proportion of PWID who were HIV negative by race/ethnicity in the National Behavioral Surveillance (NHBS) data for Philadelphia in were 2018.

Pennsylvania Counties

In the Pennsylvania Counties of the Philadelphia EMA, there were 2,217 people on PrEP in 2021. The PrEP-to-need ratios for the Pennsylvania Counties are in the table below. The PrEP-to-need ratio is the ratio of the number of PrEP users in 2021 to the number of newly diagnosed with HIV in 2020. The PrEP-to-need ratio was highest in Chester County and lowest in Delaware county. Delaware county had the highest number of HIV diagnoses and Chester County had the lowest number of HIV diagnoses in 2020 of the four Pennsylvania Counties.

Pennsylvania County	Bucks	Chester	Delaware	Montgomery
PrEP to Need Ratio	22.7	28.9	11.0	23.3

[13] Methods based on Smith DK, Van Handel M, Grey J. Estimates of Adults With Indications For HIV Pre-Exposure Prophylaxis By Jurisdiction, Transmission Risk Group, and Race/Ethnicity. *Ann Epidemiol*. 2018;28(12):850-857.e9. doi:10.1016/j.annepidem.2018.05.003.

New Jersey Counties

In the New Jersey Counties of the Philadelphia EMA, there were 890 people on PrEP in 2021. The PrEP-to-need ratios for the NJ Counties are in the table below. The PrEP-to-need ratio is the ratio of the number of PrEP users in 2021 to the number of newly diagnosed with HIV in 2020. The PrEP-to-need ratio was highest in Gloucester County and lowest in Camden County. Camden County had the highest number of HIV diagnoses and Gloucester County had the 2nd lowest number of HIV diagnoses in 2020 of the four New Jersey counties.

New Jersey County	Burlington	Camden	Gloucester	Salem
PrEP to Need Ratio	8.3	6.3	20.7	8.0

Respond quickly to potential HIV outbreaks

City of Philadelphia

The potential for new HIV outbreaks in Philadelphia is great, particularly given the extent and depth of the local opioid epidemic and overdose crisis. In a recent 8-year period, drug-related deaths in Philadelphia rose 264% from 460 deaths in 2013 to 1,214 deaths in 2020.[14] A combination of factors are involved, included the introduction of fentanyl and other chemicals into the street drug supply, a rise in the number of people who inject drugs, an increase in homelessness among drug users, an increase in hepatitis C transmission, and sharp increases in fatal and non-fatal drug overdoses.

In September 2018, PDPH AACO identified an increase in new HIV infections among PWID and declared an outbreak. During 2019, new diagnoses peaked at a total of 91 cases. These infections are associated with the ongoing opioid crisis. In 2021, 62 new HIV diagnoses were reported among PWID, a 94% increase since 2016, or the last year of an observed decrease in diagnoses among this population. Viral suppression among people with HIV who acquired HIV through injection drug use and have evidence of care in the last 5 years is similar to other risk groups.

At the same time, the epidemic in Philadelphia remains concentrated among MSM. This indicates a need to investigate new cases in all risk groups. Viral suppression in Black and Hispanic/Latino MSM is lower than that of White MSM. In 2021, rates of newly diagnosed HIV were more than 7 times greater among MSM compared to PWID and nearly 64 times greater among MSM compared to heterosexuals.

Through routine public health data analysis, PDPH AACO identifies groups of rapidly growing, closely related HIV diagnosis allowing trends in new infections to be identified as soon as possible. Highly connected groups have been identified among MSM and PWID, with some groups containing a large amount of cross-over among risk factors. Recently diagnosed individuals receive routine Partner Services and are eligible for follow-up care through a project called DExIS (Demonstrating Expanded Interventional Surveillance) that aims to identify patterns of missed opportunities in the HIV prevention system. DExIS uses standardized chart reviews and interviews with sentinel cases of recently HIV-diagnosed individuals. Information gathered is reviewed through a regular, structured,

[14] Philadelphia Department of Public Health. Unintentional Drug Overdose Fatalities in Philadelphia, 2020. CHART 2021;6(5):1-8.

inter-disciplinary Case Review Team and a Community Action Team to identify actionable policy changes to be implemented through a Policy Implementation Team. Philadelphia continues to improve its capacity to investigate active HIV, recent and rapid growth of HIV, and respond to outbreaks.

Regarding data limitations for the City of Philadelphia snapshot, information about HIV-positive transgender and gender non-binary individuals has improved, but gaps remain. PDPH AACO does collect and report gender identity where data is available; however, it can be limited. Little information is available about disabilities among people living with HIV, and demographic data do not adequately capture people with visual, hearing, cognitive, and motor impairments. Given that more than half of people with HIV in Philadelphia are over the age of 55, and disabilities are often acquired over time, more information is needed to plan for emerging and shifting service priorities. In addition, any data from 2020 and 2021 should be interpreted with caution due to the COVID-19 pandemic and the impact it had on the HIV testing and care infrastructure in the EMA.

Pennsylvania Counties

PADOH implemented detection and response activities at the end of 2018. Two types of HIV clusters are being monitored: molecular clusters and time-space clusters. A molecular cluster is of national interest if at least 5 cases were diagnosed in the most recent 12-month period at a genetic distance threshold of 0.5%. A time-space cluster is of interest if the number of cases is above what would be expected or there is a significant increase of cases in vulnerable populations such as PWID, women of childbearing age, homeless individuals, or individuals also concurrently diagnosed with an STD.

Between 2018 and 2021, a total of 20 HIV transmission clusters were identified consisting of 8 molecular and 12 time-space clusters of interest. PADOH also participated in the investigation of two CDC national molecular clusters. The locations of these clusters varied geographically in the state, and a total of 441 individuals were identified as members of these clusters. Males represented 87.5 % of the cases. MSM was the most predominant mode of HIV transmission, accounting for 65.5 % of the clusters. Individuals aged 25-34 years in HIV transmission cluster were 47.4 % of the clusters and 52.6 % identified as white.

New Jersey Counties

Between January 2020 and May 2022, there were 1,238 individuals in New Jersey that were part of HIV clusters ranging between two and 15 members. The characteristics of the clusters are as follows: men between 20 and 39 years old (71.1%), with reported MSM contact (45.1%), Black/African American (35.8%), and Hispanic (32.8%). Approximately one-third of persons were not virally suppressed according to available viral load data in the last 12 months at the time of analysis. The HIV cluster outbreaks occurred in five New Jersey counties as follows: Essex County (14.3%), Hudson County (13.7%), Union County (10.1%), Camden County (9.6%), and Middlesex County (9.5%).

c. *HIV Prevention, Care, and Treatment Resource Inventory*

Appendix 4 presents the EMA's current inventory of HIV prevention, care, and treatment resources.

i. Strengths and Gaps

PDPH AACO is the recipient of RWHAP Part A funding for the nine-county Philadelphia Eligible Metropolitan Area (EMA). Additionally, the recipient receives RWHAP Part B Rebate, CDC, State, City

of Philadelphia, and Ending the HIV Epidemic (EHE) funding through HRSA and the CDC. Funding is leveraged to augment EHE funding and to support EIIHA Treatment activities in Philadelphia EMA and Diagnose, Prevent and Respond initiatives in Philadelphia County.

PDPH AACO is directly funded by CDC for HIV surveillance activities. This data is used for systemic evaluation and improvement of funded HIV services and to track the impact of services on the health outcomes of persons at risk or living with HIV. Aggregate public health data will be requested from the New Jersey and Pennsylvania Departments of Health to monitor Diagnose, Prevent and Respond activities in counties where the majority of prevention activities are funded by the States not PDPH AACO. This arrangement avoids duplication of prevention services within the jurisdiction.

This has allowed PDPH AACO to establish and maintain an extensive long-standing network of HIV prevention and treatment programs that is supported by public health data. This integrated approach facilitates coordination across the HIV continuum of care by using a status neutral approach and creating multiple access points for individuals seeking services.

In all service areas, the EMA has witnessed consolidation of services by larger umbrella organizations and health systems. This consolidation has kept some service providers in operation during challenging times and allows for communication within systems to improve service coordination, especially when systems adopt a single electronic medical record (EMR). However, the consolidations have, unfortunately, resulted in some hospital closures in the region, including the 2019 closure of Hahnemann University Hospital in Philadelphia and Delaware County Memorial Hospital's closure by Crozer in 2022. This may continue to be a problem as for-profit entities purchase hospitals to sale the facility for non-medical purposes or reduces services significantly in existing facilities.

Health disparities persist in the jurisdiction, PDPH AACO has instituted a number of measures to better address this problem. This includes:

- Hiring a Health Equity Advisor with expertise and knowledge regarding the theoretical basis of health equity and its practice and implementation
- A PDPH AACO Health Equity Policy
- Immediate iART for newly diagnosed individuals
- Health equity assessments required of RW funded medical providers
- A low health literacy guide developed by the Health Equity Advisor
- Cultural competency training
- Disparities measures for RW funded medical providers
- Quality improvement projects to address noted health disparities at provider sites

The health equity assessments and low literacy health guide are being piloted at select provider sites to evaluate effectiveness before implementing with other providers in the EMA.

The jurisdiction consists of a two-state nine county EMA making it challenging to respond to the needs of individuals living in different geographical areas. Adding to this challenge is the fact that the PADOH and NJDOH fund the majority of prevention activities in the EMA counties outside of Philadelphia County.

A map of organizations and agencies providing HIV care and prevention services in Pennsylvania has been developed to support the identification and resource mapping of all HIV providers in the state. The resource map can be found at: https://arcg.is/1OC8vH0 .

PDPH AACO has provided more funding to those geographic regions most impacted by HIV. In 2020, the City of Philadelphia comprised 70.9% of the EMA's overall HIV epidemic. The next most highly affected areas were the Pennsylvania Counties (16.0% of the EMA's epidemic) and the New Jersey counties (13.1%). Philadelphia and the New Jersey Counties have more people with HIV among racial/ethnic minorities compared to the Pennsylvania Counties. In the jurisdiction, racial/ethnic minorities are disproportionately impacted by HIV both in new HIV diagnosis and person living with HIV. For persons living with HIV in the counties outside of Philadelphia, transportation is a major issue. PDPH AACO provides transportation services for persons living with HIV while partnering with the provider of Medicaid transportation services in Philadelphia to leverage funding and avoid duplication of services.

PDPH AACO must continue to strengthen its partnership with the New Jersey and Pennsylvania Departments of Health to better monitor prevention activities outside of Philadelphia County. It is particularly important to be able to monitor occurrences of HIV clusters or outbreaks across the jurisdiction. Activities to strengthen these partnerships include:

- Maintaining and/or developing data sharing agreements,
- Maintaining membership in the Pennsylvania Department of Health's HIV Prevention Group,
- Seeking membership in Department of Health for the State of New Jersey's HIV prevention committee, and
- Exploring the possibility of using the field services staff located at PDPH AACO to link persons identified in a HIV cluster in Philadelphia and the surrounding counties to PrEP or treatment services.

Finally, ending the HIV epidemic depends on addressing the interrelated issues of homelessness, poverty, racism, homophobia, and transphobia in the jurisdiction. Partnerships formed to address these issues include: the Office of Supportive Housing in Philadelphia; the Division of Housing and Community Development, the recipient of HOPWA funding for Philadelphia and Delaware counites; the Office of LGBTQ Affairs in Philadelphia; the PDPH AACO Health Equity Committee and the Pennsylvania Dept of Health.

ii. Approaches and Partnerships

The jurisdiction built upon the resource inventory from the previous integrated planning cycle by compiling all current contractual services by funding source and service category, reviewing contact information and agency names from the previous inventory to account for agency closure and changes in ownership/ names, standardizing naming conventions across all service categories and agencies, running data from the HRSA data warehouse to identify all agencies receiving direct funding for HIV prevention and care services, running data from the HRSA data warehouse to identify agencies operating as FQHCs and lookalikes, and obtaining a list of all agencies providing Substance Use Disorder services that are administered by the Division Community Behavioral Health (CBH), the City's Medicaid Managed Care and HealthChoices Administrative Services Organization.

d. Needs Assessment

This section summarizes the available needs assessment data used to inform the choice of plan goals, objectives, and activities.

The needs assessment completed as part of the planning process included the following:

- Two consumer surveys conducted by the Office of HIV Planning on behalf of the HIV Integrated Planning Council
- Community engagement activities with persons PWH, persons in priority populations, HIV prevention and care providers, and other stakeholders completed as part of EHE planning
- Review of data as outlined in Section III.a.

2020 Community Survey

A community survey was conducted by the Office of HIV Planning (OHP) on behalf of the Philadelphia EMA HIV Integrated Planning Council (HIPC) to determine common barriers to HIV treatment and care services for the EMA's RWHAP clients during the 2020 COVID-19 pandemic. Although the sample size was small (N=81), the results provided valuable insight about people with HIV as it relates to COVID-19. The survey was open from October 15, 2020, until January 18, 2021.

Although the results of the OHP survey cannot be used to generalize experiences of most or all people with HIV in the EMA due to the small sample size, some conclusions can be made.

- Social distancing negatively impacted the emotional and mental health of people with HIV.
- Transportation challenges and barriers to RWHAP care services were made worse by transit shutdowns, social distancing practices, and mail delays due to the pandemic.
- Ensuring equitable access to telemedicine, online support groups, and other services/resources is important to closing the digital divide, not only during the pandemic but in general.
- 30% respondents indicated they had lost income while 50 answered yes to the question, "have you been worried that you will have a problem paying for basic necessities such as rent, mortgage, food or utilities during the COVID-19 outbreak?" These responses may indicate greater poverty among people with HIV living in the EMA.

2022 Community Survey

A community survey was conducted by the Office of HIV Planning (OHP) on behalf of the Philadelphia EMA HIV Integrated Planning Council (HIPC) between March to September 2022. They received a total of 236 responses with 43.2% being completed online and 56.8% being completed on paper. Eighty-four percent of respondents were PWH. Eight surveys were completed in Spanish and 16.3% of respondents identified as Hispanic/Latinx. The majority of the surveys were completed by Philadelphia residents (57.6%), followed by New Jersey County residents (30.5%), and 11.0% from Pennsylvania EMA county residents. Demographics of the respondents were overall similar to the population of people with HIV in the EMA with the exception of a higher proportion of people who identified as white (34%), a greater proportion of people who identified as straight (56%) and a greater proportion of females (42%).

