



City of Philadelphia  
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# Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS

**ECHPP Workbook #2**  
**Goals, Strategies, and Objectives**  
**March 15, 2011**

**Philadelphia Department of Public Health**  
**AIDS Activities Coordinating Office**

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The Affordable Care Act: HIV Prevention and Public Health Fund

National Center for HIV/AIDS, Hepatitis, STD, and TB Prevention  
Division of HIV/AIDS Prevention



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## Introduction

The City of Philadelphia is committed to improving lives of people in Philadelphia: people who live, work, learn, invent, and play here. Led by Mayor Michael A. Nutter and Deputy Mayor for Health and Opportunity and Commissioner of Health Donald F. Schwarz MD MPH, the City government is guided by values of respect, service, and integrity. It aims to produce a government that works smarter, faster, and better. Four core areas are emphasized to produce specific results in economic development and jobs, enhancing public safety, investing in youth and protecting the most vulnerable, and reforming government.

In October 2010, the City of Philadelphia Department of Public Health (PDPH) received a one-year cooperative agreement to participate in Phase I of the Centers for Disease Control and Prevention (CDC) initiative *Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS* (ECHPP – pronounced “E’-chip”). This document, *ECHPP Workbook #2*, documents goals, strategies, and objectives. The companion volume, *ECHPP Workbook #1*, documents a situational analysis and goal setting. A third document, *ECHPP At-A-Glance*, is a summary of both *Workbooks*.

### National AIDS Strategy Vision

*The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstances, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.*

The Enhanced Plan identifies the optimal combination of coordinated HIV prevention, care, and treatment services that can maximize the impact of these services on reducing new HIV infections in the City. It is designed to contribute directly to achieving the vision of the [National HIV/AIDS Strategy](#) (NHAS) and its three broad goals:

1. Reducing new HIV infections.
2. Increasing access to care and improving health outcomes for people living with HIV.
3. Reducing HIV-related disparities.

The ECHPP plan was informed by and enhances the City’s [Comprehensive Prevention Plan](#) (August 2009) and [Comprehensive Prevention Plan Update](#) (August 2010), [Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning for the Philadelphia Eligible Metropolitan Area](#) (2009), [Integrated Resource Inventory for HIV Care and Prevention](#) (December 2008), [Philadelphia Eligible Metropolitan Area Ryan White Part A Comprehensive Plan](#), all of which were developed by the City’s [Office of HIV Planning](#) (OHP) according to Federal grant requirements.<sup>1</sup> In addition, two recent special studies further informed the

<sup>1</sup> OHP administers and coordinates the activities of the HIV Prevention Community Planning Group (for the City of Philadelphia) and the Ryan White Health and Human Services Planning Council (for the 9-county EMA comprised of

ECHPP planning process: Improving HIV Prevention Services for Gay, Bisexual, and Other Sexual Minority Men in Philadelphia (March 2010), and Technical Report: Association between HIV/AIDS Rates and Geographic Areas of Severe Need in Philadelphia (January 2011) .

## Highlights

This Workbook presents 22 interventions, 26 unique goals, 48 individual strategies, and 72 specific, measurable, achievable, realistic, and time-based (SMART) objectives, which together maximize impact on reducing new HIV infections in Philadelphia. It also:

- Reaches at risk youth in new ways;
- Emphasizes availability of services in geographic locations and venues that reach MSM, Blacks, Latinos, and IDUs; and
- Leverages, and where feasible, coordinates numerous resources, particularly the Ryan White Program's early intervention resources (including Minority AIDS Initiative funding), as well as other Federal funders (CDC, other HRSA, CMS, SAMHSA, HOPWA, and NIH) as well as State and City funds.

The goals, strategies, and objectives in this Workbook integrate all existing HIV prevention activities currently underway either through direct PDPH funding or indirectly through Memoranda of Agreement or other collaboration mechanisms. The plan continues some existing activities and public health strategies and also adds new efforts that have not been possible until now due to lack of funding, national policy, and State law.

Specifically, the ECHPP plan for Philadelphia:

- Modernizes policies and practices to increase HIV testing in clinical settings.
- Expands social network testing.
- Shifts spending priorities to geographic locations that will better yield identification of new positives.
- Greatly expands the City's existing condom distribution program, including a new effort to make free condoms much more widely available at-risk youth.
- Strongly emphasizes early identification of individuals with HIV/AIDS and linkage to and maintenance in the City's robust system of quality HIV medical care and medical case management.
- Shifts the target population of most evidence based behavioral interventions to people living with HIV/AIDS.
- Expands use of new and traditional media.
- Leverages existing efforts to link to African American HIV-positive heterosexuals, and other populations who lack access to ongoing health care and are disproportionately affected by HIV in Philadelphia, to HIV care persons incarcerated in the City jail system.

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Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties in Pennsylvania and Burlington, Camden, Cumberland, and Gloucester Counties in New Jersey).

- Expands availability of syringe services and linkage to harm reduction and medical care and other services for IDUs.
- Provides new opportunities for partner services to be delivered.
- Initiates ongoing use of HIV and STD data sets to identify co-infected persons and link them to appropriate care and treatment.
- Facilitates an already planned initiative to eliminate perinatal transmissions.
- Enhances existing efforts to improve program collaboration and services integration among disease control programs for hepatitis, tuberculosis, partner services, vaccination, and other health services.
- Provides an opportunity to complete formative research leading to a comprehensive evidence-based community level intervention targeting a single high-risk population to be determined through community-based planning.
- Enables initiation of a formal approach to the appropriate use of nPEP as a tool for HIV prevention.
- Provides additional data on process and outcomes to measure performance and to better inform future planning, priority setting, and resource allocation decisions.

## Guide to Readers

This Workbook is comprised of two parts. The first part presents goals, strategies, and objectives based on the results of both a situational analysis and goal setting documented in Workbook 1. (Interventions and goals in the two Workbooks are identical.) Workbook 2 presents strategies, SMART objectives, funding sources, and data sources for measuring objectives for each of the 22 interventions in the plan (shown below).

Data Sources for Monitoring ECHPP Activities	
Data Source	Description
DCMS – Disease Control Management System	DCMS is a client-level data system developed locally for the PDPH Division of Disease Control. It is used by the STD Control Program for managing and reporting on partner services, as well as STD testing and treatment.
HIV Surveillance	This includes the name-based client-level HIV case reporting system in Philadelphia that is used to report HIV cases to the CDC. It includes information on all HIV positive test results, all viral load test results and all CD4 test results with values less than 350. This data system allows for HIV case reporting and it also enables PDPH to assess care patterns and outcomes for the jurisdiction over time.
PEMS – Program Monitoring and Evaluation System	PEMS is the CDC developed data system for HIV prevention programs. For HIV testing: It contains test-level data on all HIV tests funded by PDPH or reported to PDPH by agreement – such as with SAMHSA funded early intervention set-aside testing, CDC directly funded grantee testing, and cooperative agreement sites described in the situational analysis to PDPH. For other prevention interventions it includes client level data on

Data Sources for Monitoring ECHPP Activities	
Data Source	Description
	demographics, risk behaviors and services provided.
PDPH Program Monitoring	Philadelphia Department of Public Health Program Monitoring is the assessment of progress and completion of tasks of an administrative or capacity building nature. Specific deliverables are defined and program analysts assigned to each project monitor the completion of these tasks.
Ryan White CAREWare	The RW CAREWare data system is a client-level data system implemented at all RW Part A and B sites in the jurisdiction. It is also used by all Part C and D programs in the jurisdiction. RW CAREWare is a client-level data system that collects client demographic and clinical information as well as service delivery information. Each provider site has its own instance of RW CAREWare and client-level data exports are submitted to PDPH AACO for analysis.

The second part of this Workbook describes the extent to which the Philadelphia plan is designed to contribute to the achievement of 2015 targets of the National HIV/AIDS Strategy and additional CDC/DHAP targets. For each of the national 18 targets, the Philadelphia plan's principle strategies are listed along with additional contributing strategies.

<b>Intervention 1</b> <b>Routine, opt-out screening for HIV in clinical settings</b>	
<b>Goal 1.1</b>	Routine HIV screening is provided in clinical settings located in Philadelphia.
<b>Funding sources</b>	CDC, HRSA, City, State, ECHPP
<b>Strategy</b>	Continue to support a range of programs providing clinical routine HIV screening in 16 types of clinical facilities with more than 190 sites.
<b>Objectives (and Data Source)</b>	<p>1.1.1: Between 1/1/11 and 12/31/11, provide 60,000 HIV tests through PDPH funded HIV testing in clinical settings. (PEMS)</p> <p>1.1.2: By 9/29/11, review performance and locations of clinical testing sites and develop a plan to shift resources to improve efficiency and effectiveness at testing MSM, Blacks, Latinos, and other disproportionately affected populations. (PEMS)</p>
<b>Goal 1.2</b>	Medical providers in Philadelphia gain awareness of the need to offer routine HIV screening to patients ages 13-64.
<b>Strategy</b>	Disseminate CDC guidelines on routine screening along with information on Pennsylvania Department of Health advisory on conformance to State Act 148.
<b>Objective (and Data Source)</b>	1.2.1: By 9/29/11, disseminate HIV routine screening guidelines to all internal medicine, family practice, and obstetrician/gynecology physicians in Philadelphia under the authority of the Health Commissioner using current lists of physicians and specialty clinics maintained by local medical associations. (PDPH Program Monitoring)
<b>Funding Source</b>	ECHPP
<b>Existing Partners Funded by PDPH</b>	Albert Einstein Healthcare Network Children's Hospital of Philadelphia Adolescent Initiative City of Philadelphia Prison Health Services (laboratory costs) Drexel University College of Medicine (Hahneman Hospital) Drexel University College of Medicine (St. Christopher's Hospital for Children) Family Planning Council of Southeastern PA Mercy Catholic Medical Center