Key findings:

- Nearly 6 in 10 (59.1%) of respondents reported living at or below 200% of poverty level.
    - 9.8% of respondents reported that they needed direct emergency financial assistance (DEFA) but were unable to receive the service.
    - 10.6% were unaware of DEFA
- More than one-third (35.2%) of respondents indicated that they were unstably housed or relied on public housing.
    - 11.4% of respondents indicated that they needed housing assistance but were not able to receive the services
- Many (8.9%) of respondents reported that they needed legal services but were not able to get them.
- Nearly three-fourths (73.7%) of respondents indicated that they had at least one co-morbid illness (cardiac, pulmonary, diabetes, cancer, kidney, or liver problems).
- More than two-thirds (67.8%) of respondents indicated that they had a mental health or neurocognitive illness (depression, anxiety, mood disorder, PTSD, obsessive compulsive disorder, psychosis, eating disorder, or dementia).
    - 64.9% of respondents reported needing mental health care in the last 12 months
- 18.7% were unable to get services and an additional 7.6% were not able to get the services due to long wait times.
- More than one-fifth (22.7%) of respondents indicated that they needed substance use disorder treatment but 25.5% of those in need of such treatment were unable to get the services.
- Ongoing impacts on HIV treatment due to the COVID-19 continued to be observed.
    - Nearly 1 in 3 (31.7%) of respondents reported that they lost wages for one or more weeks due to COVID-19.
    - One-quarter (25.5%) of respondents reported that their housing situation changed due to COVID-19.
    - About 1 in 10 respondents (10.6%) reported missing doses of their HIV medications; 8.9% reported missed doses of other essential medications due to COVID-19
    - 8.1% reported problems obtaining prescriptions refills of their HIV medications due to COVID-19
    - Nearly one-fifth of respondents (19.9%) reported missing a medical appointment due to COVID-19 and 13.1% skipped or delayed HIV-related laboratory testing due to COVID-19.
    - The majority of respondents (54.7%) reported that they wanted in-person medical visits with 5.9% preferring only telehealth visits.

i. Priorities

Key priorities arising from the needs assessment process are listed in the table below.

Key Service Priorities from the Needs Assessment Process		
Services Needed	**Barriers**	**Priorities**
Diagnose all people as early as possible		
▪ HIV testing in clinical settings ▪ HIV testing in non-clinical settings ▪ HIV testing in novel settings ▪ HIV self-testing	▪ HIV stigma ▪ Not enough individuals from priority populations are getting tested in non-clinical settings ▪ Limited hours of service availability ▪ Lasting impact of COVID-19 pandemic on service availability and delivery ▪ Transportation barriers ▪ Missed opportunities for HIV testing (lack of repeat testing when indicated, no HIV testing when STIs are diagnosed)	▪ Increase access to and options for HIV testing, including expansion of routine opt-out testing at various venues ▪ Implement bio-social screening in health care settings ▪ Realign testing in non-clinical settings to ensure priority populations are reached
Treat people with HIV rapidly and effectively		
▪ Immediate antiretroviral therapy ▪ Retention interventions ▪ Data-to-care interventions ▪ Adherence interventions ▪ Services to support engagement in HIV medical care ▪ Telehealth services ▪ Address disparities in HIV treatment outcomes	▪ Provider/structural barriers (e.g., lack of extended hours, access to transportation) ▪ Patient rights/education (e.g., individuals unaware of availability of RWHAP services) ▪ Insufficient supportive services (e.g. housing) ▪ Poverty and other social determinants of health ▪ Behavioral health (e.g., lack of screening, limited availability of behavioral health services)	▪ Maintain and expand core and supportive RWHAP funded services ▪ Expand services that support re-linkage, retention, and increased viral suppression rates

Key Service Priorities from the Needs Assessment Process		
Services Needed	**Barriers**	**Priorities**
	▪ Inadequate access to high-speed internet necessary to access telehealth and other online services and information (digital divide)	
Prevent new HIV transmissions by using proven interventions		
▪ Access to nPEP ▪ Access to PrEP ▪ Telehealth services for prevention ▪ Status neutral navigation services ▪ Syringe service programs ▪ Harm reduction programs ▪ Address disparities in PrEP uptake	▪ Stigma ▪ Lack of knowledge about PrEP and U=U ▪ Low uptake of PrEP in priority populations ▪ Medical mistrust ▪ PrEP persistence ▪ Lack of provider knowledge about PrEP ▪ Provider reluctance to prescribe PrEP ▪ Digital divide ▪ Limited access for persons who are uninsured	▪ Expand access to PrEP and nPEP ▪ Expand syringe service and harm reduction programs ▪ Maintain condom distribution program
Respond quickly to potential HIV outbreaks		
▪ Evidence-based interventions for respond ▪ Outreach services ▪ Data- to-care interventions ▪ Partner Services	▪ Community concerns about molecular HIV surveillance (MHS) and criminalization of HIV ▪ Concerns over confidentiality ▪ Medical mistrust ▪ Mistrust of the government	▪ Investigate and respond to all related HIV cases to stop chains of transmission ▪ Initiate outbreak response ▪ Assure systemic changes are data-driven

ii. Actions Taken

Diagnose

- Implemented easy access sexual health services that focus on overall sexual wellness to decrease stigma around HIV testing.
- Clinical advisor to do public health detailing to increase opt-out testing, repeat testing and bio-social screening where opt-out testing isn't feasible.
- Implement HIV testing in select pharmacies with expanded hours and more availability in high incidence zip codes.
- Maintain HIV self-testing programs in the EMA.
- Maintain no cost HIV testing.
- Maintain the Philly Keep on Loving (PKOL) website for information on HIV testing.
- Launch HIV testing media campaigns to de-stigmatize HIV testing.

Treat

- Use EHE funding to expand clinical hours in Philadelphia-based RWHAP Part A O/AHS provider sites.
- Develop patient rights/education materials.
- Expand "Radical Customer Service" initiatives.
- Implement transitional housing program with grant from PA State Rebate funds for Philadelphia and Delaware County.
- Facilitate access to needed supportive services (i.e., food vouchers, transportation, housing, DEFA, etc.) through Medical Case Management services.
- Use EHE funding to increase Behavioral Health Consultants in RWHAP Part A O/AHS provider sites.
- Launch anti-stigma and U=U media campaigns.

Prevent

- Established an nPEP Center of Excellence in Philadelphia to offer 24/7 access to NPEP.
- Established a TelePrEP program on the PKOL website.
- Clinical advisor to do public health detailing for PrEP provision.
- Launch PKOL and TelePrEP media campaigns to de-stigmatize PrEP.
- Collaborate with key stakeholders to make PrEP and PEP more accessible and available.

Respond

- Outbreak response plans implemented across the EMA.
- MHS activities are ongoing across the EMA.
- Ongoing data- to-care activities in Philadelphia and PA.
- Mandated Partner Services across the EMA.
- Support HIV de-criminalization activities across the EMA.

iii. Approach

The needs assessment is based on:

1. NHBS, MMP, Client Services Unit MCM intakes and ISU service utilization data collected by PDPH AACO.

2. Community survey examples from a national search of other EMAs and TGAs, and consumer surveys developed with the input and oversight of the HIPC.

All needs assessment activities carried out by the HIPC are reviewed by committee members who are living with HIV.

Section IV. Situational Analysis

a. Overview

This section provides an overview of strengths, challenges, and identified needs for HIV prevention and care services. It synthesizes input gained from community engagement activities and the planning process used to develop the *Integrated Plan*. It also includes information from the local EHE Plan and the Pennsylvania and New Jersey *Integrated Plans 2022-2026*. The section is organized by the four NHAS key strategies.

Diagnose all people with HIV as early as possible

Strengths

An estimated 11.5% of people with HIV in Philadelphia did not know they had HIV. Those unaware of their status account for 39% of new transmissions (most recent data available). PDPH AACO has an established network of testing sites in a variety of settings, and distributes in-home HIV test kits in Philadelphia. Nearly 69,478 publicly funded HIV tests were provided in Philadelphia in 2019. In addition to community-based HIV testing programs, PDPH AACO-funded efforts include opt-out testing at three major emergency departments, two pediatric hospitals, and the Philadelphia Department of Prisons where most inmates are tested at intake.

The PADOH has implemented activities centered on increased testing in non-clinical/non-traditional sites. Efforts to identify and provide community-based HIV-testing opportunities for both health care and non-health care providers have been focused on providers who have recently reported identifying new individuals with a diagnosis of HIV within their respective service populations.

The NJDOH allocates $12 million in funding to HIV testing services including in the four counties of the Philadelphia EMA. A rapid-rapid testing algorithm is used in which the first positive rapid test functions as a presumptive positive, followed by a second rapid test by a different manufacturer that serves as a confirmatory. The two positive but different technologies are sufficient to link an individual to HIV care for laboratory work-up. Another strength is that for over 20 years, Robert Wood Johnson Medical School has served as the NJDOH's Division of HIV, STD, and TB Services' (DHSTS) collaborative partner in quality assurance and laboratory oversight. DHSTS grantees operate under the Medical School's CLIA waiver, providing training, monitoring, and technical assistance to state-funded prevention sites.

PDPH AACO promotes increased access and frequency of HIV testing through bio-social screening in Philadelphia facilities. Bio-social screening aims to provide clear pathways for clinicians in healthcare settings to offer HIV testing to patients. Bio-markers for screening may include suspected or confirmed diagnoses of syphilis, gonorrhea, chlamydia, hepatitis C, hepatitis A, unintended pregnancy, overdose, or injection-related infection. Social-markers for screening include people in populations with a higher prevalence of HIV, including gay, bisexual, and other men who have sex with men—especially Black and Hispanic/Latino, transgender or heterosexual women of color.

PDPH AACO, PADOH, and NJDOH all operate in-home HIV testing programs. The programs de-stigmatizes screening by providing an alternative for people who are unwilling or unable to get tested in other venues. PDPH AACO distributes HIV self-test kits in combination with HIV testing campaigns. The PADOH is funding specialized media campaigns in specific areas focusing on targeted populations. The campaigns are being developed and implemented to raise both awareness to the need, as well as how to access the resources to assist individuals to remain HIV free. In 2020, the NJDOH piloted at-

home HIV testing at six locations, and today, at-home testing has been expanded to over 10 sites.

Partner Services (PS) notifies partners of possible HIV exposure and links identified individuals to HIV medical care or PrEP. PS can also significantly impact the treat, prevent and respond strategies. PDPH conducts PS in Philadelphians with (1) all people with newly identified HIV infection, previously diagnosed cases with high viral loads, and contacts to index cases who are locatable and consent to be interviewed; (2) people with HIV with a diagnosis of gonorrhea, or syphilis who can be located and consent to be interviewed; and (3) all people with newly diagnosed syphilis and contacts to index cases who are locatable and consent to be interviewed. Greater efforts to identify individuals at risk for HIV exposure through partner services are being conducted by PDPH and the PADOH.

Challenges

Multiple reports suggest local testing efforts need to be strengthened. In June 2019, CDC reported that just 58% of Philadelphia residents had ever taken an HIV test, and only 21% were tested in the past year[23]. Philadelphia data from the NHBS found that the majority of MSM, heterosexuals, and PWID had medical care in the last twelve months, but many were not offered an HIV test or counseling for PrEP[19]. Frequency of HIV testing and missed opportunities are shown below.

HIV Testing and Medical Care Data Among Select Philadelphia Populations, National HIV Behavioral Surveillance (NHBS), 2017-2020						
NHBS population (number of Philadelphia respondents, and year)	**Percent HIV tested in past 2 years (among HIV- or unknown)**	**Percent HIV tested in past 12 months (among HIV- or unknown)**	**Percent HIV tested in past 3 months (among HIV- or unknown)**	**Percent with medical care visit past 12 months**	**Percent offered HIV test among persons with a medical visit in the past 12 months**	**Percent PrEP discussion among persons with a medical visit in the past 12 months**
Men who have sex with men (n=575 in 2017)	93.8%	77.2%	32.0%	83.0%	60.0%	38.9%
People who inject drugs (n=621 in 2018)	88.7%	68.8%	28.5%	82.0%	61.8%	12.5%
High risk heterosexuals (n=370 in 2019)	78.4%	44.2%	13.2%	85.6%	58.5%	1.6%
Transgender Women (N=222)	87.8%	76.5%	45.2%	91.3%	74.2%	55.2%

Current testing efforts by PDPH AACO in Philadelphia community-based settings are not sufficiently reaching priority populations. For example, just 17.1% of tests in 2021 were among MSM. Despite opt-out testing initiatives in the last decade, routine opt-out testing has not been implemented system-wide. PDPH AACO introduced revised funding criteria for community-based testing providers to emphasize and realign testing in key populations based on public health data estimate.

The PADOH data indicates that one in four newly diagnosed HIV cases are made in the late stages of disease. Efforts are needed to diagnose HIV as early as possible.

The NJDOH has identified lack of education as a barrier to HIV testing in southern New Jersey at the community level and organizational and program-level obstacles such as recruitment and retention, recruiting clients to test, and other organizational staffing and administrative hurdles at the provider-level.

Identified Needs:

- Increase testing of key populations in community-based settings
- Increase opt-out routine testing in clinical settings
- Improve testing among people at high risk for exposure to HIV
- System and policy-level strategies to include and normalize sexual health assessments and routine HIV testing
- Provider and consumer education at the program-level
- Education is needed regarding at-risk populations for HIV and CDC testing guidelines at the provider-level.

Treat people with HIV rapidly and effectively

Strengths

For people who achieve and maintain viral suppression, effectively no risk exists of transmitting HIV to their sexual partners. PDPH AACO currently funds 24 outpatient medical facilities with experienced HIV providers across the EMA. The RWHAP's comprehensive system of HIV medical care, core medical services, and support services are highly effective in supporting people with HIV to achieve viral suppression. In CY 2021, there was an 85.4% viral load suppression rate in the EMA for people with HIV, who had at least one HIV medical care visit in the past 12 months. Medical Case Management (MCM) offers a range of client-centered activities to improve health outcomes. PDPH AACO funds 26 MCM providers within the EMA, which includes MCM services co-located at RWHAP O/AHS provider sites. 7,446 individuals were served in 2021. MCM is a major retention intervention in the Philadelphia EMA and consists of two levels of care:

- *Standard case management* services focus on maintaining virally suppressed individuals in HIV medical care. MCM activities include linkage to HIV medical care for newly diagnosed and out-of-care individuals and treatment adherence support.
- *Comprehensive case management* services focus on individuals who are not virally suppressed.

Other core services offered to people with HIV are mental health and substance abuse treatment,

emergency HIV medications, medical nutritional services, and oral health care. A total of 4,305 individuals received these services in 2021. PDPH AACO also funds services across the EMA to address basic needs including emergency financial assistance (for back-rent and utilities in arrears); food bank/home delivered meals; housing assistance; legal services; linguistic services (translation and interpretation); and transportation. 5,218 individuals received these services in 2021.

Data-to-Care (D2C) is an evidenced-based strategy that uses HIV public health data and other data to support the HIV Care Continuum, by identifying people with HIV who are out of medical care and facilitating re-engagement to care. In 2021, PDPH AACO served 176 people through D2C activities in Philadelphia; 54 were relinked to HIV medical care within 90 days of enrollment with an additional 68 linking within 1 year of enrollment, as confirmed through lab data (CD4/VL). Of these, 94 maintained viral suppression at one-year post enrollment in data-to-care.

The PADOH Special Pharmaceutical Benefits Program (SPBP), PA's local ADAP program, is a strength for the treat strategy. SPBP provides assists persons with HIV to obtain medication, pay for some laboratory services, and provide premium assistance with selected Medicare Part C and D plans. Pennsylvania residents living with HIV that have a gross annual (household or individual) income of less than 500% of poverty level and who are not eligible for Medicaid are eligible for this program.

Challenges

Rates of retention in medical care are lower than viral suppression with 78.7% of people with HIV receiving at least two HIV visits in 2021 within the EMA-wide RWHAP care system. Immediate initiation of anti-retroviral therapy (iART) will be key to achieve EHE goals and reduce barriers to care engagement for people with new diagnoses of HIV. Data are available on ART start date for approximately 50% of new diagnoses in Philadelphia. In 2021, 73 (20.0%) persons were initiated on ART therapy within 0-4 days of diagnosis. Immediate linkage and iART has also been identified as a challenge by the NJDOH. The specific challenges include insufficient state-funded linkage to Care Coordinators at hospital-based clinics and insufficient training and resources at provider sites.

For NJ, the NJDOH identified the lack of sufficient resources to build the infrastructure and capacity to implement data-to-care re-engagement models to identify people with HIV (PWH) who are not in care as a challenge. The lack of tailored interventions for priority populations not retained in care that promote access to treatment as prevention and U=U (undetectable = untransmittable) is also an identified gap. New Jersey Medicaid requires prior authorization for antiretrovirals (ART). This barrier delays access to care for people with HIV because providers must justify the ART regimen to Medicaid HMOs. This disproportionately affects non- virally suppressed, hard-to-reach PWH. This has been an ongoing issue with New Jersey Medicaid since the 2014 Medicaid Expansion.

Identified Needs:

- Immediate ART initiation across the EMA (within 0-4 days of diagnosis).
- Re-engagement of out-of-care individuals into medical care.
- Ongoing retention efforts in HIV medical care.
- Increasing durable viral suppression rates.
- Increased availability of supportive services including mental health, medical case management,

DEFA, transportation, and transportation services.

Prevent new HIV transmissions by using proven interventions

Strengths

PDPH AACO actively promotes other biomedical prevention interventions such as PrEP and PEP in Philadelphia. An estimated 8,190 people in Philadelphia who are HIV-negative have an indication for PrEP. This group includes MSM (5,080), people who inject drugs (1,540), and heterosexuals (1,570). Indications vary significantly by race/ethnicity, with higher proportions of people of color with an indication for PrEP in all risk groups. Health promotion activities to expand knowledge of PrEP have been undertaken through the campaign website at PhillyKeepOnLoving.com. PDPH AACO has developed a PrEP monitoring and evaluation plan in order to be able to assess uptake by subpopulation.

PADOH is using STD data to identify individuals who may be at increased risk for HIV exposure who may benefit from PrEP. The PADOH also supports PrEP visits (including laboratory services) through Participating Provider Agreements. In FY2-21, PADOH supported 3,911 PrEP visits for individuals who were uninsured. The NJDOH funds 37 PrEP clinics across the State.

PDPH ACCO has implemented a non-occupational post-exposure prophylaxis (nPEP) Center of Excellence that hosts a 24/7 call center and follow up to Philadelphia residents in need of nPEP regardless of ability to pay.

PDPH AACO funds transgender community mobilization in Philadelphia. Funded agencies provide gender-affirming and culturally responsive spaces for transgender people who have sex with men to seek HIV prevention and treatment information, promote rights-based education around healthcare access, and conduct activities that reduce HIV stigma. Currently a diverse set of community-based organizations implement this activity across the City. Funded organizations range from residential treatment facilities to large LGBT community-based health centers.

PDPH AACO has supported syringe services programs through the City General Fund since 1992. In FY22, the program served 36,376 unique exchangers and dispensed nearly 8 million syringes.

In New Jersey, there are currently seven harm reduction centers that provide harm reduction counseling and supplies to prevent and reduce the transmission of HIV and other blood-borne diseases and prevent overdoses. One of these centers is in Camden County. The centers have served approximately 2,500 clients and distributed nearly 1.1 million new syringes. Furthermore, through a partnership with the New Jersey Department of Human Services, Division of Mental Health and Addiction Services, the seven harm reduction centers now include low-threshold buprenorphine access.

Challenges

Previous reductions in HIV infections from injection drug use in Philadelphia were due to several protective factors, including access to sterile syringes through Prevention Point Philadelphia, access to drug treatment, and behavioral changes among experienced users. In a recent study, it was estimated that syringe exchange programs in Philadelphia averted 10,000 new HIV infections over 10 years[20]. However, from 2016 to 2019, the number of newly- diagnosed HIV infections among PWID increased 184% (n=92 cases) In 2019, Philadelphia had one of the highest drug death rates in the country related

to opioid misuse with an estimated 1,214 drug-related deaths[21]. This increase correlates with Philadelphia's opioid crisis, which is characterized by the introduction of fentanyl, a rise in the number of people who inject drugs, an increase in homelessness among drug users, an increase in hepatitis C transmission, and sharp increases in fatal and non-fatal drug overdoses. Fentanyl has a shorter duration of effect than heroin, so people who inject fentanyl may be injecting more frequently. New HIV diagnoses in this population remain high in 2021 with 62 cases.

In Pennsylvania, syringe services programs remain illegal outside of Philadelphia and Pittsburgh where they operate under local executive orders. Lack of harm reduction services throughout the rest of the State of Pennsylvania is a major challenge in HIV prevention.

NJDOH indicates that they need to increase access (locations) to post-exposure prophylaxis and accessibility (cost) to PEP and PrEP services for New Jersey residents.

No perinatal HIV infections were reported in the EMA between in the 5-year period between 2016 and 2019. In 2020 and 2021, one perinatal HIV transmission was reported in each year. PDPH AACO maintains ongoing perinatal HIV prevention activities including sentinel case review and specialized case management for pregnant women living with HIV.

Identified Needs:

- Not enough people at risk for exposure to HIV are being prescribed PrEP.
- Insufficient data to evaluate the uptake of PrEP.
- Expansion of syringe services programs in the wake of the opioid crisis.
- Low awareness and access to post-exposure prophylaxis.

Respond quickly to potential HIV outbreaks

Strengths

Analysis of HIV public health data using methods outlined in the PDPH AACO Outbreak Response Plan for Philadelphia identifies new groups of related HIV infections. The Outbreak Response Plan guides PDPH AACO and its community partners, including HIV care and treatment providers, substance use prevention and care providers, and community-based testing agencies, to coordinate and implement the necessary response activities to address emerging trends and to monitor an outbreak until it is resolved. For example, PDPH AACO used geographic and time analysis of new infections to identify an outbreak of HIV outbreak among PWID in 2018. An outbreak response team that includes staff from multiple PDPHAACO operating units developed interventions to address both these groups of related infections and the outbreak of HIV among PWID.

The Pennsylvania HIV Cluster and Outbreak Detection and Response Plan (PAHCODRP) is designed to provide a strategic framework for the PADOH and its partners in responding to and containing HIV transmission clusters and outbreaks. New Jersey has a state and local public health infrastructure and system for disease outbreak response that is similar to those in the City of Philadelphia and New Jersey.

Molecular HIV Surveillance (MHS) continues to be an effective tool for responding to the HIV epidemic. MHS uses routinely collected public health data to identify emerging and growing groups of related

HIV infections. MHS is the collection of HIV genetic data, routinely used by medical providers to make treatment decisions for individual patients, that has been used to support local and state health departments in monitoring trends in HIV transmission and drug resistance.[15] This data is also used to compare various strains of the virus to each other and identify groups, or clusters, of people with HIV who have similar strains of the virus. There are community concerns about the use of MHS. Both PDPH AACO and the PADOH cite molecular HIV surveillance and response as strengths for the respond strategy.

Demonstrating Expanded Interventional Surveillance (DExIS) is a multi-year CDC demonstration project launched in 2018 by PDPH AACO to identify missed opportunities for HIV prevention in Philadelphia using individual, system, and community level interventions. The project identifies and analyzes a cohort of sentinel cases (defined as either acute HIV infection or an HIV diagnosis within six months of a previous negative HIV test). This process discovers missed opportunities along the HIV Care Continuum and provides Partner Services to the individuals in the cohort. To address system-level gaps in HIV prevention, information is gathered from confidential interviews, medical chart abstractions, and HIV prevention program data. The DExIS priority populations are MSM, youth ages 13 – 24, and transgender people who have sex with men.

Challenges

Community concerns regarding data security and privacy, and medical mistrust threaten ongoing MHS efforts.

Identified Needs:

- Addressing community concerns regarding MHS. Community concerns regarding data security and privacy, and medical mistrust threaten ongoing MHS efforts.

b. Priority Populations

The table below describes the priority populations for the Integrated Plan based upon the community engagement and planning process described in Section II and the contributing data sets and assessments outlined in Section III. The goals that address the needs of each priority population are listed in the last column of the table.

Summary

- The needs of Black and Hispanic MSM are in the pillars of Diagnose, Treat, Prevent, and Respond. All of the goals outlined in the Integrated Plan address these needs.
- The needs of PWID are in the pillars of Diagnose, Treat, Prevent, and Respond. All of the goals outlined in the Integrated Plan address these needs.
- The needs of transgender persons who have sex with men are in the pillars of Diagnose, Treat, Prevent, and Respond. All of the goals outlined in the Integrated Plan address these needs.

[15] HIV Molecular Surveillance: Questions and Answers. Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/programresources/guidance/molecular-cluster-identification/qa.html. Published 2019. Accessed December 31, 2019.

- The needs of Black and Hispanic heterosexual women are in the pillars of Diagnose, Treat, Prevent, and Respond. All Diagnose, Treat and Respond goals address these needs. Prevent Goals 1 and 3 address these needs.
- The needs of youth ages 13-24 are in the pillars of Diagnose, Treat, Prevent, and Respond. All Diagnose, Treat and Respond goals address these needs. Prevent Goals 1 and 3 address these needs.
- The needs of older adult living with HIV are in the pillars of Diagnose and Treat. Diagnose Goal 1 and Treat Goal 1 address these needs.

Priority Populations with Identified Disparities						
Population	**Diagnose**	**Treat**	**Prevent**	**Respond**	**Social Determinants and Other Factors**	**Plan Goals and Objectives that Address Needs of the Population**
Black and Hispanic MSM	Disparity in HIV awareness; lower rates of awareness.	Slightly lower rates of viral load suppression (VLS) compared to White MSM	Lower rates of PrEP uptake in Black MSM; Low rates of PrEP persistence	High rates of new infections; Multiple clusters identified in the EMA including among MSM/PWID	Stigma Racism Homophobia	Diagnose Goals 1, 2, and 3 Treat Goals 1, 2, and 3 Prevent Goal 1, 2, and 3 Respond Goals 1 and 2
Persons who inject drugs	Ongoing HIV outbreak in PWID in Philadelphia	Disparity in VLS and retention in care, lower rates of VLS.	Low awareness of PrEP; Low uptake of PrEP; SSPs illegal in PA	Ongoing HIV outbreak in PWID in Philadelphia	High rates of homelessness among PWID. Recent closing of encampments. Fentanyl in the drug supply resulting in increased frequency of injection.	Diagnose Goals 1, 2, and 3 Treat Goals 1, 2, and 3 Prevent Goal 1, 2, and 3 Respond Goals 1 and 2
Transgender persons who have sex with men	Disparity in rates of new HIV diagnoses higher rates of new infections.	Lower rates of VLS	High awareness and uptake of PrEP	No clusters identified	Surveillance disparity. Gaps in socio-demographic and health-related data. Need for more accuracy in data that are available.	Diagnose Goals 1, 2, and 3 Treat Goals 1, 2, and 3 Prevent Goals 1, 2, and 3 Respond Goals 1 and 2

Priority Populations with Identified Disparities						
Black and Hispanic Heterosexual women	Disparity in rates of new HIV diagnoses	Higher rates of VLS observed in Black heterosexual women	Low rates of PrEP awareness; Low rates of PrEP uptake	No clusters identified	Low perception of risk	Diagnose Goals 1, 2, and 3 Treat Goals 1, 2, and 3 Prevent Goals 1 and 3 Respond Goals 1 and 2
Youth (ages 13-24) [1]	Disparity in rates of new HIV diagnoses; higher rates of new infections.	Greater retention in medical care (13-18), Disparity in VLS, lower rates of VLS.	Low rates of awareness of PrEP; Low rates of PrEP uptake; Low rates of PrEP persistence	High rates of new infections; Multiple clusters identified in the EMA in young MSM	Stigma Racism Adherence	Diagnose Goals 1, 2, and 3 Treat Goals 1, 2, and 3 Prevent Goals 1 and 3 Respond Goals 1 and 2
Older adults aging with HIV (age 50+)	Low numbers of new diagnoses; High rates of concurrent AIDS diagnoses among those newly diagnosed (delayed diagnosis)	Majority of PWH now over the age of 50; Greater retention in medical care, higher rates of VLS; Higher complexity of care due to multiple comorbidities	Not Applicable	No clusters identified	Stigma Racism Ageism Comorbidities	Diagnose Goal 1 Treat Goal 1

[1] Nearly 100% of youth diagnosed with HIV are racial/ethnic minorities.