<b>Intervention 1</b> <b>Routine, opt-out screening for HIV in clinical settings</b>	
<b>Existing Partners Providing In-Kind Support</b>	<p>PA/Mid-Atlantic AETC -- Philadelphia Performance Site                      OraSure Technologies and Other Laboratory Costs                      Presbyterian Medical Center                      Public Health Management Corp.                      Quality Community Health Care                      Resource for Human Development d/b/a Family Practice And Counseling Network                      Temple University Hospital                      Thomas Jefferson University Hospital                      University of Pennsylvania Medical Center - Infectious Disease                      Urban Solutions</p> <hr/> <p>Albert Einstein Community Practice Center                      Albert Einstein Emergency Room                      Broad Street Health Center                      City of Philadelphia Office of Addiction Services (SAMHSA HIV EIS Set-aside - through subcontracted providers)                      Flick Center TB Clinic                      Greater Philadelphia Health Action Frankford Ave Health Center                      Greater Philadelphia Health Action Frankford Ave Health Center ALASSIST                      Greater Philadelphia Health Action Hunting Park Health Center                      Greater Philadelphia Health Action Southeast Health Center                      Greater Philadelphia Health Action Wilson Park Medical Center                      Greater Philadelphia Health Action Woodland Avenue Health Center                      Mary Howard Health Center                      New Pathways for Women                      PDPH - CDC Cooperative Agreement Sites (laboratory costs provided in-kind)                      PHMC Care Clinic                      The Consortium Inc.</p>

<b>Intervention 2</b> <b>Implement HIV testing in non-clinical settings</b> <b>to identify undiagnosed HIV infection</b>	
<b>Goal 2.1</b>	Increase the number of people in high risk communities who know their HIV status.
<b>Funding sources</b>	CDC, HRSA, City, State, ECHPP
<b>Strategies</b>	<p>Continue to support 21 HIV testing agencies in community settings.</p> <p>Develop capacity of PDPH funded HIV testing programs to identify and reach persons with undiagnosed HIV infection in high risk communities and high incidence areas.</p>
<b>Objectives (and Data Sources)</b>	<p>2.1.1: By 12/31/11, provide 30,000 HIV tests to high risk persons in community settings. (PEMS)</p> <p>2.1.2: By 9/29/11, provide training on social network testing to all 21 PDPH funded community based providers. (PDPH Program Monitoring)</p> <p>2.1.3: By 9/29/11, map all current locations of PDPH-funded and CDC directly funded testing sites with HIV surveillance and other data to assess the extent to which testing is available in locations most accessible to high risk populations. (HIV Surveillance)</p> <p>2.1.4: By 9/29/11, review performance and locations of non-clinical testing sites and develop a plan to shift resources to improve efficiency and effectiveness at testing MSM, Blacks, Latinos, and other disproportionately affected populations. (PDPH Program Monitoring)</p>
<b>Existing Partners Funded by PDPH</b>	<p>Action AIDS, Inc.</p> <p>ASIAC</p> <p>BEBASHI</p> <p>Congreso de Latinos Unidos, Inc.</p> <p>Family Planning Council</p> <p>Family Planning Council - Safeguards</p> <p>GALAEI</p> <p>Health Federation-WATS</p> <p>Mazzoni Center</p> <p>Neighborhoods United Against Drugs</p> <p>ODAAT</p> <p>Philadelphia FIGHT</p>

<b>Intervention 2</b> <b>Implement HIV testing in non-clinical settings</b> <b>to identify undiagnosed HIV infection</b>	
	Positive Effect Outreach Ministries Preventing HIV Project at Recovery King Prevention Point Philadelphia The ATTIC Youth Center The COLOURS Organization Treatment & Recovery Partnership Women's Christian Alliance YO ACAP
<b>Existing Partners Funded Directly by CDC</b>	Family Planning Council Mazzoni Center Public Health Management Corporation The Philadelphia AIDS Consortium

<b>Intervention 3</b> <b>Target condom distribution to HIV-positive persons and persons at highest risk of acquiring HIV infection</b>	
<b>Goal 3.1</b>	Condoms are available to all HIV-positive persons and persons at highest risk of acquiring HIV infection who access services at all City-funded sites and high risk community venues.
<b>Funding sources</b>	CDC, City, ECHPP
<b>Strategies</b>	<p>Develop and disseminate a PDPH protocol for condom distribution to HIV-positive persons and persons at highest risk to all PDPH funded medical and medical case management programs.</p> <p>Expand availability of free condoms to sites identified by the PDPH AACO and STD Control reaching HIV-positive persons and persons at highest risk of acquiring HIV infection.</p>
<b>Objectives (and Data Source)</b>	<p>3.1.1: By 9/29/11, promulgate and train 31 HIV medical care provider agencies and 21 medical case management PDPH-funded providers on condom distribution protocol. (PDPH Program Monitoring)</p> <p>3.1.2: Between 1/1/11 and 12/31/11, distribute 1.5 million free condoms through venues that target HIV-positive persons and persons at highest risk of HIV, including youth. (See Intervention 15.) (PDPH Program Monitoring)</p> <p>3.1.3: By 12/31/11, provide 12,000 condoms to inmates of the Philadelphia Prison System. (PDPH Program Monitoring)</p>
<b>Existing Partners Funded by PDPH</b>	<p>ActionAIDS, Inc.</p> <p>AIDS Services in Asian Communities</p> <p>Albert Einstein Healthcare Network</p> <p>Asociacion de Puertoriquenos en Marcha</p> <p>BEBASHI</p> <p>Children's Hospital of Philadelphia - Adolescent Initiative</p> <p>Children's Hospital of Philadelphia Special Immunology</p> <p>Clinical Care Associates of University of Pennsylvania (Pennsylvania Hospital)</p> <p>Congreso de Latinos Unidos, Inc.</p> <p>Delaware Valley Community Health</p> <p>Drexel University College of Medicine (Hahneman Hospital)</p> <p>Esperanza Health Services</p> <p>Family Planning Council</p> <p>Family Practice and Counseling Network</p>

<b>Intervention 3</b> <b>Target condom distribution to HIV-positive persons and persons at highest risk of acquiring HIV infection</b>	
	Health Federation of Philadelphia Kensington Hospital Mazzone Center Mercy Hospital Methodist Hospital ODAAT, Inc. PDPH Ambulatory Health Services PDPH STD Control Program Philadelphia FIGHT Positive Effect Outreach Ministry Presbyterian Med Center (Penn Community Infectious Disease Program) Public Health Management Corporation Quality Community Health Centers Spectrum Health Services - Broad Street Spectrum Health Services - Haddington St. Christopher's Hospital for Children Temple University (Comprehensive HIV Program) The GALAEI Project Thomas Jefferson University Hospital University of Pennsylvania Medical Center - Infectious Disease Urban Solutions Women's Christian Alliance
<b>Other Partners</b>	See Situational Analysis in <i>Workbook #1</i> in for a list of all condom distribution sites.

<b>Intervention 4</b> <b>Provide post-exposure prophylaxis to populations at greatest risk</b>	
<b>Goal 4.1</b>	Physicians and populations at highest risk of HIV transmission are aware of the benefits of non-occupational post-exposure prophylaxis (nPEP) and use it appropriately as an HIV prevention tool.
<b>Funding source</b>	ECHPP
<b>Strategies</b>	Disseminate nPEP protocols to physicians and the community.  Develop a pilot program to demonstrate provision of nPEP treatment for uninsured persons.
<b>Objectives (and Data Source)</b>	4.1.1: By 6/1/11, finalize PDPH protocols for provision of nPEP. (PDPH Program Monitoring)  4.1.2: By 9/29/11, disseminate nPEP policy by way of a PDPH Health Advisory to 3,700 unique points of distribution, reaching an estimated 10,000 providers, clinicians, administrators, and others, as well as through 60 PDPH-funded community providers. (PDPH Program Monitoring)
<b>Goal 4.2</b>	Determine the feasibility and cost-effectiveness of a formal program to make nPEP available and accessible.
<b>Funding source</b>	ECHPP
<b>Strategy</b>	Design and test a small nPEP demonstration project to develop policies, core program elements, and reporting processes.
<b>Objectives (and Data Source)</b>	4.2.1: By 6/1/11, establish a funding mechanism for nPEP for uninsured persons. (PDPH Program Monitoring)  4.2.2: Between 6/1/11 and 9/29/11, provide nPEP for up to 25 uninsured persons. (PDPH Program Monitoring)  4.2.3: Between 9/30/11 and 2/29/12, provide nPEP for up to 25 uninsured persons. (PDPH Program Monitoring)

<b>Intervention 4</b> <b>Provide post-exposure prophylaxis to populations at greatest risk</b>	
	4.2.4: By 4/1/12, report on the pilot project’s outcomes and potential for sustainability. (PDPH Program Monitoring)
<b>New Partners Funded by PDPH</b>	CVS Procare Pharmacy PA/Mid-Atlantic AETC – Philadelphia Performance Site PDPH Ambulatory Health Services
<b>New Partners Not Funded by PDPH</b>	Drexel University College of Medicine Partnership Comprehensive Care Clinic Thomas Jefferson University Infectious Disease Clinic Mazzoni Center St. Christopher’s Hospital for Children