Section V. CY 2022-2026 Goals and Objectives

a. Goals and Objectives Description

The Philadelphia RWHAP eligible metropolitan area consists of three sub-regions:

- The City of Philadelphia,
- The Pennsylvania counties of Bucks, Chester, Delaware, Montgomery, and
- The New Jersey counties of Burlington, Camden, Gloucester and Salem.

PDPH AACO is the recipient of RWHAP Part A resources for the Philadelphia EMA. CDC cooperative agreement funding for HIV surveillance and prevention services and Ending the HIV Epidemic initiative activities for the City of Philadelphia are administered by PDPH AACO.

The Pennsylvania Department of Health is responsible for funding Diagnose and Prevent activities in the counties of Bucks, Chester, Delaware, and Montgomery. The New Jersey Department of Health is responsible for funding diagnose and prevention activities in the Burlington, Camden, Gloucester and Salem counties. 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 all people with HIV as early as possible		
Goal 1: Diagnose 95% of persons living with HIV by 2026.		
Objective 1	**Promote routine opt-out HIV screenings and diagnostic testing in at least 50 healthcare and other institutional settings.**	
Key activities and strategies	1.1	Expand opt-out testing in PDPH AACO funded emergency departments.
	1.2	Continue opt-out testing in the Philadelphia Department of Prisons.
	1.3	Increase efforts to educate medical providers about conducting opt-out HIV testing.
	1.4	Educate clinical providers on bio-social HIV screening in clinical settings where opt out testing is not achievable.
	1.5	Promote opt-out HIV testing for all PDPH AACO funded providers
Objective 2	**Maintain HIV testing services in non-clinical settings using rapid point of care testing or 4th generation laboratory testing (where applicable).**	
Key activities and strategies	2.1	Increase status-neutral testing in priority populations.
	2.2	Support HIV self-testing through a telehealth program.
	2.3	Build capacity for non-clinical HIV testing.

Objective 3	**Implement novel HIV testing initiatives.**	
Key activities and strategies	3.1	Implement routine opt-out testing at intake to substance use treatment facilities.
	3.2	Promote testing in primary care settings.
	3.3	Implement testing in pharmacies in priority Zip Codes.
	3.4	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.**	
Key activities and strategies	1.1	Implement HIV/Viral Hepatitis Service Integration.
	1.2	Collaborate with substance use facilities.
	1.3	Work with the Pennsylvania and New Jersey Departments of Health to address interrelated factors exacerbating HIV.
Objective 2	**Enhance health equity efforts through policy and process improvements.**	
Key activities and strategies	2.1	Implement and coordinate health equity efforts with the Pennsylvania and New Jersey Departments of Health.
	2.2	Extend current health equity efforts to PDPH AACO funded prevention providers.
Objective 3	**Evaluate HIV testing programs to address disparities in priority populations on an annual basis.**	
Key activities and strategies	3.1	Use public health data to identify disparities in non-clinical HIV diagnoses.
	3.2	Provide feedback to funded providers.
	3.3	Implement CQI processes to address disparities.
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, non-clinical testing sites, hospital emergency departments, sexual wellness clinics, Pennsylvania and New Jersey Departments of Health.
Potential funding sources		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		$11,790,060
Outcome		Diagnose 95% of Persons with HIV and link 95% newly diagnosed individuals to HIV medical care within 96 hours of diagnosis

Monitoring data source	Philadelphia EMR data, Pennsylvania and New Jersey Departments of Health public health data, and EvaluationWeb.
Expected impact on the HIV Care Continuum (HCC) and the Philadelphia EHE Initiative (EHE)	Increase the number of people who know their HIV status to 95% and linked to medical care within 96 hours.

Treat people with HIV rapidly and effectively		
Treat Goal 1: 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%.**	
Key activities and strategies	1.1	Increase access to immediate ART initiation (within 96 hours).
	1.2	Continue to support an established low-threshold HIV treatment site in an underserved area of Philadelphia designed to serve PWID.
	1.3	Support and explore other low-threshold treatment models for HIV care (e.g., telemedicine, nurse-extended visits, pharmacy-supported HIV care) throughout the jurisdiction.
	1.4	Provide technical assistance in high-volume substance abuse treatment programs to diagnose HIV, immediately initiate ART, and link people with HIV medical care.
	1.5	Continue to support efforts to expand access to ADAP and emergency pharmaceutical assistance in the jurisdiction.
Objective 2	**Re-engage 95% of people with HIV who are out of care in HIV medical care.**	
Key activities and strategies	2.1	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.
	2.2	Expand operating hours in RW funded O/AHS clinics to include evening and weekend appointments for HIV medical care.
	2.3	Evaluate the need for additional medical case management services at RW funded clinical sites.
	2.4	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 people with HIV over 50, then identify and implement strategies to support identified needs.**	
Key activities and strategies	3.1	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.
	3.2	Consult with stakeholders and community members regarding proposed strategies to support people aging with HIV.
	3.3	Identify service delivery providers through RFP(s) based on needs identified from the review of the literature, consultations, and available funding.

Treat Goal 2: Increase engagement in HIV medical care to 95% among people with HIV.		
Objective 1	**Address social and structural influencers of health to reduce barriers to engagement in HIV medical care for people with HIV who seek behavioral health care, housing, and supportive services.**	
Key activities and strategies	1.1	Reduce barriers to behavioral health care by expanding service access through partnership with the Department of Behavioral Health and Intellectual disAbility Services.
	1.2	Increase the coordination of mental health care and HIV care for people with HIV through integration of additional behavioral health consultants using the Primary Care Behavioral Health model of targeted assessment, short term intervention, and brief follow-up.
	1.3	Pursue the implementation of a transitional housing program to assist people with HIV 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.
	1.4	Support homelessness prevention activities by providing direct emergency financial assistance for rent and utilities in the EMA.
	1.5	Ensure medical case managers continue to assess and address housing instability when developing assessments and completing and reviewing clients' service care plans.
	1.6	Address transportation barriers for medical appointments and other necessary services.
	1.7	Support integration of trauma-informed approaches to HIV care.
	1.8	Continue to provide necessary linguistic services.
	1.9	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 people with HIV.**	
Key activities and strategies	2.1	Increase visibility of and increase the awareness of the RWHAP funded service delivery system to people who are under-insured and uninsured to reduce barriers to care related to affordability.
	2.2	Reduce HIV stigma by including health equity and cultural humility approaches to future funding Request for Proposals that address provider-initiated stigma and bias.
	2.3	Develop and distribute rights-based consumer medical education, including toolkits for people with HIV.
	2.4	Increase the capacity of PDPH AACO-funded HIV care providers to implement evidence-based new and expanded activities, through targeted technical assistance activities to improve health outcomes of people with HIV.

	2.5	Maintain a public online data dashboard presenting local EHE-related information that displays key performance indicators for providers including retention and viral suppression metrics for individual RWHAP-funded medical facilities.
	2.6	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 people with HIV to improve their health.
	2.7	Promote awareness among providers and people with HIV regarding the availability of injectable ART options, which may contribute to improved engagement in care and VLS for patients with barriers to adherence.
	2.8	Ensure that non-digital and diverse mechanisms are used to disseminate information to address the digital divide.
Treat Goal 3: Eliminate HIV-related disparities in HIV outcomes		
Objective 1	**Address health equity disparities in RWHAP funded HIV care facilities.**	
Key activities and strategies	1.1	Pilot health equity assessments and follow-up staff surveys at select provider sites.
	1.2	With select providers, pilot test the low literacy health guide specific to HIV developed by PDPH AACO.
	1.3	Evaluate pilot programs for lessons learned and best practices.
	1.4	Expand efforts to all funded treatment providers in the EMA.
Objective 2	**Expand the evaluation of HIV care programs to reduce health disparities.**	
Key activities and strategies	2.1	Implement benchmarks based on lessons learned from evaluation of pilot programs.
	2.2	Continue HRSA/ HAB measures for all RWHAP-funded services.
	2.3	Analyze public health data to evaluate health outcomes for priority populations.
	2.4	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.**	
Key activities and strategies	3.1	Continue explored identity series and other health equity initiatives for PDPH AACO internal staff.
	3.2	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.

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 sources	RWHAP, HRSA EHE Initiative, HRSA Bureau of Primary Care, Medicaid, Medicare, private health insurers.
Estimated funding allocation	$ 36,934,410
Outcomes	95% of people with HIV will reach viral suppression during the five-year period without disparities among priority populations.
Monitoring data source	PDPH AACO HIV Public Health Data, and PDPH AACO CAREWare data
Expected impact on the HIV Care Continuum (HCC) and the Philadelphia EHE Initiative (EHE)	Increase the percentage of people with HIV on ART to 95% and improve viral suppression rates in priority populations to 95%. (HCC) (EHE)

Prevent new transmissions by using proven interventions		
Prevent Goal 1: Use biomedical interventions to reduce new HIV diagnoses by 75%.		
Objective 1	**50% of people with a PrEP indication with be prescribed PrEP.**	
Key activities and strategies	1.1	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.
	1.2	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.
	1.3	Pursue new PrEP partnerships with the Pennsylvania and New Jersey Departments of Health.
	1.4	Expand financial support for PrEP-related routine laboratory work, through provider and home collected specimens, and adherence services.
	1.5	Continue to provide ongoing technical assistance for the implementation of PrEP.
	1.6	Expand PDPH AACO's capacity to evaluate PrEP uptake.
	1.7	Increase knowledge of PrEP among most impacted populations through communications and outreach.
	1.8	Increase number of providers trained to prescribe PrEP.
	1.9	Develop collaborations with providers to expand PrEP screening to people who inject drugs.
	1.10	Support research into expanding PrEP access and uptake among underserved populations.
	1.11	Collaborate with the Pennsylvania Department of Health Data-to-PrEP Initiative.
	1.12	Increase uptake of ART as a method of prevention (U=U).
Objective 2	**Ensure access to nonoccupational post-exposure prophylaxis (nPEP or PEP).**	
Key activities and strategies	2.1	Establish a centralized mechanism to distribute PEP through a PEP Center of Excellence.
	2.2	Establish new PEP partnerships with the Pennsylvania and New Jersey Departments of Health.
	2.3	Develop an initiative to address gaps in the provision of PEP including capacity, education, and resources.

Objective 3	Support perinatal HIV prevention services for pregnant individuals.	
Key activities and strategies	3.1	Provide specialized case management for pregnant persons living with HIV.
	3.2	Develop PrEP navigation support for pregnant HIV-negative women at risk of HIV acquisition.
	3.3	Conduct case surveillance for women with diagnosed HIV infection and their infants.
	3.4	Conduct perinatal HIV exposure reporting.

Prevent Goal 2: Increase the number of access points for evidence-based harm reduction services.		
Objective 1	**Expand access to harm reduction supplies through novel approaches.**	
Key activities and strategies	1.1	Implement harm reduction vending machines intervention at pilot sites.
	1.2	Ensure the availability of syringes at pharmacies by maintaining the Pennsylvania Department of Health's standing order.
	1.3	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.
	1.4	Expand capacity for syringe service programs to distribute and collect syringes RWHAP-funded clinical sites.
	1.5	Pursue the expansion of distributing syringes and other harm reduction supplies in Emergency Departments and urgent care sites.
	1.6	Engage with community members and stakeholders in program development and planning of harm reduction services through novel approaches to assure that it meets the needs of people who use drugs and avoids duplication of services.
Objective 2	**Expand access to syringe service programs.**	
Key activities and strategies	2.1	Enhance linkage to substance use disorder treatment in SSPs.
	2.2	Implement quality improvement plans as needed.
	2.3	Provide more equitable SSP services geographically in Philadelphia.
	2.4	Advocate for implementation of SSPs in the counties in the jurisdiction outside of Philadelphia and in New Jersey counties in the EMA.

Prevent Goal 3: Reduce disparities in HIV-related prevention services in priority populations.		
Objective 1	**Monitor local disparities along the status-neutral HIV Continuum.**	
Key activities and strategies	1.1	Continue reporting data by demographics and risk groups in the PDPH AACO HIV Surveillance Report.
	1.2	Maintain bi-annual update of the EHE dashboard, which includes HIV care metrics by demographics and risk groups.
	1.3	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.**	
Key activities and strategies	2.1	Expand new PrEP clinical-community partnerships to engage focus populations.
	2.2	Continue City-wide distribution of free condoms, including in high schools, locations accessed by youth, and syringe service programs.
	2.3	Expand capacity for HIV prevention workforce to provide primary HIV-related education.
	2.4	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.**	
Key activities and strategies	3.1	Continue the distribution of condoms in the jurisdiction.
	3.2	Support media campaigns that advance HIV prevention and health promotion behaviors.
	3.3	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.
Partners		PDPH Division of Disease Control, PDPH Division of Substance Use Prevention and Harm Reduction, Pennsylvania and New Jersey Departments of Health, RW-funded clinical providers, health care facilities, community-based organizations, and established SSP programs.
Potential funding sources		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		$ 12,800,184
Outcomes		Increase the proportion of persons on PrEP, in priority populations who have an indication for PrEP to: ▪ 75% of cis-gender women who inject drugs will be on PrEP

	▪ 50% of transgender individuals and men who have men and MSM (13-24 years of age) will be on PrEP ▪ 50% of MSM (18-24 years of age) will be on PrEP ▪ 50% of PWID will be on PrEP ▪ 25% of MSM (13-17 years of age) will be on PrEP
Monitoring data source	Philadelphia Department of Public Health data and EvaluationWeb.
Expected impact on the HIV Care Continuum (HCC) and the Philadelphia EHE Initiative (EHE)	Increase to 50% the number of people with a PrEP indication who are prescribed PrEP. (EHE) Decrease by 50% the number of PWID who report sharing syringes. (EHE)

Respond quickly to potential HIV outbreaks
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.**

Key activities and strategies	1.1	Increase the capacity for HIV-related lab reporting.
	1.2	Maintain capacity for molecular HIV surveillance activities and cluster review.
	1.3	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.**

Key activities and strategies	2.1	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.
	2.2	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.
	2.3	Implement any enhanced interventions identified in the Outbreak Response Plan and/or developed in response to the outbreak.
	2.4	Implement a communication strategy to inform and recommend actions for providers and stakeholders impacted by the outbreak.
	2.5	Monitor and evaluate the escalated outbreak response.
	2.6	Streamline systems of data management to avoid duplication, enhance data- linkage and ascertain death factors.

Objective 3	Intervene in all clusters that are identified.

Key activities and strategies	3.1	Initiate an Outbreak Response Plan (ORP) within 72 Hours of an outbreak declaration.
	3.2	Enact continuous evaluation of the ORP throughout the course of a determined outbreak.
	3.3	Conduct an overall evaluation of the activities of the ORP once a determined outbreak has been contained.
	3.4	Summarize and report the activities of the ORP for a determined outbreak once the outbreak has been contained.

Respond Goal 2: Ensure data sharing with the Pennsylvania and New Jersey Departments of Health.

Objective 1	Expand data sharing with the Pennsylvania Department of Health.

Key activities and strategies	1.1	Expand data to care activities.
	1.2	Coordinate cross jurisdictional response.

Objective 2	Implement data sharing with the New Jersey Department of Health.

Key activity and strategy	2.1	Pursue the feasibility of coordinating a cross jurisdictional outreach response team.

Partners	PDPH AACO, HIV Outbreak Response Team, Pennsylvania and New Jersey Departments of Health
Potential funding sources	CDC HIV Prevention and Surveillance Prevention Cooperative Agreement, Pennsylvania Department of Health, HRSA EHE, CDC.
Estimated funding allocation	$190,096
Outcome	Investigate 100% of clusters identified
Monitoring data source	HIV public health data, HIV Prevention program data, CAREWare.
Expected impact on the HIV Care Continuum (HCC) and the Philadelphia EHE Initiative (EHE)	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.

Develop the HIV workforce		
HIV Workforce Goal: Strengthen the HIV workforce.		
Objective	**Increase the capacity of the HIV workforce to provide quality diagnose, treat, and prevent services.**	
Key activities and strategies	1.1	Provide training related to health equity issues and other work-related top
	1.2	Expand on the radical-customer-service approach at the provider level.
	1.3	Support efforts of funded providers to diversify their HIV workforce.
	1.4	Continue to expand PDPH AACO training opportunities, education, and technical assistance for frontline staff on HIV testing and linkage to care, HIV treatment, HIV prevention including nPEP, and PrEP.

b. Updates to other strategic plans used to meet requirements

The local EHE plan formed the basis for the goals and objectives of this section. However, the Philadelphia EMA *Integrated Plan* contains new material and therefore the EMA is not using the Philadelphia EHE Plan to satisfy this requirement.

Section VI: Integrated Planning Implementation, Monitoring, and Jurisdictional Follow Up

a. Implementation

PDPH AACO leverages and coordinates the different funding streams to maintain and an extensive, long-standing network of HIV prevention and treatment programs. This integrated approach will enable PDPH AACO to accomplish the goals and objectives of the Integrated Plan.

Primary among the coordinating partners are the Pennsylvania and New Jersey Departments of Health because they fund services in Pennsylvania and New Jersey Counties in the EMA; and are tasked with developing integrated plans for each respective state. OHP's Director participated in New Jersey's integrated planning workgroup. This coordination included the review of the two states' draft plan goals and objectives to assure that the jurisdiction's goals and objectives were aligned with the Pennsylvania and New Jersey Departments of Health plans.

One of the main avenues for providing input from persons living with HIV (PLWH) and those at high risk of acquiring HIV will be through the HIV Integrated Planning Council (HIPC). Community input is integral to all the HIPC processes. Members of the HIPC and their respective committees reflect the demographics of the jurisdictional HIV epidemic, including geographical considerations. All planning activities and meetings are open to the public. Direct input is further provided by planning body members, members of the Positive Committee, a committee of people with HIV, and various needs assessment activities. A PDPH AACO staff member serves on the Pennsylvania HIV planning body.

Additional community input to assess the jurisdictional goals and objectives include feedback from PDPH AACO's Medical Monitoring Project that gathers information from people with HIV who are in or out of HIV medical care, The National HIV Behavioral Surveillance Project that gathers information from at risk negative individuals from three disproportionately impacted communities that includes MSM, PWID and at-risk heterosexual individuals. Feedback is gathered through PDPH AACO's Client Services Unit, a centralized intake unit for people with HIV requesting medical case management services and the *PhillyKeepOnLoving* website that is primarily focused on prevention activities.

b. Monitoring

Monitoring of the *Integrated Plan* will be the primary responsibility of PDPH AACO in collaboration with the Philadelphia EMA HIPC.

The funding streams that will be used to implement plan goals and objectives include the following:

Source	City and County of Philadelphia	Bucks, Chester, Delaware, Montgomery Counties in Pennsylvania	Burlington, Camden Gloucester Salem Counties in New Jersey
CDC HIV Prevention and Surveillance cooperative agreement to PDPH AACO	✓		
CDC National HIV Behavioral Surveillance funding to PDPH AACO	✓		
CDC Medical Monitoring Project funding to PDPH AACO	✓		
HRSA RWHAP Part A grant to PDPH AACO	✓	✓	✓
PA State Rebate funds from RWHAP Part B to PDPH AACO	✓	✓	
City General Funds to PDPH AACO	✓		
CDC EHE Initiative award to PDPH AACO	✓		
HRSA EHE Initiative award to PDPH AACO	✓		
PA State Prevention award to PDPH AACO	✓	✓	
PA CDC HIV Prevention and Surveillance cooperative agreement funding		✓	
PA State Prevention funding		✓	
NJ CDC HIV Prevention and Surveillance cooperative agreement			✓
NJ HRSA RWHAP Part B funds			✓
PA State Rebate funds and RWHAP Part B		✓	

Given the different funding streams across the Philadelphia EMA, PDPH AACO will need to coordinate with both the PADOH and NJDOH to monitor progress toward reaching goals under the Diagnose, Prevent, and Respond strategies in the Pennsylvania and New Jersey Counties, and with the NJDOH on the Treat strategy. PADOH and NJDOH will take primary responsibility for monitoring at the State-level but PDPH AACO will take responsibility for monitoring at the EMA level to avoid duplication of efforts.

PDPH AACO will request jurisdictional data across all funding streams from the PADOH and the NJDOH on a quarterly basis. PDPH AACO will present this data to the HIPC to the HIPC on a quarterly basis for monitoring purposes. The goals of monitoring will be for the HIPC to identify and assess any gaps and needs within the plan and to make recommendations for improvement. Recommendations may include policy and/or programmatic updates, or possible implementation of new interventions to

address gaps. The HIPC will provide these recommendations in written form to PDPH AACO. The recommendations will be reviewed and approved by PDPH AACO in consultation with PADOH and NJDOH (where appropriate) prior to being included in the Integrated Plan.

c. Evaluation

To measure progress over time of the *Integrated Plan's* goals and objectives, the EMA follows a comprehensive and well-developed evaluation process. This includes regular and systematic monitoring of provider services, defined performance measures for all service categories, uniform documentation and reporting, regular analysis and feedback to subrecipients, quality improvement activities at both the provider and system level, dissemination of results and best practices in regional and individual meetings with subrecipients, as well and capacity building initiatives as needed.

PDPH AACO tracks 40 performance measures for the Treat strategy alone: 25 measures for RWHAP outpatient /ambulatory health services, 12 measures for medical case management services and 3 oral healthcare measures. All other funded treatment services are evaluated in terms of their ability to support viral load suppression. For Diagnose and Prevent strategies, non-clinical, opt-out testing, HIV self-testing, low-threshold sexual health services, PrEP , and TelePrEP services are all evaluated. Feedback on individual provider performance as well as the progress of the system to meet the measures is provided on an ongoing basis for Treatment, Diagnose and Prevent strategies.

In addition, PDPH AACO monitors the degree to which providers adhere to the contractual service provisions that define the administrative and programmatic requirements for each service category. This includes monitoring of numbers of clients served, numbers of services provided, and the target populations reached.

Separately, performance standards are defined for all service areas. These standards are based on Public Health Service (PHS) guidelines for HIV medical care other federal guidance such as the Morbidity and Mortality Weekly Report (MMWR) for prevention with positives, CDC guidelines and other professional and locally developed mandates.

All services are regularly and systematically monitored through chart reviews and data extraction from CAREWare (for RWHAP services) and EvaluationWeb (for HIV prevention services). Progress toward goals is evaluated at regular intervals.

Another essential component of evaluation is the recipient's formal grievance process, which provides for an efficient process to handle consumer conflicts and concerns with their services and to analyze trends for use in planning.

Outcomes monitoring and evaluation tracks performance with respect to client outcomes. The outcomes are derived from PHS guidelines and professional standards. In addition to client-level outcomes, the EMA's integrated plan incorporates the monitoring of systems- and provider-level outcomes related to NHAS goals and the HIV continuum of care.

PDPH AACO will request jurisdictional data across all funding streams from the PADOH and the NJDOH on a quarterly basis for evaluation purposes. In addition, both the New Jersey and Pennsylvania Integrated Plans address how Diagnose, Prevent and Respond activities will be monitored and evaluated in the EMA counties under their jurisdiction.

EMA measure outcomes, service utilization data and CAREWare data are presented to the HIPC on an annual basis. New Jersey and Pennsylvania data from the designated counties under the jurisdiction of the Departments of Health of Pennsylvania and New Jersey , will also be presented to the HIPC.

d. Improvement

PDPH AACO regularly shares data and coordinates with the HIPC, which helps to determine priorities and inform any revisions to the plan. HIPC receives updates from PDPH AACO staff on program implementation, RW expenditures and underspending, outcome data, and clinical quality management (CQM) activities. PDPH AACO staff attend all HIPC meetings, and OHP staff attend PDPH's regional CQM meetings with subrecipients. HIPC receives annual updates from the PDPH AACO Medical Director/Epidemiologist, which includes the EMA's Care Continuum. PDPH AACO's Client Services Unit Manager reports Central Intake data and RWHAP program data to the HIPC annually, and PDPH AACO's Quality Advisor participates in the HIPC's Comprehensive Planning Committee meetings throughout the year to ensure full use of CQM data in the planning process. The HIPC Comprehensive Planning Committee receives data from PDPH AACO and reviews the integrated plan, provides feedback, and monitors progress annually.

Feedback from community stakeholders is also used to inform regional priorities and any improvements that may need to be made to the plan. OHP and PDPH AACO attend community meetings to share updates and provide information on planning and program activities. OHP maintains a website with all meeting minutes and materials, planning documents, and presentation slides. OHP also uses social media, a blog, and an email newsletter to inform the community and stakeholders about planning activities and to solicit feedback. Input on CQM activities related to the integrated plan is obtained from subrecipients at regional QM meetings. Consumer feedback is obtained through PDPH AACO's Client Services Unit, the consumer input required as a component of subrecipients' quality improvement projects, the HIPC which has 40% consumer representation, and the Positive Committee. The Positive Committee supports the role of consumers of HIV services in planning and decision-making activities through regular trainings, special educational presentations, and group discussion. PDPH AACO staff attend the meetings of the Pennsylvania HIV planning body and participate in its committees.

Feedback and input obtained through the activities above will determine what elements of the plan will be revised. Updates will occur on an annual basis, and will be coordinated by PDPH AACO and the HIPC.

e. Reporting and dissemination

The *Integrated Plan* will be available to stakeholders and the public on the Office of HIV Planning's website with periodic updates. Additionally, the HIPC will receive quarterly update presentations from PDPH AACO. The *Integrated Plan* will be distributed to funded providers and shared with people with HIV or at high acquisition through existing consumer venues.

Data on Treatment and Prevention measures in Philadelphia are available at https://www.phila.gov/departments/department-of-public-health/disease-prevention/hiv-stds/ending-the-hiv-epidemic/. See data on Prevention and Prevent measures for EHE designated areas at https://ahead.hiv.gov/. Data on Treatment measures are available at https://ryanwhite.hrsa.gov/data/dashboard.

f. Updates to Other Strategic Plans Used

No portion of the EHE plan or other local strategic plans were substituted for sections of the Integrated plan.

Section VII: Concurrence from the Philadelphia HIV Integrated Planning Council

See Appendix 1 for the Letter of Concurrence from the HIPC.

APPENDICES

Appendix 1
Letter of Concurrence

OFFICE OF HIV PLANNING
PHILADELPHIA
WWW.HIVPHILLY.ORG

Kristina Barney
Health Resources and Services Administration
Department of Health and Human Services
5600 Fishers Lane, 9W01A
Rockville, MD 20857

Sarah S. Yacoub, MPH
Centers for Disease Control and Prevention
Department of Health and Human Services
1600 Clifton Road, NE, Mailstop USB-3
Atlanta, GA 30329

Dear Ms. Barney and Ms Yacoub:

The Philadelphia Ryan White Part A Integrated Planning Council (HIPC), concurs with the following submission by the City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan.

The HIPC has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas that bear the greatest burden of HIV disease. The HIPC concurs that the Integrated HIV Prevention and Care Plan 2022-2026 submission fulfills the requirements set forth by the Ryan White HIV/AIDS Program legislation and program guidance.

The HIPC looks forward to continuing our highly valued partnerships with the City of Philadelphia, the Pennsylvania and New Jersey Departments of Health, service providers throughout our community, and the many diverse people affected by this epidemic. With this level of collaboration and through combining our divergent views, diverse skills, and different ideas, we can stop the spread of HIV.

The signature below confirms the concurrence of the HIPC with the Integrated HIV Prevention and Care Plan.