<b>Intervention 5</b> <b>Implement efforts to change existing structures, policies, and regulations that are barriers to creating an environment for optimal HIV prevention, care, and treatment</b>	
<b>Goal 5.1</b>	Change actual and perceived barriers to routine HIV screening imposed by State Act 148 of 1990.
<b>Funding source</b>	ECHPP
<b>Strategies</b>	<p>Conduct a legal, legislative, and policy analysis of State Act 148 of 1990.</p> <p>Convene a Work Group of providers, policy analysts, and stakeholders to advise PDPH regarding opportunities to streamline the consent and counseling provisions of State Act 148 of 1990.</p> <p>Assist providers with implementation of routine HIV screening in clinical settings in a way that conforms to State Act 148 of 1990 or its anticipated successor.</p>
<b>Objectives (and Data Source)</b>	<p>5.1.1: By 7/30/11 complete legal, legislative, and policy analysis of State Act 148 of 1990. (PDPH Program Monitoring)</p> <p>5.1.2: By 9/29/11, complete development of mechanisms to streamline consent and counseling protocols and procedures that fully comply with the provisions of State Act 148. (PDPH Program Monitoring)</p> <p>5.1.3: By 9/29/11, disseminate a PDPH Health Advisory regarding implementation of streamlined mechanisms to consent and counseling protocols and procedures. (PDPH Program Monitoring)</p>
<b>New Partners Funded by PDPH</b>	PA/Mid-Atlantic AETC – Philadelphia Performance Site
<b>New Partners Not Funded by PDPH</b>	<p>Pennsylvania Department of Health</p> <p>Philadelphia Medical Society (planned)</p> <p>Private Physicians to be engaged in testing</p>



<b>Intervention 6</b> <b>Implement linkage to HIV care, treatment, and prevention services for those testing HIV positive and not currently in care</b>	
<b>Goal 6.1</b>	Improve initial entry into HIV medical care for people testing HIV positive not currently in care.
<b>Funding sources</b>	CDC, HRSA, City, State, ECHPP
<b>Strategies</b>	<p>Disseminate information to private physicians on where to link people testing HIV positive not currently in care (combined with the PDPH Health Advisory mentioned above in Intervention 1 and Intervention 5).</p> <p>Assure adherence to existing protocols regarding performance measures for linkage to medical care for persons testing HIV positive not currently in care who are identified in the PDPH system of clinical and non-clinical settings.</p> <p>Enhance linkages to HIV primary care and service upon release from the Philadelphia jails.</p> <p>Review available evidence-based interventions from CDC, HRSA, SAMHSA, and other sources to identify new models of linkage to care that demonstrate greater efficiency and effectiveness for possible replication in the jurisdiction.</p>
<b>Objectives (and Data Sources)</b>	<p>6.1.2: By 9/29/11, match PDPH testing data to surveillance data to assess linkage to care outcomes. (PEMS, HIV Surveillance)</p> <p>6.1.3: By 12/31/11, report results of matched testing and surveillance data to providers and implement linkage-related performance improvement projects where needed. (PDPH Program Monitoring)</p> <p>6.1.4: By 12/31/11, increase the percent of newly diagnosed patients linked to care within 90 days in the PDPH funded system to 80%. (PEMS) <i>Note there is no certain baseline: 2009 PEMS data indicate that 42% are linked to care within 30 days, while 2009 HIV Surveillance data show that for all persons testing positive, 56% were linked within 90 days.</i></p> <p>6.1.5: Between 4/1/11 and 9/29/11, fund one new prison case manager in the existing CBO providing medical case management at the Philadelphia jail system. (PDPH Program Monitoring)</p> <p>6.1.6: By 9/29/11, complete an implementation plan for linkage model(s) developed by a PDPH Linkage Work Group. (PDPH Program Monitoring)</p>

<b>Intervention 6</b> <b>Implement linkage to HIV care, treatment, and prevention services for those testing HIV positive and not currently in care</b>	
<b>Existing Partners Funded by PDPH</b>	Albert Einstein Healthcare Network Action AIDS, Inc. ASIAC BEBASHI Children's Hospital of Philadelphia Adolescent Initiative City of Philadelphia Prison Health Services (laboratory costs) Congreso de Latinos Unidos, Inc. Drexel University College of Medicine (Hahneman Hospital) Drexel University College of Medicine (St. Christopher's Hospital for Children) Family Planning Council of Southeastern PA GALAEI Health Federation-WATS Mazzone Center Mercy Catholic Medical Center Neighbors United Against Drugs ODAAT Philadelphia FIGHT Positive Effect Outreach Ministries Presbyterian Medical Center Preventing HIV Project at Recovery King Prevention Point Philadelphia Public Health Management Corp. Quality Community Health Care Resource for Human Dev d/b/a Family Practice And Counseling Network Temple University Hospital The ATTIC Youth Center The COLOURS Organization Thomas Jefferson University Hospital Treatment & Recovery Partnership Univ of Penn, Trustees of - Infectious Disease Urban Solutions Women's Christian Alliance YO ACAP
<b>New Partner</b>	PA/Mid-Atlantic AETC - Philadelphia Performance Site
<b>Other Partners</b>	City of Philadelphia Office of Addiction Services (SAMHSA HIV EIS set-aside - through subcontracted providers) NIH funded Adolescent Treatment Network Site at Children's Hospital

<b>Intervention 7</b> <b>Implement interventions or strategies promoting retention in or re-engagement in care for HIV-positive persons</b>	
<b>Goal 7.1</b>	Retain HIV-positive persons in care and re-engage HIV-positive persons unconnected to care or who have been lost to follow-up.
<b>Funding source</b>	HRSA
<b>Strategies</b>	<p>Continue RWP-funded care outreach activities to retain and re-engage HIV-positive persons in medical care.</p> <p>Implement performance improvement plans to retain HIV clients in medical care at PDPH-funded HIV medical care providers.</p> <p>Develop and disseminate policies for prevention workers to re-engage people with HIV who are not in care.</p>
<b>Objectives (and Data Sources)</b>	<p>7.1.1: Between 3/1/11 and 2/29/12, provide care outreach services to 1,500 people and re-connect 900 people to medical care. (RW CAREWare)</p> <p>7.1.2: By 9/29/11, implement retention and re-engagement performance improvement plans in all 31 PDPH funded HIV medical settings. (PDPH Program Monitoring)</p> <p>7.1.3: By 9/29/11, disseminate and train all PDPH funded prevention providers on retention and re-engagement policies. (PDPH Program Monitoring)</p>
<b>Existing Medical Provider Partners Funded by PDPH</b>	<p>Albert Einstein Healthcare Network</p> <p>Asociacion de Puertoriquenos en Marcha</p> <p>Children's Hospital of Phila. Adolescent Initiative</p> <p>Children's Hospital of Philadelphia Special Immunology</p> <p>Clinical Care Associates of Univ of PA (Pennsylvania Hospital)</p> <p>Delaware Valley Community Health</p> <p>Drexel University College of Medicine (Hahneman Hospital)</p> <p>Esperanza Health Services</p> <p>Family Practice and Counseling Network</p> <p>Health Federation of Philadelphia</p> <p>Mazzoni Center</p> <p>Mercy Hospital</p> <p>Methodist Hospital</p> <p>PDPH Ambulatory Health Services</p>

<b>Intervention 7</b> <b>Implement interventions or strategies promoting retention in or re-engagement in care for HIV-positive persons</b>	
<b>Existing Outreach Partners Funded by PDPH</b>	<ul style="list-style-type: none"> <li>Philadelphia FIGHT</li> <li>Presbyterian Med Ctr (Penn Comm Infect Dis)</li> <li>Public Health Management Corp.</li> <li>Quality Community Health Centers</li> <li>Spectrum Health Services - Broad Street</li> <li>Spectrum Health Services - Haddington</li> <li>St. Christopher's Hospital for Children</li> <li>Temple University (Comprehensive HIV Program)</li> <li>The Mazzone Center</li> <li>Thomas Jefferson University Hospital</li> <li>Trustees of Univ of Penn - Infectious Disease</li> <li>Urban Solutions</li> </ul>
	<ul style="list-style-type: none"> <li>ActionAIDS, Inc.</li> <li>BEBASHI</li> <li>Drexel University College of Medicine (Hahneman)</li> <li>Haven Youth Center</li> <li>Health Federation of Philadelphia</li> <li>Kensington Hospital</li> <li>Philadelphia FIGHT</li> <li>Prevention Point of Philadelphia</li> <li>Public Health Management Corporation</li> </ul>

<b>Intervention 8</b>	
<b>Implement policies and procedures that will lead to the provision of antiretroviral treatment in accordance with current treatment guidelines for HIV-positive persons</b>	
<b>Goal 8.1</b>	Ensure appropriate use of PHS guidelines for ART.
<b>Funding sources</b>	HRSA
<b>Strategy</b>	All PDPH-funded HIV medical care providers participate in quality management process.
<b>Objective (and Data Source)</b>	<p>8.1.1: By 9/30/11, develop and implement one additional performance measure related to the provision of ART to persons with HIV-infection (non-AIDS) delivered by PDPH medical providers as a supplement to the existing measure for the provision of ART to persons with AIDS, data for which are reported every two months. (RW CAREWare)</p> <p>8.1.2: By 12/31/11, maintain approximately 95% of AIDS patients in PDPH-funded clinics on ART. (RW CAREWare)</p>
<b>Existing Partners Funded by PDPH</b>	<p>Albert Einstein Healthcare Network Asociacion de Puertoriquenos en Marcha Children's Hospital of Phila. Adolescent Initiative and Special Immunology Clinical Care Associates of Univ of PA (Pennsylvania Hospital) Delaware Valley Community Health Drexel University College of Medicine (Hahneman Hospital) Esperanza Health Services Family Practice and Counseling Network Mazzoni Center Mercy Hospital Methodist Hospital PDPH Ambulatory Health Services Philadelphia FIGHT Presbyterian Med Ctr (Penn Comm Infect Dis) Public Health Management Corporation. Quality Community Health Centers Spectrum Health Services - Broad Street and Haddington Clinics St. Christopher's Hospital for Children Temple University (Comprehensive HIV Program) Thomas Jefferson University Hospital Trustees of Univ of Penn - Infectious Disease Urban Solutions</p>