Signature: Date: November 17, 2022

Guadalupe Diaz
Philadelphia Ryan White
Part A HIPC Co-Chair

Sharee Heaven
Philadelphia Ryan White
Part A HIPC Co-Chair

Evan Thornburg
Philadelphia Ryan White
Part A HIPC Governmental Co-Chair

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Appendix 2
Guidance Checklist

Requirement	New Material and/or Existing Material Used to Meet Requirement	Document Title/File Name of Existing Material Attached to Meet Requirement	Page Number(s) Where Requirement is Addressed in Existing Material	Notes (If Applicable)
Section I: Executive Summary of Integrated Plan and SCSN				
1. Executive Summary of Integrated Plan and SCSN	New Material			
a. Approach	New Material			
b. Documents Submitted to Meet Requirements	New Material			
Section II: Community Engagement and Planning Process				
1. Jurisdiction Planning Process	New Material			
a. Entities Involved in Process	New Material			
b. Role of the RWHAP Part A Planning Council/Planning Body (not required for state only plans)	New Material			
c. Role of Planning Bodies and Other Entities	New Material			
d. Collaboration with RWHAP Parts – SCSN Requirement	New Material			
e. Engagement of People with HIV – SCSN Req.	New Material			
f. Priorities	New Material			
g. Updates to Other Strategic Plans Used to Meet	New Material			

Requirement	New Material and/or Existing Material Used to Meet Requirement	Document Title/File Name of Existing Material Attached to Meet Requirement	Page Number(s) Where Requirement is Addressed in Existing Material	Notes (If Applicable)
Requirements				
Section III: Contributing Data Sets and Assessments				
1. Data Sharing and Use	New Material			
2. Epidemiologic Snapshot	New Material			
3. HIV Prevention Care and Treatment Resource Inventory	New Material			
a. Strengths and Gaps	New Material			
b. Approaches and Partnerships	New Material			
4. Needs Assessment	New Material			
a. Priorities	New Material			
b. Actions Taken	New Material			
c. Approach	New Material			
Section IV: Situational Analysis				
1. Situational Analysis	New Material			
a. Priority Populations	New Material			
Section V: 2022-2026 Goals and Objectives				
Goals and Objectives Description	New Material			
a. Updates to Other Strategic Plans used to Meet Requirements	New Material			
Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up				
1. 2022-2026 Integrated Planning Implementation Approach	New Material			

Requirement	New Material and/or Existing Material Used to Meet Requirement	Document Title/File Name of Existing Material Attached to Meet Requirement	Page Number(s) Where Requirement is Addressed in Existing Material	Notes (If Applicable)
a. Implementation	New Material			
b. Monitoring	New Material			
c. Evaluation	New Material			
d. Improvement	New Material			
e. Reporting and Dissemination	New Material			
f. Updates to Other Strategic Plans Used to Meet Requirements	New Material			
Section VII: Letter of Concurrence				
1. CDC Prevention Program Planning Body Chair(s) or Representative(s)	New Material			
2. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s)	New Material			
3. RWHAP Part B Planning Body Chair or Representative	New Material			
4. Integrated Planning Body	New Material			
5. EHE Planning Body	New Material			

Appendix 3
Acronyms and Terms Used

AACO	AIDS Activities Coordinating Office, PDPH
ART	Antiretroviral therapy
CDC	Centers for Disease Control and Prevention
D2C	Data to Care
DExIS	Demonstrating Expanded Interventional Surveillance
EHE	Ending the HIV Epidemic
EMA	Eligible metropolitan area
HAB	HIV/AIDS Bureau, HRSA
HCC[16]	HIV Care Continuum
HHS	U.S. Department of Health and Human Services
HIPC	HIV Integrated Planning Council
HOPWA	Housing Opportunities for People With AIDS, HUD
HRSA	Health Resources and Services Administration, HHS
HUD	U.S. Department of Housing and Urban Development
IHPCP	Integrated HIV Prevention and Care Plan (PADOH)
MMP	Medical Monitoring Project
MOU	Memorandum of Understanding
NHAS	National HIV/AIDS Strategy 2022-2025
NHBS	National HIV Behavioral Surveillance
NJDOH	New Jersey Department of Health
PDPH AACO	Philadelphia Department of Public Health/AIDS Activities Coordinating Office
PADOH	Pennsylvania Department of Health
PLWH	People or person living with HIV
PWID	People who inject drugs
PEP/nPEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
RWHAP	Ryan White HIV/AIDS Program
SCSN	Statewide Coordinated Statement of Need
SSP	Syringe service program
U=U	Undetectable=Untransmittable

[16] See the table below for Philadelphia's modified HIV Care Continuum, by stage.

Modified HIV Care Continuum Definitions by Stage for Philadelphia		
Indicator	**Numerator Definition**	**Denominator Definition**
Diagnosed HIV infection	Number of persons in Philadelphia with diagnosed HIV infection in 2019	Number of people with diagnosed HIV infection with a reported CD4 or viral load in the past 5 years (1/1/2015—12/31/2019) and number of people with HIV in Philadelphia estimated to unaware of their HIV status in 2019.
Linkage to care	Number of persons with newly diagnosed HIV in Philadelphia that were linked to care in 30 days in 2019.	Number of persons with newly diagnosed HIV in 2019 in Philadelphia.
In care	Number of persons with HIV in Philadelphia who had evidence of at least 1 or more CD4 count or viral load in 2019.	Number of people diagnosed with HIV infection with a reported CD4 or viral load in the last 5 years (1/1/2015—12/31/2019) and the number of people with HIV estimated to unaware of their HIV status in Philadelphia in 2019.
Retention in care	Number of people with HIV in Philadelphia who had evidence of ≥2 CD4 counts and/or viral loads at least 90 days apart in 2019.	Number of people with diagnosed HIV infection with a reported CD4 or viral load in the last 5 years (1/1/2015—12/31/2019) and the number of people with HIV estimated to be unaware of their HIV status in Philadelphia in 2019.
Viral suppression	Number of people with HIV in Philadelphia whose last viral load of the was <200 copies\mL in 2019.	Number of people with diagnosed HIV infection with a reported CD4 or viral load in the last 5 years (1/1/2015—12/31/2019) and the number of people with HIV estimated to be unaware of their HIV status in 2019.

Appendix 4
Resource Inventory

Ambulatory Care
Outpatient/ambulatory health services are funded by RWHAP HIV/AIDS Program (RWHAP) Parts A (RWPA), C (RWPC), D (RWPD), and Special Projects of National Significance (SPNS) to ensure that people living with HIV have access to HIV medical care regardless of ability to pay. RWPA services are administered through Philadelphia Department of Public Health for the Philadelphia EMA. RWHAP Parts C, D, and SPNS are awarded directly to providers throughout the EMA.

Additional agencies provide HIV care services using other funding, including Veterans Administration (VA) resources, Medicaid, Medicare, and private health insurance.

Regardless of provider, HIV medications are funded for eligible clients using state-level AIDS Drug Assistance Programs (AIDS Drug Distribution Program of New Jersey (ADDP) or Pennsylvania's Special Pharmaceutical Benefits Program (SPBP).

Agency Name	RWPA	RWPB/ State Rebate	RWPC	RWPD	SPNS
Access Matters				✓	✓
AIDS Care Group	✓	✓	✓	✓	✓
Albert Einstein Healthcare Network	✓		✓		
ChesPenn Health Services [17]	✓				
Children's Hospital of Philadelphia	✓				
Congreso De Latinos Unidos, Inc.	✓				
Cooper Health System	✓		✓		
Delaware Valley Community Health	✓				
Drexel University, including St. Christopher's Hospital for Children	✓		✓	✓	
Esperanza Health Center	✓		✓		
Greater Philadelphia Health Action (GPHA)			✓		
Hospital of the UPENN/ MacGregor Infectious Disease Clinic	✓				
Kennedy Health Systems-Garden State Infectious Disease Associates, P.A.	✓				
Mazzoni Center	✓	✓			

[17] Agencies in **bold** are HRSA-designated Federally Qualified Health Centers or Lookalikes.

Agency Name	RWPA	RWPB/ State Rebate	RWPC	RWPD	SPNS
PDPH Ambulatory Health Service Health Centers	✓		✓	✓	✓
Penn Presbyterial Medical Center	✓				
Pennsylvania Hospital	✓				
Philadelphia FIGHT		✓	✓	✓	
PHMC Care Clinic	✓				
Resources for Community Development	✓				
Temple University Comprehensive HIV Program	✓				
Thomas Jefferson University Infectious Diseases	✓				
Urban Health Solutions	✓				
Other Providers					
Abbottsford-Falls Family Practice					
Albert Einstein Medical Center Montgomery (Jefferson)					
Asociación de Puertorriqueños en Marcha					
Bergen Lanning Health Center (Project Hope)					
Brandywine Valley Infectious Diseases					
Bryn Mawr Family Practice					
Bryn Mawr Hospital					
Burlington County Health Department					
Cam Care Pediatrics					
Coatesville VA Medical Center					
Crozer-Chester Medical Center					
Drexel University					
Episcopal Hospital					
Fairmount Primary Care Center					
Family Practice & Counseling Network					
Girard Medical Center					
Jefferson Frankford Hospital					

Agency Name	RWPA	RWPB/ State Rebate	RWPC	RWPD	SPNS
Jefferson University Hospital Methodist Division					
Kennedy Memorial Hospital - Washington Township					
Kensington Hospital					
Maria de los Santos Health Center					
Memorial Hospital of Salem County-Clinic					
Mercy Fitzgerald Hospital					
Norristown Regional Health Center					
Our Lady of Lourdes Medical Center					
Pediatric Infectious Disease Center at Cooper					
Puentes de Salud Clinic					
Quality Community Health Care					
Southern Jersey Family Medical Centers					
Spectrum Community Health Centers					
Valley Forge Medical Center and Hospital					
VA Medical Center Philadelphia					

Case Management

HIV medical case management services are funded by RWPA and administered by the Philadelphia Department of Public Health throughout the EMA. Case management services are intended to help clients improve viral load suppression outcomes by directly addressing adherence needs and referring to supportive services to address barriers to viral load suppression. Other agencies provide case management services that may be similar to, but not structured in the same way as RW-funded case management services. Additional case management services are provided using a variety of funding sources, including Veterans Administration (VA) resources, Medicaid, Medicare, and private health insurance.

Agency Name	RWPA
Action Wellness	✓
AIDS Healthcare Foundation	✓
Albert Einstein Healthcare Network	✓
BEBASHI	✓

Agency Name	RWPA
Children's Hospital of Philadelphia	✓
Congreso De Latinos Unidos, Inc.	✓
Cooper EIP	✓
Family & Community Services of Delaware County, Inc.	✓
Family Service Association of Bucks County	✓
Family Service of Chester County	✓
Family Services of Montgomery County	✓
Hospital of the UPENN/ MacGregor Infectious Disease Clinic	✓
Kennedy Health Systems-EIP	✓
Mazzoni Center	✓
ODAAT, Inc.	✓
Penn Presbyterial Medical Center	✓
Philadelphia FIGHT	✓
PHMC Care Clinic	✓
Positive Effect Outreach Ministry	✓
Prevention Point of Philadelphia, Inc.	✓
Temple University Comprehensive HIV Program	✓
Thomas Jefferson University Infectious Diseases	✓
Urban Health Solutions	✓

Other Providers
Aclamo Family Centers
ACT (Achievement Through Counseling and Treatment)
African Family Health Organization (AFAHO)
AIDS Care Group
AIDS Community Care Alternatives Program (ACCAP)
Asociación de Puertorriqueños en Marcha
Attic Youth Center
Bergen Lanning Health Center (Project Hope)

Other Providers
Black Women's Health Alliance
Burlington County Health Dept. @ Raphael Meadow
Children's Hospital of Philadelphia
Cooper Women's Care Center
Covenant House Health Services
Delaware Co. Office of Behavioral Health
Delaware County Department of Health
Easton Area Neighborhood Centers, Inc.
Episcopal Hospital
Esperanza Health Center
Family Practice & Counseling Network
GALAEI
Good Shepard Program of St. Johns Hospice
Greater Philadelphia Health Action (GPHA)
Haddington Health Center - Spectrum Health Services
Healthstart - Memorial Hospital 0f Salem County
Holcomb Behavioral Health Systems
Kensington Hospital
Maria de los Santos Health Center
PDPH Ambulatory Health Services Health Centers
Project H.O.M.E.
Puerto Rican Action Committee
Puerto Rican Unity for Progress
Quality Community Health Care
Salem County Social Services
South Jersey Family Medical Center
Valley Forge Medical Center and Hospital
Veterans Affairs Medical Center Philadelphia

Other Providers
Women's Institute for Family Health

Philadelphia Ending the HIV Epidemic Services

Ending the HIV Epidemic funding from HRSA and CDC has enabled Philadelphia Department of Health to provide additional HIV care and prevention services that expand existing service delivery, based on an Ending the HIV Epidemic Community Plan, which incorporated the stated needs and priorities of impacted community members. These services are limited to the city of Philadelphia, as this funding was awarded for Philadelphia County. Service categories provided are enhanced HIV care engagement and reengagement services, low-threshold HIV care services in a harm reduction setting to address an observed outbreak in HIV among persons who inject drugs in Philadelphia, and a non-occupational post-exposure prophylaxis (PEP) program that includes a call center and expedited PEP care services.

Service Category	Agency Name	RW EHE	CDC EHE
EHE Engagement and Reengagement	Albert Einstein Healthcare Network	✓	
	Children's Hospital of Philadelphia	✓	
	Mazzoni Center	✓	
	Penn Presbyterial Medical Center	✓	
	Temple University Comprehensive HIV Program		✓
	Thomas Jefferson University Infectious Diseases	✓	
EHE Low-Threshold HIV Care	Prevention Point of Philadelphia, Inc.	✓	
EHE Post-Exposure Prophylaxis	PEP Center of Excellence at Penn Presbyterian Medical Center		✓

Condom and Safer Sex Supply Distribution

Based on assessment of need and necessary change in focus of HIV prevention services programs, condom distribution is now managed centrally through Philadelphia Department of Public Health. A coordinator housed in the agency's STI program distributes condoms throughout the city, to settings such as bars, nightclubs, and bath houses, as well as to agencies that request condoms and other safer sex supplies.

Direct Emergency Financial Assistance

The EMA provides general and pharmacy-related direct emergency financial assistance using RWHAP Part A funds. These resources serve as an essential bridge when other sources of financial and pharmacy assistance are delayed or interrupted, ensuring that clients can maintain safe housing and avoid interruptions in HIV care.

Service Category	Agency Name	RWPA
Emergency Financial Assistance-Direct	Public Health Management Corporation	✓
	Walgreens Eastern Company	✓

Food Assistance

PDPH AACO administers funds for food assistance programs that can be classified as food bank, home delivered and congregate meals or medical nutritional therapy service categories. Consistent and reliable access to food is essential to healthy outcomes for persons living with HIV and medically tailored meals are important for the management of multiple health conditions. Food bank, home delivered, and congregate meals administered by PDPH AACO are funded by RWPA, RWPB/ State Rebate, and City of Philadelphia General Fund sources. Additional funding sources for food programs include health insurance plan contracts, foundation donations, and private donations/ proceeds from fundraising.

Service Category	Agency Name	RWPA	RWPB State Rebate	City of Philadelphia General Fund
Food Bank, Home Delivered and Congregate Meals	Action Wellness	✓	✓	
	AIDS Care Group	✓	✓	
	BEBASHI	✓		
	Congreso De Latinos Unidos, Inc.	✓	✓	
	Family & Community Services of Delaware County, Inc.	✓		
	Family Service Association of Bucks County	✓	✓	
	Family Service of Chester County	✓		
	Family Services of Montgomery County	✓	✓	
	MANNA- Metropolitan Area Neighborhood Nutrition Alliance	✓	✓	✓
	Mazzoni Center	✓		✓
	ODAAT, Inc.	✓		
	Prevention Point of Philadelphia, Inc.	✓		
	Public Health Management Corporation	✓	✓	

	Other Providers			
	Apostles' Lutheran Church, Caring Circle Program			
	Broad Street Health Center (Spectrum Health Services)			
	Catholic Charities			
	Covenant House Health Services			
	Easton Area Neighborhood Centers, Inc.			
	Food Resource Guide			
	Gloucester County Division of Social Services			
	Greater Philadelphia Coalition Against Hunger			
	Jewish Family and Children's Services			
	Meals on Wheels of Salem County, Inc.			
	Puerto Rican Action Committee			
	Salem County Board of Social Services			
	Spirit Life Fellowship/Oasis Kitchen			
	St. Andrew The Apostle RC Church			
	St. John's Hospice			
	St. Vincent DePaul			
	Volunteers of America Homeless Prevention			
	Women's Institute for Family Health			
Medical Nutritional Therapy	AIDS Care Group	✓		
	Family Services of Montgomery County	✓		

	Other Providers			
	Children's Hospital of Philadelphia			
	Drexel University			
	Esperanza Health Center			
	MANNA-Metropolitan Area Neighborhood Nutrition Alliance			
	PHMC Care Clinic			

Harm Reduction Services

PDPH AACO supports harm reduction services to reduce risk of transmission of HIV and other infectious diseases using CDC funding, as well as City of Philadelphia General fund for services that are not currently payable using federal funds.

Agency Name	CDC	City of Philadelphia General Fund
Prevention Point of Philadelphia, Inc.	✓	✓

Health Information Services

PDPH AACO supports Health Information services through Drexel University and Philadelphia Fight using RWHAP Part B State Rebate funds. A variety of programs, both locally and nationally, provide health information resources and are funded by a variety of sources, including CDC and pharmaceutical companies that produce HIV medications. Several listed organizations provide HIV-related information in culturally and linguistically accessible ways to a variety of priority populations, including Black and Latino communities, LGBT people, and communities who speak Spanish.

Agency Name	RWPB State Rebate
Drexel University	✓
Philadelphia FIGHT	✓
Access Matters	
Aclamo Family Centers	
Action Wellness	
AIDS Activities Coordinating Office	
AIDS Law Project in Pennsylvania	
AIDS Library	
American Red Cross of Southeastern PA Chapter	
Aspira, Inc. of Pennsylvania	
Attic Youth Center	
BEBASHI	
Bucks County Health Department: Doylestown	
Bucks County Health Department: Levittown	
Burlington County Board of Social Services	
Burlington County Community Action Program	
Camden Area Health Education Center (AHEC)	

Agency Name	RWPB State Rebate
CATA - El Comité de Apoyo a Los Trabajadores Agricolas	
Center for Family Services, Inc.	
Centers for Disease Control (CDC)	
Chester County Health Department	
Children's Hospital of Philadelphia	
Children's Hospital of Philadelphia	
Coatesville VA Medical Center	
Colours	
Crossroads Programs	
Delaware County Department of Health	
Easton Area Neighborhood Centers, Inc.	
Fam Care, Inc.	
Family Service of Chester County	
Family Services of Montgomery County	
GALAEI	
Gloucester County Division of Social Services	
Hispanic Family Center of Southern NJ, Inc.	
Jewish Family and Children's Services	
Planned Parenthood of Chester County	
Prevention Plus of Burlington County	
Puerto Rican Action Committee	
Puerto Rican Unity for Progress	
Salem County Social Services	
St. Christopher’s Hospital for Children	
The Body/ The Body Pro (national, online resource)	
Youth Outreach Adolescent Community Awareness Program (YOACAP)	
Arch Street United Methodist Church	

Agency Name	RWPB State Rebate
Bright Hope Baptist Church	
Broad Street Ministry	
Calvary United Methodist Church	
Church of the Advocate	
Enon Tabernacle Baptist Church	
First United Methodist Church of Germantown	
Germantown Mennonite Church	
Saint Luke's Church	
Saint Mary of Grace Parish	

HIV Navigation Services

PDPH AACO administers funds for HIV navigation services from CDC and the Commonwealth of Pennsylvania Prevention Grant. Navigation services help people placed at risk for acquiring HIV and/ or who are seeking HIV prevention resources to find those services that are appropriate for them, including HIV testing, prevention supplies, and biomedical HIV prevention resources.

Agency Name	CDC	Commonwealth of PA Prevention Grant
AIDS Care Group		✓
Albert Einstein Healthcare Network		✓
Ambulatory Health - City of Philadelphia City Health Centers	✓	✓
Children's Hospital of Philadelphia		✓
Family & Community Services of Delaware County, Inc.		✓
Family Service of Chester County		✓
Family Services of Montgomery County		✓
Penn Presbyterial Medical Center		✓
Prevention Point of Philadelphia, Inc.	✓	✓

HIV Testing

PDPH AACO administers funds for three HIV testing service categories: HIV Testing in Adolescent Settings, HIV Testing in Healthcare Settings, and Status Neutral HIV Testing. Adolescent and Healthcare Setting testing are entirely funded by CDC prevention funds. Status Neutral HIV Testing is funded by a combination of CDC and Commonwealth of Pennsylvania

Prevention Grant. Funded programs target populations including adolescents and people who use drugs, including people who inject drugs. The purpose of all funded programs is to provide targeted HIV testing resources to identify people living with HIV who are unaware of their status, so that people with HIV can access care services and achieve viral load suppression. In clinical settings throughout the jurisdiction, HIV testing is reimbursable by Medicaid, Medicare, and private insurance.

Service Category	Agency Name	CDC	Commonwealth of PA Prevention Grant
HIV Testing in Adolescent Settings	Children's Hospital of Philadelphia	✓	
HIV Testing in Adolescent Settings	St. Christopher's Hospital for Children	✓	
HIV Testing in Healthcare Settings	Penn Presbyterial Medical Center	✓	
HIV Testing in Healthcare Settings	Temple University Comprehensive HIV Program	✓	
HIV Testing- Status Neutral	AIDS Healthcare Foundation		✓
HIV Testing- Status Neutral	Ambulatory Health - City of Philadelphia City Health Centers	✓	
HIV Testing- Status Neutral	Haven Youth Center, Inc.		✓
HIV Testing- Status Neutral	Mazzoni Center	✓	
HIV Testing- Status Neutral	ODAAT, Inc.		✓
HIV Testing- Status Neutral	Positive Effect Outreach Ministry		✓
HIV Testing- Status Neutral	Preventing HIV Project At Recovery King	✓	✓
HIV Testing- Status Neutral	Prevention Point of Philadelphia, Inc.	✓	

Home Health Care Services

PDPH AACO administers funds from the City of Philadelphia General Fund for KeystoneCare Hospice. Home health care service funding resources need to be available to address possible interruptions or gaps in insurance coverage. Additional home health services are funded by sources including Medicaid, Medicare, private insurance, or Veterans Administration benefits.

Agency Name	City of Philadelphia General Fund
Coatesville VA Medical Center	
Jefferson Health at Home by BAYADA	
KeystoneCare Hospice	✓
Penn Medicine at Home	

Housing Assistance/ Shelter

PDPH AACO administers funds for housing services, including services to prevent eviction. Housing instability is associated with risk of acquiring HIV and with poor HIV care outcomes. To ensure efficient use of housing funds from multiple sources across the jurisdictions, HOPWA funds are administered centrally by the City's Department of Planning and Development's Division of Housing of Community Development (DHCD). Agencies receiving a variety of federal funds throughout the EMA, some of which provide services to priority populations, including Black, Latino, and LGBT individuals. Some agencies provide shelter directly, while others provide utility assistance and legal services to help prevent eviction.

Agency Name	RWPA
AIDS Law Project of Pennsylvania	✓
Catholic Social Services	✓
Public Health Management Corporation	✓
ACHIEVEability	
Aclamo Family Centers	
Action Wellness	
AIDS Activities Coordinating Office	
AIDS Care Group	
Asociación de Puertorriqueños en Marcha	
BEBASHI	
Bethesda Project	
Bucks Villa	
Burlington County Board of Social Services	

Agency Name	RWPA
Burlington County Community Action Program	
Camden County Council on Economic Opportunity, Inc	
Center for Family Services, Inc.	
Coatesville VA Medical Center	
COMHAR	
Commission on Human Relations/Fair Housing	
Congreso De Latinos Unidos, Inc.	
Crossroads Programs	
Easton Area Neighborhood Centers, Inc.	
Families Forward Philadelphia	
Family & Community Services of Delaware County, Inc.	
Family Service Association of Bucks County	
Family Services of Montgomery County	
Friends Rehabilitation Program	
GALAEI	
Gloucester County Division of Social Services	
Good Shepherd Program	
Greater Philadelphia Health Action (GPHA)	
Homelessness Prevention Program	
Interfaith Homeless Outreach Council	
Mazzoni Center	
Moorestown Ecumenical Neighborhood Development	
Project H.O.M.E.	
Puerto Rican Action Committee	
Puerto Rican Unity for Progress	
Ralph Moses House	
Salem County Board of Social Services	
Utility Emergency Services Fund	

Legal Services

PDPH AACO administers RWPA, PWPB State Rebate, and City of Philadelphia General Funds for one legal services agency to provide allowable legal services for people living with HIV in the EMA to address a variety of legal needs, including experiences with discrimination and violations of confidentiality related to HIV status. These services are essential to preserve the rights of people living with HIV. Several other agencies offer legal services funded by other sources, including foundations, charitable organizations, and individual donors.

Agency Name	RWPA	RWPB State Rebate	City of Philadelphia General Fund
AIDS Law Project of Pennsylvania (also serves Southern New Jersey)	✓	✓	✓
American Civil Liberties Union (ACLU) of Pennsylvania			
Burlington County Bar Foundation			
Community Legal Services			
Covenant House Health Services			
Department of Law and Public Safety, Division of Civil Rights			
Gloucester County Bar Foundation			
Legal Assistance of Southeastern PA			
Mazzoni Center			
Puerto Rican Action Committee			
South Jersey Legal Services			

Low-Threshold Sexual Health Services

PDPH AACO administers CDC EHE and Commonwealth of Pennsylvania Prevention Grant resources to provide comprehensive sexual health services in walk-in settings, with each agency funded to target a specific priority population: Black, Latino, LBGT people, as well as residents of Southwest Philadelphia, an area with limited HIV prevention resources. This is a unique service category that was developed to address observed service gaps.

Agency Name	CDC EHE	Commonwealth of PA Prevention Grant
BEBASHI		✓
Congreso De Latinos Unidos, Inc.	✓	
Courage Medical Health Center, Inc.	✓	✓
Mazzoni Center	✓	✓

Medications and Onsite Pharmacy Services

The EMA has two AIDS Drug Assistance Programs (ADAPs) for each state, which are supported by RWPB/ State Rebate funds. Pennsylvania's SBPB also includes drug rebate funds. Additional sources of funding for medications are pharmaceutical company funded and administered pharmaceutical assistance programs (PAPs). The other listed agencies have onsite pharmacy capacity, at which medications are paid for by a variety of sources including Medicare, Medicaid, private insurance, VA resources, and 340B rebate funds.

Agency Name	RWPB/ State Rebate
AIDS Drug Distribution Program of New Jersey (ADDP)	✓
Special Pharmaceutical Benefits Program –Pennsylvania ADAP	✓
Albert Einstein Healthcare Network	
Children's Hospital of Philadelphia	
Children's Hospital of Philadelphia	
Esperanza Health Center	
Greater Philadelphia Health Action (GPHA)	
Hospital of the UPENN/ MacGregor Infectious Disease Clinic	
PDPH Ambulatory Health Services Health Centers	
Philadelphia FIGHT	
Valley Forge Medical Center and Hospital	
Veterans Affairs Medical Center	

Mental Health Services

PDPH AACO administers RWPA, supplemented with some RW EHE funds, to provide allowable behavioral health services at agencies in the EMA. Behavioral health services are essential, as behavioral health challenges are a known barrier to HIV treatment and viral load suppression. Additional behavioral health services are administered by Community Behavioral Health (CBH) and non-profit managed care organization contracted by the City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) to provide behavioral health and substance use services for Medicaid recipients. Behavioral health services are also funded by SAHMSA, as well as Medicare, private health insurance and VA benefits. Agencies in **bold** are HRSA-designated Federally Qualified Health Centers or Lookalikes.