<b>Intervention 9</b> <b>Implement interventions or strategies promoting adherence to antiretroviral medications for HIV-positive person</b>	
<b>Goal 9.1</b>	Increase adherence to antiretroviral therapies.
<b>Funding sources</b>	HRSA
<b>Strategies</b>	<p>Continue medical case management programs that already include treatment adherence services.</p> <p>Continue consumer education programs that teach treatment adherence.</p> <p>Leverage resources of the State Special Pharmaceuticals Benefits Program (SPBP – the Pennsylvania ADAP) to improve treatment adherence.</p> <p>Assess adherence rates and patterns in PDPH-funded clinical settings by a new performance indicator to measure successful viral load suppression in persons with HIV/AIDS on ART.</p>
<b>Objectives (and Data Sources)</b>	<p>9.1.1: Between 3/1/11 and 9/29/11, provide medical case management with treatment adherence counseling to 4,080 people with HIV. (RW CAREWare)</p> <p>9.1.2: Between 4/1/11 and 3/31/12, provide 155 people with HIV with adherence services through Project TEACH (Treatment Education Activists Combating HIV), a health education program which trains people living with HIV/AIDS to become peer educators and advocates for HIV prevention, HIV treatment education, outreach and advocacy. (RW CAREWare)</p> <p>9.1.3: Between 4/11/11 and 9/29/11, collaborate with the State SPBP to develop new programmatic activities to improve treatment adherence. (PDPH Program Monitoring)</p> <p>9.1.4: By 9/29/11, develop the new measure to assess viral suppression and begin collecting data. (RW CAREWare)</p>
<b>Existing Partners Funded by PDPH</b>	<p>Albert Einstein Healthcare Network</p> <p>Asociacion de Puertoriquenos en Marcha</p> <p>Children's Hospital of Phila. Adolescent Initiative</p> <p>Children's Hospital of Philadelphia Special Immunology</p> <p>Clinical Care Associates of Univ of PA (Pennsylvania Hospital)</p>

<b>Intervention 9</b> <b>Implement interventions or strategies promoting adherence to antiretroviral medications for HIV-positive person</b>	
	Delaware Valley Community Health Drexel University College of Medicine (Hahneman Hospital) Esperanza Health Services Family Practice and Counseling Network Health Federation of Philadelphia Mazzoni Center Mercy Hospital Methodist Hospital PDPH Ambulatory Health Services Philadelphia FIGHT Presbyterian Med Ctr (Penn Comm Infect Dis) Public Health Management Corp. Quality Community Health Centers Spectrum Health Services - Broad Street Spectrum Health Services - Haddington St. Christopher's Hospital for Children Temple University (Comprehensive HIV Program) Thomas Jefferson University Hospital Trustees of University of Penn - Infectious Disease Urban Solutions
<b>New Partner Not Funded by PDPH</b>	Pennsylvania Department of Welfare - Special Pharmaceutical Benefits Program (ADAP Program)

<b>Intervention 10</b> <b>Implement STD screening according to current guidelines for HIV-positive persons</b>	
<b>Goal 10.1</b>	HIV-positive persons will access STD screening at PDPH-funded medical sites.
<b>Funding source</b>	HRSA
<b>Strategy</b>	Support the existing quality management process that requires STD screening for syphilis, chlamydia, and gonorrhea, which results in performance improvement projects mandated by PDPH as needed. (See Workbook #1 for more information on the PDPH quality management process.)
<b>Objective (and Data Source)</b>	10.1.1: By 9/29/11, increase the proportion of persons screened for syphilis within the past year at PDPH-funded HIV medical sites from 61% to 70% of HIV-positive persons receiving care. (RW CAREWare)
<b>Existing Partners Funded by PDPH</b>	Albert Einstein Healthcare Network Asociacion de Puertoriquenos en Marcha Children's Hospital of Phila. Adolescent Initiative Children's Hospital of Philadelphia Special Immunology Clinical Care Associates of Univ of PA (Pennsylvania Hospital) Delaware Valley Community Health Drexel University College of Medicine (Hahneman Hospital) Esperanza Health Services Family Practice and Counseling Network Health Federation of Philadelphia Mazzone Center Mercy Hospital Methodist Hospital PDPH Ambulatory Health Services Philadelphia FIGHT Presbyterian Med Ctr (Penn Comm Infect Dis) Public Health Management Corp. Quality Community Health Centers Spectrum Health Services - Broad Street Spectrum Health Services - Haddington St. Christopher's Hospital for Children Temple University (Comprehensive HIV Program) Thomas Jefferson University Hospital Trustees of Univ of Penn - Infectious Disease Urban Solutions



<b>Intervention 11</b> <b>Implement prevention of perinatal transmission for HIV-positive persons</b>	
<b>Goal 11.1</b>	Eliminate perinatal transmissions of HIV in Philadelphia.
<b>Funding sources</b>	CDC, FIMR/HIV, HRSA
<b>Strategies</b>	<p>Market and coordinate perinatal HIV prevention activities, including the use of rapid testing, to prenatal medical practices and delivering hospitals.</p> <p>Provide perinatal case management from diagnosis of pregnancy to 6-12 months post-delivery including pre-conception and inter-conception care.</p> <p>Provide training to physicians and medical case managers on pre-conception planning and perinatal prevention planning issues with Ryan White funding.</p> <p>Conduct perinatal HIV exposure surveillance and case review of perinatal exposures illustrative of significant missed opportunities.</p>
<b>Objectives (and Data Source)</b>	<p>11.1.1: By 9/29/11, deploy a 0.5 FTE nurse with prenatal expertise to work with delivering hospitals, prenatal clinics, clinical settings outside hospitals, and HIV providers to ensure HIV testing is available and to collect aggregate testing and other data. (PDPH Program Monitoring)</p> <p>11.1.2: By 9/29/11, support 2.5 FTE perinatal MCMs with 7-day full city coverage of all 6 delivering hospitals. (PDPH Program Monitoring)</p> <p>11.1.3: By 9/29/11, develop a curriculum for medical providers including physicians about pre-conception planning related to HIV perinatal prevention. (PDPH Program Monitoring)</p> <p>11.1.4: By 9/29/11, develop a curriculum for medical case managers in the PDPH funded system regarding preconception planning and perinatal prevention planning issues. (PDPH Program Monitoring)</p> <p>11.1.5: By 3/31/12, conduct CDC perinatal evaluation protocol. (PDPH Program Monitoring)</p>
<b>New Partners</b>	To be determined by competitive procurement in 2011.

## Intervention 11

### Implement prevention of perinatal transmission for HIV-positive persons

**Existing  
Partners  
Not  
Funded by  
PDPH**

Family Planning Council of SEPA (Local RW Part D Grantee)  
PA-MidAtlantic AETC - Philadelphia Performance Site  
Albert Einstein Medical Center  
Hospital of the University of Pennsylvania  
Thomas Jefferson University Hospital  
Pennsylvania Hospital  
Temple University Hospital  
Hahneman University Hospital

<b>Intervention 12</b> <b>Implement ongoing partner services for HIV-positive persons</b>	
<b>Goal 12.1</b>	Increase utilization of partner services by persons testing positive for HIV.
<b>Funding sources</b>	CDC, State
<b>Strategies</b>	<p>Continue to support partner services at PDPH funded testing and medical sites.</p> <p>Support targeted outreach regarding partner services to private physicians.</p> <p>Assess feasibility of use of HIV surveillance database to initiate partner services.</p>
<b>Objectives (and Data Sources)</b>	<p>12.1.1: By 12/31/11, provide partner services to 300 people receiving HIV care in PDPH funded medical sites who are (1) newly diagnosed with HIV, (2) diagnosed with an STD, or (3) known to be engaged in high risk behavior. (PEMS, DCMS)</p> <p>12.1.2: By 12/31/11, increase referrals to partner services by PDPH funded HIV testing sites from 52% of new positives to 75% of new positives within 30 days of receipts of an HIV-positive test result. (PEMS)</p> <p>12.1.3: By 12/31/11, disseminate guidance regarding the protocol for initiating partner services to 100% of calendar year 2010 reporters of HIV or AIDS cases to PDPH. (PDPH Program Monitoring)</p> <p>12.1.4: By 9/29/11, convene a PDPH Work Group to provide input regarding the potential use of HIV surveillance data for the purposes of initiating partner service activities and to develop strategies to achieve community acceptance of the proposed activity. (PDPH Program Monitoring)</p> <p>12.1.5: By 12/31/11, complete a plan of action regarding the use of HIV surveillance data for the purposes of initiating partner services activities. (PDPH Program Monitoring)</p>
<b>Existing Partner Funded by PDPH</b>	PDPH STD Control Program

<b>Intervention 13</b> <b>Implement behavioral risk screening followed by risk reduction interventions for HIV-positive persons (including those for HIV-discordant couples) at risk of transmitting HIV</b>	
<b>Goal 13.1</b>	Screen HIV-positive persons in PDPH-funded medical care and medical case management sites for risk behaviors.
<b>Funding source</b>	HRSA
<b>Strategy</b>	Implement quality management protocols to track and assess behavioral risk screening at PDPH-funded medical care and medical case management sites.
<b>Objective (and Data Source)</b>	13.1.1: By 9/30/11, based on quality improvements arising from quality management protocols for behavioral risk screening, increase from 76% to 90% the proportion of HIV-positive people in PDPH-funded HIV medical sites screened annually for risk behaviors. (RW CAREWare)
<b>Goal 13.2</b>	Provide HIV-positive persons in need of risk reduction with appropriate risk reduction interventions.
<b>Funding sources</b>	HRSA, CDC, City, State, ECHPP
<b>Strategies</b>	Continue to provide appropriate and accessible behavioral interventions in medical and community-based settings for HIV-positive persons.  Expand CRCS and other EBIs in HIV medical sites and medical case management sites.
<b>Objectives (and Data Sources)</b>	13.2.1: By 12/31/11, provide CRCS and other EBIs to 800 HIV-positive persons. (PEMS, RW CAREWare)  13.2.2: By 9/29/11, provide funding for 4.0 new FTE CRCS positions in PDPH-funded medical sites. (PDPH Program Monitoring)

<b>Intervention 13</b> <b>Implement behavioral risk screening followed by risk reduction interventions for HIV-positive persons (including those for HIV-discordant couples) at risk of transmitting HIV</b>	
<b>Existing Medical Provider Partners Funded by PDPH</b>	Albert Einstein Healthcare Network Asociacion de Puertoriquenos en Marcha Children's Hospital of Phila. Adolescent Initiative Children's Hospital of Philadelphia Special Immunology Clinical Care Associates of Univ of PA (Pennsylvania Hospital) Delaware Valley Community Health Drexel University College of Medicine (Hahneman Hospital) Esperanza Health Services Family Practice and Counseling Network Health Federation of Philadelphia Mazzoni Center Mercy Hospital Methodist Hospital PDPH Ambulatory Health Services Philadelphia FIGHT Presbyterian Med Ctr (Penn Comm Infect Dis) Public Health Management Corp. Quality Community Health Centers Spectrum Health Services - Broad Street Spectrum Health Services - Haddington St. Christopher's Hospital for Children Temple University (Comprehensive HIV Program) Thomas Jefferson University Hospital Trustees of Univ of Penn - Infectious Disease Urban Solutions
<b>EBI Provider Partners Funded by PDPH</b>	Action AIDS, Inc. BEBASHI Children's Hospital of Philadelphia Adolescent Initiative Children's Hospital of Philadelphia Special Immunology Congreso de Latinos Unidos, Inc. Mazzoni Center Phila. Health & Educ. Corp. d/b/a Drexel U Coll of Med St. Christopher's The Pennsylvania School for the Deaf

<b>Intervention 14</b> <b>Implement linkage to other medical and social services for HIV-positive persons</b>	
<b>Goal 14.1</b>	HIV-positive persons are linked to other needed medical, social services, and housing assistance.
<b>Funding source</b>	HRSA
<b>Strategies</b>	<p>Continue current system of high quality HIV medical care and case management services and strategically increase capacity in the City jail system.</p> <p>Implement linkage to HIV care, treatment, and prevention service for those testing HIV positive and not currently in care (Intervention 6).</p>
<b>Objective (and Data Source)</b>	14.1.1: 3/1/11 and 9/29/11, provide HIV medical case management services to 4,080 people with HIV. (RW CAREWare)
<b>Existing Partners Funded by PDPH</b>	ActionAIDS, Inc. AIDS Services in Asian Communities Asociacion de Puertoriquenos en Marcha BEBASHI Catholic Social Services Children's Hospital of Philadelphia Adolescent Initiative Children's Hospital of Philadelphia Special Immunology Congreso de Latinos Unidos, Inc. Drexel University College of Medicine (Hahneman Hospital) Drexel University College of Medicine (St. Christopher's Hospital for Children) Family Planning Council Kensington Hospital Mazzoni Center ODAAT, Inc. Philadelphia FIGHT Public Health Management Corp. Positive Effect Outreach Ministry Temple University (Comprehensive HIV Program) The GALAEI Project Women's Christian Alliance
<b>Existing Partners Not Funded by PDPH</b>	Office of Housing and Community Development (HOPWA Grantee) Philadelphia Dept. of Behavioral Health (SAMHSA Grantee)

<b>Intervention 15</b> <b>Target condom distribution to HIV-negative persons in the general population who are at risk of HIV infection</b>	
<b>Goal 15.1</b>	Free condoms are available and accessible to the general population at risk of HIV infection.
<b>Funding sources</b>	CDC, ECHPP
<b>Strategy</b>	Increase distribution of free condoms in areas of high prevalence of HIV using geo-mapping to ensure accessibility of disproportionately affected populations and youth.
<b>Objectives (and Data Source)</b>	<p>15.1.1: By 9/29/11, identify additional condom distribution sites accessible to high risk HIV-negative populations. (PDPH Program Monitoring)</p> <p>15.1.2: Between 1/1/11 and 12/31/11, distribute 1.5 million free condoms targeting HIV-positive persons and persons at highest risk of HIV. (See Intervention 3.) (PDPH Program Monitoring)</p>
<b>Goal 15.2</b>	Increase the use of condoms among in- and out-of-school youth.
<b>Funding sources</b>	CDC, State, ECHPP
<b>Strategies</b>	<p>Continue Health Resource Centers (HRC) in public schools.</p> <p>Expand availability of free condoms in schools, recreation centers, Achieving Independence Centers, youth study (detention) center, etc.</p>
<b>Objectives (and Data Source)</b>	<p>15.2.1: By 12/31/11, provide 60,000 condoms to youth in high schools through 13 HRCs. (PDPH Program Monitoring)</p> <p>15.2.2: By 5/31/11, develop an implementation plan with timelines to expand condom distribution to youth in a variety of settings. (PDPH Program Monitoring)</p> <p>15.2.3: By 9/29/11, inaugurate the availability of up to 140 stocked condom dispensing machines in locations accessible to youth, including schools. (PDPH Program Monitoring)</p>

<b>Intervention 15</b> <b>Target condom distribution to HIV-negative persons in the general population who are at risk of HIV infection</b>	
<b>Existing Partner Funded by PDPH</b>	Philadelphia Public School District
<b>New Partner Funded by PDPH</b>	PDPH STD Control Program

<b>Intervention 16</b> <b>Conduct HIV and sexual health communication or social marketing campaigns targeted to relevant audiences</b>	
<b>Goal 16.1</b>	Information about where to get tested is easily obtained by the general population.
<b>Funding sources</b>	CDC, ECHPP
<b>Strategy</b>	Use social media to reach the general population, with a focus on youth.
<b>Objectives (and Data Source)</b>	<p>16.1.1: By 12/31/11, provide information on locations of testing sites to 1,000 users through the “Get Texted” service. (PDPH Program Monitoring)</p> <p>16.1.2: By 9/29/11, develop a social marketing campaign targeted to high risk youth. (PDPH Program Monitoring)</p>
<b>Goal 16.2</b>	HIV and sexual health information is available to persons entering Philadelphia Prison System.
<b>Funding source</b>	CDC
<b>Strategy</b>	Continue to provide HIV education and other health education to inmates entering the Philadelphia Prison System.



<b>Intervention 16</b> <b>Conduct HIV and sexual health communication or social marketing campaigns targeted to relevant audiences</b>	
<b>Objective (and Data Source)</b>	16.2.1: By 9/29/11, provide HIV education to 9,000 inmates in the Philadelphia Prison System. (PEMS)
<b>New Partner Funded by PDPH</b>	PDPH STD Control Program
<b>Existing Partner Not Funded by PDPH</b>	Philadelphia Prison System

<b>Intervention 17</b> <b>Clinic-wide or provider-delivered evidence-based HIV prevention interventions for HIV-positive patients and patients at highest risk of acquiring HIV</b>	
<b>Goal 17.1</b>	HIV-positive persons receive evidence-based HIV prevention interventions during their clinic or provider visits. (ECHPP YEAR 2)
<b>Funding source</b>	To be determined
<b>Strategy</b>	Identify the evidence based interventions that can be feasibly implemented in HIV care sites during ECHPP Year 2.
<b>Objectives (and Data Source)</b>	<p>17.1.1: By 9/30/11, PDPH will identify potential evidence-based intervention(s) to be implemented in PDPH funded HIV medical care sites. (PDPH Program Monitoring)</p> <p>17.1.2: Between 9/30/11 and 9/29/12, train at least one clinician at each of the 25 PDPH-funded medical sites in Philadelphia to deliver HIV prevention intervention(s). (PDPH Program Monitoring)</p>
<b>Existing Partners Funded by PDPH</b>	<p>Albert Einstein Healthcare Network</p> <p>Asociacion de Puertoriquenos en Marcha</p> <p>Children's Hospital of Phila. Adolescent Initiative and Special Immunology</p> <p>Clinical Care Associates of Univ of PA (Pennsylvania Hospital)</p> <p>Delaware Valley Community Health</p> <p>Drexel University College of Medicine (Hahneman Hospital)</p> <p>Esperanza Health Services</p> <p>Family Practice and Counseling Network</p> <p>Health Federation of Philadelphia</p> <p>Mazzoni Center</p> <p>Mercy Hospital</p> <p>Methodist Hospital</p> <p>PDPH Ambulatory Health Services</p> <p>Philadelphia FIGHT</p> <p>Presbyterian Med Ctr (Penn Comm Infect Dis)</p> <p>Public Health Management Corporation</p> <p>Quality Community Health Centers</p> <p>Spectrum Health Services - Broad Street and Haddington Clinics</p> <p>St. Christopher's Hospital for Children</p> <p>Temple University (Comprehensive HIV Program)</p> <p>Thomas Jefferson University Hospital</p> <p>Trustees of Univ of Penn - Infectious Disease</p> <p>Urban Solutions</p>

<b>Intervention 18</b> <b>Conduct community interventions that reduce HIV risk</b>	
<b>Goal 18.1</b>	Provide coordinated community level interventions.
<b>Funding source</b>	CDC, State, City
<b>Strategy</b>	Enhance effectiveness of community level interventions through formative research, community-based planning, and competitive procurement in 2012.
<b>Objectives (and Data Source)</b>	<p>18.1.1: Between 1/1/11 and 12/31/11, support 2 CLI EBIs (<i>Community Promise</i> at 3 agencies and <i>Mpowerment</i> at 1 agency) that together will deliver role model stories to a total of 2,000 MSM. (PEMS)</p> <p>18.1.2: By 9/29/11, based on current epidemiology, behavioral, and other data, identify one community for which a community-wide intervention should be developed. (PDPH Program Monitoring)</p> <p>18.1.3: By 12/31/11, issue a Request for Proposals to award a community intervention project including formative activities such as identification of key stakeholders, assessment of the community using mapping, participant interviews, and focus groups. (PDPH Program Monitoring)</p>
<b>Existing Partners</b>	Family Planning Council - Safeguards
<b>Funded by PDPH</b>	GALAEI The ATTIC Youth Center The COLOURS Organization
<b>Existing Partners</b>	Family Planning Council
<b>Funded Directly by CDC</b>	The Philadelphia AIDS Consortium Public Health Management Corp. Mazzoni Center

<b>Intervention 19</b> <b>Support behavioral risk screening followed by individual and group-level evidence-based interventions for HIV-negative persons at highest risk of acquiring HIV, particularly those in an HIV-serodiscordant relationship</b>	
<b>Goal 19.1</b>	High-risk HIV-negative persons receive appropriate EBIs based on results of behavioral screening.
<b>Funding sources</b>	CDC, City, State, ECHPP
<b>Strategies</b>	<p>Utilize surveillance data to identify high prevalence areas for EBIs to occur.</p> <p>Competitively procure CRCS and GLIs for a limited number of EBIs in accordance with the CPG plan to ensure adequate funding and program sustainability.</p>
<b>Objectives (and Data Sources)</b>	<p>19.1.1: By 9/29/11, execute Memoranda of Agreement regarding coordination of effort with four community based organizations funded by CDC for HIV prevention under Program Announcement 10-1003. (PDPH Program Monitoring)</p> <p>19.1.2: By 12/31/11, provide EBIs to 2,400 high risk HIV-negative persons. (PEMS)</p> <p>19.1.3: By 9/29/11, identify high-prevalence areas for EBIs to be implemented. (PDPH Program Monitoring)</p> <p>19.1.4: By 12/31/11, issue an RFP for EBIs to be delivered in high prevalence areas for high risk populations. (PDPH Program Monitoring)</p> <p>19.1.5: By 9/29/11, develop a pilot program to refer high-risk adolescents (those with multiple prior STDs or first STD acquired at an especially young age) ages 13-19 to evidence-based behavioral interventions appropriate to this age group such as Street Smart, CRCS, and BART. (PDPH Program Monitoring)</p>
<b>Existing Partners Funded by PDPH</b>	<p>ActionAIDS</p> <p>ATTIC Youth Center</p> <p>BEBASHI</p> <p>Congreso de Latinos Unidos, Inc.</p> <p>GALAEI</p> <p>Maternity Care Coalition</p> <p>Mazzoni Center</p> <p>ODAAT</p> <p>Philadelphia FIGHT</p> <p>Public Health Management Corp.</p> <p>Prevention Point Philadelphia</p>

<b>Intervention 19</b> <b>Support behavioral risk screening followed by individual and group-level evidence-based interventions for HIV-negative persons at highest risk of acquiring HIV, particularly those in an HIV-serodiscordant relationship</b>	
	The ATTIC Youth Center The Pennsylvania School for the Deaf Urban Solutions Vision For Equality YO-ACAP
<b>Existing Partners Directly Funded by CDC</b>	Family Planning Council The Philadelphia AIDS Consortium Public Health Management Corp. Mazzoni Center

<b>Intervention 20</b> <b>Integrate Hepatitis, TB, and STD testing, partner services, vaccination, and treatment for HIV-infected persons, HIV-negative persons at highest risk of acquiring HIV, and injection drug users according to existing guidelines</b>	
<b>Goal 20.1</b>	Promote provision of integrated services to clients for maximum public health benefit
<b>Funding source</b>	CDC
<b>Strategy</b>	Establish a forum for programs and agencies targeting inter-related health issues, target populations, and disease prevention and control strategies through the CDC funded Program Collaboration and Services Integration (PCSI) Workgroup.
<b>Objectives (and Data Source)</b>	20.1.1: By 9/29/11, complete an updated assessment of PCSI activities currently underway or taking place through PDPH programs. (PDPH Program Monitoring)  20.1.2: By 9/29/11, use the assessment to inform the development of a work plan of PCSI activities through 9/28/13. (PDPH Program Monitoring)
<b>Existing Partner Not Funded by PDPH</b>	PDPH STD Control Program PDPH Tuberculosis Control Program PDPH Viral Hepatitis Prevention Program Office of Addiction Services PDPH Acute Communicable Disease Program PDPH Immunization Program PA/MidAtlantic AETC - Philadelphia Performance Site Drexel School of Public Health

<b>Intervention 21</b> <b>Target use of HIV and STD surveillance data to prioritize risk reduction counseling and partner services for persons with previously diagnosed HIV infection with a new STD diagnosis and persons with a previous STD diagnosis who receive a new STD diagnosis</b>	
<b>Goal 21.1</b>	Identify and test for HIV and STDs the partners of persons with known HIV infection and a new syphilis diagnosis.
<b>Funding source</b>	CDC
<b>Strategies</b>	<p>All persons with known HIV infection who receive a new diagnosis of syphilis will be identified through sharing of HIV surveillance data with the PDPH STD Control Program.</p> <p>All persons who are identified will be referred to partner services and risk reduction counseling.</p>
<b>Objectives (and Data Sources)</b>	<p>21.1.1: By 9/29/11, a Memorandum of Understanding for data sharing between HIV surveillance and STD Control Program will be executed. (PDPH Program Monitoring)</p> <p>21.1.2: By 12/31/11, provide access to HIV surveillance data and training on security and confidentiality of HIV surveillance data to a designated STD Control Program manager. (PDPH Program Monitoring)</p> <p>21.1.3: By 12/31/11, identify and refer to partner services persons with a new syphilis diagnosis who are known to be infected with HIV identified through database matching and establishment of a measurement baseline (to be developed upon completion of Objective 21.1.1, above). (PDPH Program Monitoring, HIV Surveillance, DCMS)</p>
<b>Existing Partner Not Funded by PDPH</b>	PDPH STD Control Program

<b>Intervention 25</b> <b>Support syringe access services</b>	
<b>Goal 25.1</b>	Intravenous drug users always use clean equipment.
<b>Funding source</b>	City
<b>Strategy</b>	Expand access to and availability of syringe access.
<b>Objectives (and Data Source)</b>	<p>25.1.1: By 4/1/11, fund one additional syringe access site in an under-served, high-need location. (PDPH Program Monitoring)</p> <p>25.1.2: Between 7/1/11 and 6/30/12, exchange 1.5 million syringes used by more than 3,300 unique users. (PDPH Program Monitoring)</p>
<b>Existing Partner Not Funded by PDPH</b>	Office of Addiction Services
<b>New Partner Funded by PDPH</b>	Prevention Point Philadelphia

## National Strategic Goals and the Philadelphia Enhanced Plan

By 2015, all 48 strategies in Philadelphia’s Enhanced Plan (of which about three-fourths address required interventions) are designed to make the most progress possible toward achieving the targets of the National HIV/AIDS Strategy (NHAS) and additional national DHAP targets.

For each of the 18 national targets listed below, key ECHPP activities in Philadelphia that are expected to most directly contribute to the target are introduced. Following this description are two lists:

- **Principle Strategies:** the combination of individual plan strategies from multiple interventions that together will serve as the principle means for reaching the national target.
- **Contributing Strategies:** additional individual plan strategies that will contribute to maximizing their impact.

Both principle and contributing strategies are cost-effective and efficacious public health approaches that will work together to maximize their intended impact, address the need in Philadelphia, and leverage other resources, including coordination across funding streams. HIV screening programs are less costly than targeted testing – yet, there still remains a need for targeted community-based testing to address people at risk who do not seek medical care. Local data, for example, shows that African American MSM are less likely to access medical care (Public Health Management Corporation, 2010).

Evidence shows that ‘test-and-treat’ approaches, even with substantial expansions of screening and treatment programs are insufficient to by themselves markedly reduce the number of new infections without a concurrent and substantial reduction in population-wide risk behaviors. (Long, Brandeau and Owens, 2010). Similarly, condoms are highly cost-effective but insufficient to control the epidemic; syringe access services are cost-effective but insufficient to control the epidemic; evidence-based interventions are costly on a per-client basis and are insufficient to control the epidemic; and non-occupational post-exposure prophylaxis has (as yet) insufficient evidence of efficacy among multi-population targeting, is costly, and – as with each of the preceding examples is, in isolation, insufficient to control the epidemic.

In sum, the combination of interventions and public health strategies in the Philadelphia ECHPP plan builds on the capacity and quality of the existing service delivery system, uses CDC funds, and leverages other public funding streams, particularly Ryan White, as well as SAMHSA programs, HUD funded programs, city and state funds that are expected to be available.



## Reducing New HIV Infections

### 1. Reduce the annual number of new HIV infections by 25% and reduce the HIV transmission rate by 30%

The proposed interventions and public health strategies contributing to reducing new HIV infections and HIV transmission rates in Philadelphia are intended to:

- Increase condom use among HIV-positive and high-risk HIV-negative populations through an expanded, highly targeted condom distribution program.
- Expand condom availability in public schools and other institutions attended by at-risk youth.
- Lower transmission risk through evidence-based behavioral interventions for HIV-positive and high-risk HIV-negative populations, including expanded syringe access.
- Reduce community viral load through linkage of newly identified persons with HIV to the publicly-funded system of HIV care, treatment, adherence, and retention services and provision of nPEP through a proposed pilot demonstration project.
- Reduce the number of mother-to-child transmissions through a package of coordinated perinatal prevention activities.

#### *Principle Strategies*

- Develop and disseminate a PDPH protocol for condom distribution to HIV-positive persons and persons at highest risk to all PDPH funded medical and medical case management programs.
- Expand provision of free condoms to sites identified by the PDPH AACO and STD Control reaching HIV-positive persons and persons at highest risk of acquiring HIV infection.
- Increase distribution of free condoms in areas of high prevalence of HIV.
- Continue Health Resource Centers in public schools.
- Expand availability of free condoms in schools, recreation centers, Achieving Independence Centers, youth study (detention) center, etc.
- Continue to provide appropriate and accessible behavioral interventions in medical and community-based settings for HIV-positive persons.
- Expand CRCS and other EBIs in HIV medical sites and medical case management sites.
- Expand access to and availability of syringe access.
- Disseminate nPEP protocols to physicians and the community.
- Provide funding for nPEP treatment for uninsured persons.
- Market and coordinate perinatal HIV prevention activities, including the use of rapid testing, to prenatal practices and delivering hospitals.
- Provide perinatal case management from diagnosis of pregnancy to 6-12 months post-delivery.
- Provide training to physicians and medical case managers on pre-conception planning and perinatal prevention planning issues with Ryan White funding.

### ***Contributing Strategies***

- Continue to support a range of programs providing clinical routine HIV screening in 16 types of clinical facilities with more than 190 sites.
- Disseminate CDC guidelines on routine screening along with information on Pennsylvania Department of Health advisory on conformance to State Act 148.
- Continue to support 21 HIV testing agencies in community settings.
- Continue medical case management programs that already include treatment adherence services.
- Continue consumer education programs that teach treatment adherence.
- Continue to support partner services at PDPH funded testing and medical sites.
- Support targeted outreach regarding partner services to private physicians.
- Use social media to reach the general population, with a focus on youth.
- Continue to provide HIV education and other health education to inmates entering the Philadelphia Prison System.
- All persons with known HIV infection who receive a new diagnosis of syphilis will be identified through sharing of HIV surveillance data with the PDPH STD Control Program.
- All persons who are identified will be referred partner services and risk reduction counseling.

Multiple funding sources will be coordinated to maximize the resources available to achieve these outcomes, including CDC (HIV prevention, STD control, and ECHPP cooperative agreements), Ryan White (Parts A, B, and D), City General Revenue Funds, and State funding.

### **2. Increase the percentage of people living with HIV who know their serostatus to 90%.**

The proposed interventions and public health strategies contributing to increasing the percentage of people in Philadelphia who know their serostatus are intended to:

- Continue and expand testing in clinical and non-clinical settings.
- Reach disproportionately affected populations with HIV testing and related services to geographically underserved communities.
- Leverage private sector resources through active engagement of licensed physicians in Philadelphia regarding routine screening and partner services.
- Address actual and perceived barriers to testing related to State Act 148.

### ***Principle Strategies***

- Continue to support a range of programs providing clinical routine HIV screening in 16 types of clinical facilities with more than 190 sites including routine screening at medical intake in the City jail system.
- Continue to support 21 HIV testing agencies in community settings.
- Develop capacity of PDPH funded HIV testing programs to identify and reach persons with undiagnosed HIV infection in high risk communities.

- Market and coordinate perinatal HIV prevention activities, including the use of rapid testing, to prenatal practices and delivering hospitals.
- Continue to support partner services at PDPH funded testing and medical sites.
- Support targeted outreach regarding partner services to private physicians.
- All persons with known HIV infection who receive a new diagnosis of syphilis will be identified through sharing of HIV surveillance data with the PDPH STD Control Program.
- All persons who are identified will be referred to partner services and risk reduction counseling.
- Expand access to and availability of syringe access services.

### ***Contributing Strategies***

- Disseminate CDC guidelines on routine screening along with information on Pennsylvania Department of Health advisory on conformance to State Act 148.
- Conduct a legal, legislative, and policy analysis of State Act 148 of 1990.
- Convene a Work Group of providers and stakeholders to advise PDPH regarding the development of new mechanisms to streamline the consent and counseling provisions of State Act 148 of 1990, pending its possible revision.
- Assist providers with implementation of routine HIV screening in clinical settings in a way that conforms to State Act 148 of 1990 and/or its anticipated successor.
- Use social media to reach the general population, with a focus on youth.
- Continue to provide HIV education and other health education to inmates entering the Philadelphia Prison System.

Multiple funding sources will be coordinated to maximize the resources available to achieve these outcomes, including CDC (HIV prevention and ECHPP cooperative agreements), Ryan White (Parts A and B), City General Revenue Funds, and State funding.

### **3. Increase the percentage of people newly diagnosed with HIV infection who have a CD4 count of 200 cells/ $\mu$ l or higher by 25%.**

Local HIV surveillance data shows that more people with HIV infection access care earlier in the disease course as the availability and accessibility of testing in Philadelphia increased. The proposed interventions and public health strategies contributing to increasing the percentage of people newly diagnosed with HIV who have CD4 counts above 200 cells will:

- Continue and expand testing in clinical and non-clinical settings.
- Reach disproportionately affected populations with HIV testing and related services to geographically underserved communities.
- Leverage private sector resources through active engagement of licensed physicians in Philadelphia regarding linkage to care.
- Assure timely linkage to care of all persons newly diagnosed with HIV regardless of the type of testing setting.

### ***Principle Strategies***

- Continue to support a range of programs providing clinical routine HIV screening in 16 types of clinical facilities with more than 190 sites.
- Continue to support 21 HIV testing agencies in community settings.
- Develop capacity of PDPH funded HIV testing programs to identify and reach persons with undiagnosed HIV infection in high risk communities.
- Develop and disseminate policies for prevention workers to re-engage people with HIV who are not in care.
- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive persons in medical care.
- Disseminate information to private physicians on where to link people testing HIV positive not currently in care.
- Enhance linkages to HIV primary care and service upon release from the Philadelphia Prisons.

### ***Contributing Strategies***

- Assist providers with implementation of routine HIV screening in clinical settings in a way that conforms to State Act 148 of 1990 and/or its anticipated successor.
- Continue to provide HIV education and other health education to inmates entering the Philadelphia Prison System.
- Assure adherence to existing protocols regarding performance measures for linkage to medical care for persons testing HIV-positive not currently in care identified in the PDPH system of clinical and non-clinical settings.
- Determine the feasibility of implementing and sustaining new program model(s) for linkage to HIV medical care.

To achieve these outcomes, multiple funding sources will be coordinated to maximize available resources, including CDC (HIV prevention and ECHPP cooperative agreements), Ryan White (Parts A and B), City General Revenue Funds, and State funding.

#### **4. Reduce the proportion of MSM who reported unprotected anal intercourse during their last sexual encounter with a partner of discordant or unknown HIV status by 25%.**

Pursuit of this target minimally requires awareness on the part of MSM of the risks of unprotected anal intercourse with a partner of discordant or unknown HIV status, behavior change and ongoing counseling and support to avoid unprotected anal intercourse, and the availability of condoms. The proposed interventions and public health strategies contributing to reducing the proportion of MSM in Philadelphia who report unprotected anal intercourse will:

- Increase condom use among MSM through an expanded, highly targeted condom distribution program, including expansion of condom availability in public schools and other institutions attended by at-risk youth.
- Lower transmission risk through evidence-based behavioral interventions for MSM.
- Provide access to and retention in Ryan White primary care and services for HIV-positive MSM.
- Develop a new community level intervention targeting MSM.

### ***Principle Strategies***

- Increase distribution of free condoms in areas of high prevalence of HIV.
- Expand availability of free condoms in schools, recreation centers, Achieving Independence Centers, youth study (detention) center, etc.
- Expand CRCS and other EBIs in HIV medical sites and medical case management sites.
- Continue to provide appropriate and accessible behavioral interventions in medical and community-based settings for HIV-positive persons.
- Continue to provide HIV education and other health education to inmates entering the Philadelphia Prison System.

### ***Contributing Strategies***

- Develop and disseminate a PDPH protocol for condom distribution to HIV-positive persons and persons at highest risk to all PDPH funded medical and medical case management programs.
- Use social media to reach the general population, with a focus on youth.
- RFP for CRCS and GLIs for a limited number of EBIs to ensure adequate funding and program sustainability.

Multiple funding sources will be coordinated to maximize the resources available to achieve these outcomes, including CDC (HIV prevention and ECHPP cooperative agreements), Ryan White (Parts A and B), City General Revenue Funds, and State funding.

## **5. Reduce the proportion of IDU at risk for transmission/acquisition of HIV by an indicator to be determined pending completion of the DHAP strategic plan.**

The proposed interventions and public health strategies contributing to reducing the proportion of IDUs in Philadelphia at risk for transmission/acquisition of HIV are intended to:

- Increase availability of and access to syringe access services, condoms, and behavioral interventions targeting IDUs.
- Increase the number of IDUs who know their status, and link HIV-positive IDUs to care and HIV-negative IDUs to behavioral interventions.

### ***Principle Strategies***

- Expand access to and availability of syringe access.
- Increase distribution of free condoms in areas of high prevalence of HIV.
- Continue to support 21 HIV testing agencies in community settings.
- Expand provision of free condoms to sites identified by the PDPH AACO and STD Control reaching HIV-positive persons and persons at highest risk of acquiring HIV infection.
- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive persons in medical care.
- Continue to provide appropriate and accessible behavioral interventions in medical and community-based settings for HIV-positive persons.
- Expand CRCS and other EBIs in HIV medical sites and medical case management sites.

### ***Contributing Strategies***

- Disseminate CDC guidelines on routine screening along with information on Pennsylvania Department of Health advisory on conformance to State Act 148.
- Develop capacity of PDPH funded HIV testing programs to identify and reach persons with undiagnosed HIV infection in high risk communities.
- Develop and disseminate a PDPH protocol for condom distribution to HIV-positive persons and persons at highest risk to all PDPH funded medical and medical case management programs.
- Develop and disseminate policies for prevention workers to re-engage people with HIV who are not in care.

Multiple funding sources will be coordinated to maximize the resources available to achieve these outcomes, including CDC (HIV prevention, STD control, and ECHPP cooperative agreements), Ryan White (Parts A, B, and D), City General Revenue Funds, and State funding.

## **6. Decrease the number of perinatally acquired pediatric HIV cases by 25%.**

The proposed interventions and public health strategies contributing to decreasing the number of perinatally acquired pediatric cases in Philadelphia will:

- Reach and retain in care HIV-positive women of child-bearing age.
- Provide routine screening of women of childbearing age.
- Increase availability of and access to preconception planning for HIV-positive women and their partners.

### ***Principle Strategies***

- Market and coordinate perinatal HIV prevention activities, including the use of rapid testing, to prenatal practices and delivering hospitals.
- Provide perinatal case management from diagnosis of pregnancy to 6-12 months post-delivery.
- Provide training to physicians and medical case managers on pre-conception planning and perinatal prevention planning issues with Ryan White funding.
- Conduct perinatal surveillance and case review of all perinatal transmissions.
- Continue to support a range of programs providing clinical routine HIV screening in 16 types of clinical facilities with more than 190 sites.
- Continue to support 21 HIV testing agencies in community settings.
- Increase distribution of free condoms in areas of high prevalence of HIV.
- Expand provision of free condoms to sites identified by the PDPH AACO and STD Control reaching HIV-positive persons and persons at highest risk of acquiring HIV infection.
- Expand availability of free condoms in schools, recreation centers, Achieving Independence Centers, youth study (detention) center, etc.

### ***Contributing Strategies***

- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive persons in medical care.
- Disseminate CDC guidelines on routine screening along with information on Pennsylvania Department of Health advisory on conformance to State Act 148.
- Develop capacity of PDPH funded HIV testing programs to identify and reach persons with undiagnosed HIV infection in high risk communities.
- Develop and disseminate a PDPH protocol for condom distribution to HIV-positive persons and persons at highest risk to all PDPH funded medical and medical case management programs.
- Develop and disseminate policies for prevention workers to re-engage people with HIV who are not in care.
- Continue medical case management programs that already include treatment adherence services.
- Continue consumer education programs that teach treatment adherence.

To achieve these outcomes, multiple funding sources will be coordinated to maximize available resources, including CDC (HIV prevention) and Ryan White (Parts A, B, and D) funding.

## Increasing Access to Care and Improving Health Outcomes for People Living with HIV

### 7. Reduce AIDS diagnoses by 25%.

With early identification of individuals with HIV, linkage to and maintenance in care for persons not in care, and multiple activities to support adherence to ART, the number of persons with HIV progressing to AIDS will decline. To achieve this, PDPH will:

- Identify individuals with HIV infection early in the disease course through targeting testing, routine screening, partner services, and surveillance data matching.
- Link persons with HIV infection who are not in care to HIV care, medical case management, and adherence services that meet performance standards and quality targets.
- Continue consumer education programs that teach treatment adherence.

#### ***Principle Strategies***

- Continue to support a range of programs providing clinical routine HIV screening in 16 types of clinical facilities with more than 190 sites.
- Continue to support 21 HIV testing agencies in community settings.
- Develop capacity of PDPH funded HIV testing programs to identify and reach persons with undiagnosed HIV infection in high risk communities.
- Enhance linkages to HIV primary care and service upon release from the Philadelphia Prisons.
- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive persons in medical care.
- Continue medical case management programs that already include treatment adherence services.
- All PDPH-funded HIV medical care providers participate in the quality management process.

#### ***Contributing Strategies***

- Disseminate CDC guidelines on routine screening along with information on Pennsylvania Department of Health advisory on conformance to State Act 148.
- Disseminate information to private physicians on where to link people testing HIV positive not currently in care (combined with the PDPH Health Advisory mentioned above).
- Assure adherence to existing protocols regarding performance measures for linkage to medical care for persons testing HIV positive not currently in care identified in the PDPH system of clinical and non-clinical settings.
- Implement performance improvement plans to retain HIV clients in medical care at PDPH-funded HIV medical care providers.
- Develop and disseminate policies for prevention workers to re-engage people with HIV who are not in care.



To achieve these outcomes, multiple funding sources will be coordinated to maximize available resources, including CDC (HIV prevention), Ryan White (Parts A and B), and City General Revenue funding.

**8. Increase the percentage of persons diagnosed with HIV who are linked to clinical care as evidenced by having a CD4 count or viral load measure within 3 months of HIV diagnosis to 85%.**

Upon diagnosis of HIV infection, immediate entry into HIV medical care must be made available and accessible. Increasing the proportion of newly diagnosed persons in Philadelphia who are engaged in HIV medical care and decreasing the time between diagnoses and entry in care relies on early identification of individuals with HIV/AIDS and linkage to and maintenance in care for persons not in care, including persons being released from incarceration. This plan will:

- Identify individuals with HIV infection early in the disease course through targeting testing, routine screening, partner services, and surveillance data matching.
- Link persons with HIV infection who are not in care to HIV care, medical case management, and adherence services that meet performance standards and quality targets.

***Principle Strategies***

- Continue to support a range of programs providing clinical routine HIV screening in 16 types of clinical facilities with more than 190 sites.
- Continue to support 21 HIV testing agencies in community settings.
- Develop capacity of PDPH funded HIV testing programs to identify and reach persons with undiagnosed HIV infection in high risk communities.
- Enhance linkages to HIV primary care and service upon release from the Philadelphia Prisons.
- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive persons in medical care.
- Continue medical case management programs that already include treatment adherence services.
- Disseminate information to private physicians on where to link people testing HIV positive not currently in care (combined with the PDPH Health Advisory mentioned above).
- Assure adherence to existing protocols regarding performance measures for linkage to medical care for persons testing HIV positive not currently in care identified in the PDPH system of clinical and non-clinical settings.

### ***Contributing Strategies***

- Disseminate CDC guidelines on routine screening along with information on Pennsylvania Department of Health advisory on conformance to State Act 148.
- Implement performance improvement plans to retain HIV clients in medical care at PDPH-funded HIV medical care providers.
- Develop and disseminate policies for prevention workers to re-engage people with HIV who are not in care.
- All PDPH-funded medical care providers participate in quality management process.

To achieve these outcomes, multiple funding sources will be coordinated to maximize available resources, including CDC (HIV prevention and ECHPP), Ryan White (Parts A and B), State, and City General Revenue funding.

### **9. Increase by 10% the percentage of HIV-diagnosed persons in care whose most recent viral load test in the past 12 months was undetectable.**

A viral load that is undetectable is one of the most important clinical objectives in quality HIV care. In order to increase the percentage of people with HIV in Philadelphia with a recent undetected viral load test, PDPH proposes activities to maintain HIV-diagnosed persons in HIV medical care, provide medical case management and adherence services that will:

- Ensure high quality HIV medical care that meets PHS guidelines for the provision of ART.
- Address adherence to ART through a multi-component approach to support adherence through HIV medical providers, medical case managers, and community based programs.
- Leverage the existing efforts of the local HRSA-funded system of Ryan White HIV care to lower individual and community viral load.

### ***Principle Strategies***

- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive persons in medical care.
- Continue medical case management programs that already include treatment adherence services.
- Collaborate with the State SPBP (ADAP) Adherence program.
- Continue consumer education programs that teach treatment adherence.
- Continue to provide appropriate and accessible behavioral interventions in medical and community-based settings for HIV-positive persons.
- Expand CRCS and other EBIs in HIV medical sites and medical case management sites.
- Continue current system of high quality HIV medical care and medical case management services.
- All PDPH-funded medical care providers participate in quality management process.

### ***Contributing Strategies***

- Implement performance improvement plans to retain HIV clients in medical care at PDPH-funded HIV medical care providers.
- Develop and disseminate policies for prevention workers to re-engage people with HIV who are not in care.
- Continue to provide HIV education and other health education to inmates entering the Philadelphia Prison System.

Multiple funding sources will be coordinated to maximize the resources available to achieve these outcomes, including CDC (HIV prevention, STD control, and ECHPP cooperative agreements), Ryan White (Parts A, B, and ADAP), City General Revenue Funds, and State funding.

### **10. Reduce the percentage of HIV-diagnosed persons in care who report unprotected anal or vaginal intercourse during the last 12 months with partners of discordant or unknown HIV status by 33%.**

Reducing unprotected anal and vaginal intercourse, particularly among people diagnosed with HIV, helps prevent new exposures of HIV to partners of discordant or unknown HIV status. To reach the target, PDPH will:

- Assess risk for HIV-positive individuals receiving HIV medical care and medical case management.
- Link HIV-positive persons to evidence-based prevention programs as appropriate.
- Target condom distribution at PDPH-funded HIV care sites and other locations serving HIV-positive persons.

### ***Principle Strategies***

- Expand provision of free condoms to sites identified by the PDPH AACO and STD Control reaching HIV-positive persons and persons