Agency Name	RWPA	RW EHE
Albert Einstein Healthcare Network	✓	
Children's Hospital of Philadelphia		✓
Drexel University	✓	✓
EIP - Cooper Health Systems	✓	
EIP - Kennedy Health Systems	✓	
Family & Community Services of Delaware County, Inc.	✓	
Family Service Association of Bucks County	✓	
Mazzoni Center	✓	
Penn Presbyterial Medical Center	✓	
Philadelphia FIGHT	✓	
Resources for Human Development, Inc.	✓	
Temple University Comprehensive HIV Program		✓
Thomas Jefferson University Infectious Diseases		✓
Abbottsford-Falls Family Practice		
Action Wellness		
AIDS Care Group		
Asociación de Puertorriqueños en Marcha		
Belmont Center for Comprehensive Treatment		
Bethanna		
Black Women's Health Alliance		
Bridge Treatment Program		
Burlington Comprehensive Counseling Inc.		
Center for Family Services, Inc.		
Coatesville VA Medical Center		
COMHAR		
Community Behavioral Health (CBH)		
Community Council for Health		

Agency Name	RWPA	RW EHE
Crisis Response Center at Einstein-Germantown Community Center		
Crisis Response Center at Friends Hospital		
Crisis Response Center at Hall Mercer/ Pennsylvania		
Crisis Response Center at Temple/ Episcopal Hospital		
Delaware Co. Office of Behavioral Health		
Department of Behavioral Health and Intellectual DisAbility Services		
Drexel University		
Drexel University		
Episcopal Hospital		
Esperanza Health Center		
Family Practice & Counseling Network		
Family Service of Chester County		
Family Services of Montgomery County		
Gaudenzia Inc.		
Greater Philadelphia Health Action (GPHA)		
Healthcare Commons, Inc.		
Hispanic Family Center of Southern NJ, Inc.		
Holcomb Behavioral Health Systems		
Horizon House, Inc.		
Human Services, Inc.		
Kensington Hospital		
Kirkbride		
Legacy Treatment Services		
Maryville, Inc.		
Northeast Treatment Center (NET)		
PDPH Ambulatory Health Services Health Centers		
Philadelphia Mental Health Care Corporation		

Agency Name	RWPA	RW EHE
St. Christopher's Hospital for Children		

Oral Health Services

PDPH AACO administers RWPA funds for allowable oral health services at multiple agencies in the EMA. One provider is directly funded via RWHAP Part F. Access to oral health care is essential to people living with HIV, as oral health contributes to overall physical health and nutritional status. Additional agency services are funded by combination of Medicaid, private insurance, and other grant resources. Agencies in **bold** are HRSA-designated Federally Qualified Health Centers or Lookalikes.

Agency Name	RWPA	RWPF
AIDS Care Group	✓	
Albert Einstein Healthcare Network		✓
Family Service Association of Bucks County	✓	
Family Services of Montgomery County	✓	
Rutgers University School of Dental Medicine	✓	
Temple University Kornberg School of Dentistry	✓	
University of Pennsylvania School of Dental Medicine	✓	
Abbottsford-Falls Family Practice		
ChesPenn Health Services		
Drexel University		
Esperanza Health Center		
Fairmount Primary Care Center		
Family Practice & Counseling Network		
Greater Philadelphia Health Action (GPHA)		
Maria de los Santos Health Center		
PDPH Ambulatory Health Services Health Centers		
Quality Community Health Care		
Southern Jersey Family Medical Center		
University Dental Center at Somerdale		

PrEP Services

PDPH AACO administers CDC funding for a single pre-exposure prophylaxis (PrEP) access program that provides telehealth PrEP services, called TelePrEP. This model is intended to address barriers to PrEP uptake among priority populations that need to most, including Black and Latino men who have sex with men. Additional listed programs are listed in PDPH AACO's PrEP provider directory as providers who demonstrate competency in prescribing and managing PrEP using daily pills and injectable options. PrEP is a USPSTF grade A prevention intervention, so it is required under the Affordable Care Act to be paid for by most health insurance programs without cost sharing. In addition to health insurance, PAPs are available to pay for PrEP medication for eligible patients.

Agency Name	CDC
Albert Einstein Healthcare Network	✓
AIDS Healthcare Foundation	
BEBASHI	
Children's Hospital of Philadelphia	
Congreso De Latinos Unidos, Inc.	
Courage Medical Health Center, Inc.	
Delaware Valley Community Health	
Drexel University	
Esperanza Health Center	
Family Practice & Counseling Network	
Greater Philadelphia Health Action (GPHA)	
Mazzoni Center	
PDPH Ambulatory Health Services Health Centers	
Philadelphia FIGHT	
Spectrum Community Health Center	
St. Chris Care at Northeast Pediatrics	
Drexel St. Christopher's Hospital for Children	
Temple University Comprehensive HIV Program	
Thomas Jefferson University Hospital	
Penn Presbyterial Medical Center	

Agency Name	CDC
Hospital of the UPENN/ MacGregor Infectious Disease Clinic	
Urban Health Solutions	
NOVUS ACS	
AIDS Care Group	

Psychosocial Support Services

PDPH AACO administers RWPB State Rebate funds to provide psychosocial support services in the EMA, which are to assist individuals with HIV with psychosocial needs that might not align with a behavioral health diagnosis. This may help address psychosocial barriers to HIV care.

Agency Name	RWPB State Rebate
AIDS Care Group	✓
Congreso De Latinos Unidos, Inc.	✓
Family Service Association of Bucks County	✓
Family Service of Chester County	✓
Family Services of Montgomery County	✓
Public Health Management Corporation	✓

Substance Use Services

PDPH AACO administers RWPA and RWPB State Rebate resources for substance abuse services and substance abuse treatment counseling services for people living with HIV in the EMA. Substance use is a known risk factor for acquiring HIV, as well as for lack of engagement in HIV care and subsequent achievement of viral load suppression. The city Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) contracts with Community Behavioral Health to provide Substance Use Disorder Treatment services for people who have Medicaid through a large network of agencies in Philadelphia and the surrounding counties. PDPH AACO ensures coordination of services by maintaining avenues of communication with counterparts at DBHIDS. Most recently, PDPH AACO has worked to ensure routine HIV testing at all inpatient CBH-funded providers, with support for agencies on how to connect any patients with a reactive HIV test to HIV care services and to refer patients to HIV prevention resources, as appropriate.

Service Category	Agency Name	RWPA	RWPB State Rebate	DBHIDS/ CBH
Substance Abuse Services	AIDS Care Group	✓	✓	
Substance Abuse Services	Albert Einstein Healthcare Network	✓		
Substance Abuse Services	Mazzoni Center	✓		✓
Substance Abuse Services	Prevention Point of Philadelphia, Inc.	✓		
Substance Abuse Services	Temple University Comprehensive HIV Program	✓		
Substance Abuse Treatment Counseling Services	Mazzoni Center		✓	
Substance Use Disorder Treatment	Addiction Medicine and Health Advocates, Inc.			✓
Substance Use Disorder Treatment	Agape Storage Health Care Services d/b/a Serenity Safe Haven			✓
Substance Use Disorder Treatment	Asociación de Puertorriqueños en Marcha			✓
Substance Use Disorder Treatment	Avenues Recovery Medical Center at Valley Forge			✓
Substance Use Disorder Treatment	Beacon Point			✓
Substance Use Disorder Treatment	Bustleton Mental Health Institute, Inc.			✓
Substance Use Disorder Treatment	Casa de Consejeria y Salud Integral, Inc.			✓

Service Category	Agency Name	RWPA	RWPB State Rebate	DBHIDS/ CBH
Substance Use Disorder Treatment	COMHAR			✓
Substance Use Disorder Treatment	CORA			✓
Substance Use Disorder Treatment	Drexel University			✓
Substance Use Disorder Treatment	Eagleville Hospital			✓
Substance Use Disorder Treatment	Firetree, LTD			✓
Substance Use Disorder Treatment	Gaudenzia, Inc.			✓
Substance Use Disorder Treatment	Good Friends, Inc.			✓
Substance Use Disorder Treatment	Greater Philadelphia Asian Social Services Center			✓
Substance Use Disorder Treatment	Greater Philadelphia Health Action (GPHA)			✓
Substance Use Disorder Treatment	Horizon House, Inc.			✓
Substance Use Disorder Treatment	Hospital of the UPENN/ MacGregor Infectious Disease Clinic			✓
Substance Use Disorder Treatment	Interim House, Inc.			✓
Substance Use Disorder Treatment	Jefferson Medical College			✓
Substance Use Disorder Treatment	JEVS Human Services			✓
Substance Use Disorder Treatment	Kensington Hospital			✓
Substance Use Disorder Treatment	Kirkbride			✓
Substance Use Disorder Treatment	Libertae, Inc.			✓

Service Category	Agency Name	RWPA	RWPB State Rebate	DBHIDS/ CBH
Substance Use Disorder Treatment	Malvern Treatment Centers			✓
Substance Use Disorder Treatment	Maternal Addiction Treatment and Education Research (MATER) (MY SISTERS PLACE AND FAMILY CENTER)- THOMAS JEFFERSON UNIVERSITY			✓
Substance Use Disorder Treatment	Men and Women for Human Excellence			✓
Substance Use Disorder Treatment	Merakey Parkside Recovery			✓
Substance Use Disorder Treatment	Milestone Rehabilitation			✓
Substance Use Disorder Treatment	MinSec Treatment Centers, Inc.			✓
Substance Use Disorder Treatment	Northeast Treatment Center (NET)			✓
Substance Use Disorder Treatment	PATH, Inc.			✓
Substance Use Disorder Treatment	Pathways to Housing			✓
Substance Use Disorder Treatment	Project H.O.M.E.			✓
Substance Use Disorder Treatment	Public Health Management Corporation			✓
Substance Use Disorder Treatment	Re-Enter, Inc.			✓
Substance Use Disorder Treatment	Resources for Human Development, Inc.			✓
Substance Use Disorder Treatment	Self Help Movement, Inc.			✓

Service Category	Agency Name	RWPA	RWPB State Rebate	DBHIDS/ CBH
Substance Use Disorder Treatment	SOAR CORP			✓
Substance Use Disorder Treatment	Spanish American Civic Association for Equality, Inc.			✓
Substance Use Disorder Treatment	Stop and Surrender, Inc.			✓
Substance Use Disorder Treatment	Temple University Hospital			✓
Substance Use Disorder Treatment	The Behavioral Wellness Center at Girard			✓
Substance Use Disorder Treatment	Therapeutic Center at Fox Chase			✓
Substance Use Disorder Treatment	UHS of Fairmount, Inc.			✓
Substance Use Disorder Treatment	Wedge Medical Center			✓
Substance Use Disorder Treatment	WES Health Centers, Inc.			✓
Substance Use Disorder Treatment	West Philadelphia Community Mental Health Consortium, Inc.			✓
Substance Use Disorder Treatment	Woman's Institute for Family Health			✓

Transportation Services

PDPH AACO Administers allowable transportation services funded by RWPA and RWPB State Rebate throughout the EMA. Lack of transportation is a known barrier to engagement in HIV care. Some transportation services are also paid by the Pennsylvania Department of Human Services Medical Assistance Transportation Program.

Agency Name	RWPA	RWPB State Rebate
Action Wellness		
AIDS Care Group	✓	✓
Bucks County Transport		
Community Transit of Delaware County		
Family & Community Services of Delaware County, Inc.	✓	
Family Service Association of Bucks County	✓	✓
Family Services of Montgomery County	✓	✓
Public Health Management Corporation	✓	✓
Puerto Rican Action Committee		

Appendix 5
Contributors to the Planning Process

Since the formal integration of Philadelphia's prevention and care planning bodies in 2017, the Philadelphia HIV Integrated Planning Council (HIPC) has filled the required legislative and programmatic requirements for HIV prevention and HIV care and treatment planning for the City of Philadelphia and the eight surrounding counties in Pennsylvania and New Jersey.

As of November 2022, 38 people are serving 2-year terms of membership on HIPC, with a vacancy in the State Medicaid category. Members are appointed by the Mayor of the City of Philadelphia.

About one-third (32%) of appointed HIPC members are unaffiliated RWHAP Part A clients and 40% of the total membership are people living with HIV. As a group, the HIPC closely reflects the HIV/AIDS epidemic in the EMA by race/ethnicity, gender, and age.

The chart below lists HIPC members who contributed to the planning process by category of required planning group membership and other stakeholders.

Planning Group Membership Required by Legislative or Programmatic Requirements	
Health Department staff	▪ G. Keys Philadelphia Department of Public Health ▪ E. Thornburg, Philadelphia Department of Public Health (Governmental HIPC Co-Chair) ▪ A. Williams, Philadelphia Department of Public Health
Community-based organizations serving populations affected by HIV as well as HIV services providers	▪ J. Baez, AIDS Law Project of Pennsylvania ▪ K. King-Collins, Mazzoni Center ▪ D. D'Alessandro, Health Federation of Philadelphia ▪ J. Hazzard, Family Service of Chester County ▪ K. King, Action Wellness ▪ L. Matus, Congreso de Latinos Unidos ▪ C. Nedev, Prevention Point Philadelphia ▪ S. Nieves, Prevention Point Philadelphia ▪ D. Surplus, Acme Pharmacy ▪ L. Otano ▪ A. Bryd, AIDS Care Group
People with HIV and individuals co-infected with hepatitis B or C[18]	▪ A.N. ▪ B.S. ▪ C.K. ▪ C.M. ▪ D.M. ▪ E.J. ▪ S. A. ▪ G.D. ▪ H.J. ▪ J.S. ▪ R.J. ▪ G.M.
HIV clinical care providers including (RWHAP Part C and D)	▪ P. Gorman, Cooper Health System ▪ M. Martinez, Greater Philadelphia Health Action

[18] Initials are used to protect confidential health information.

Planning Group Membership Required by Legislative or Programmatic Requirements	
	▪ E. Rand, Children's Hospital of Philadelphia ▪ C. Steib, St. Christopher's Hospital for Children ▪ D. Jack, St. Christopher's Hospital for Children
Non-elected community leaders including faith community members and business/labor representatives	▪ W. Grannan
Community health care center representatives including FQHCs	▪ J. Haskins, Philadelphia FIGHT
Substance use treatment providers	▪ A. Edelstein, Family and Community Services of Delaware County (retired)
Hospital planning agencies and health care planning agencies	▪ M. Cappuccilli, Rutgers School of Dental Medicine ▪ G. Langan, Jefferson Health New Jersey ▪ H. Park, Center for Asian Health
Mental health providers	▪ L. Diaz, AIDS Care Group (HIPC Co-Chair)
Social services providers including housing and homeless services representatives	▪ S. Heaven, Philadelphia Department of Planning and Development, Division of Housing and Community Development (HIPC Co-Chair)
Additional Key Stakeholders	
Populations at risk or with HIV representing priority populations	▪ Persons living with HIV (CSU Intake/MMP) ▪ Persons who inject drugs (NHBS) ▪ Transgender individuals (NHBS) ▪ High Risk heterosexuals (NHBS) ▪ MSM (NHBS)
Epidemiologists	▪ PDPH AACO Medical Director/Medical Epidemiologist and surveillance staff ▪ Pennsylvania Department of Health, Division of HIV/AIDS ▪ New Jersey Department of Health
Housing for people with HIV	▪ Philadelphia Department of Planning and Development, Division of Housing and Community Development
Other providers	▪ Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS)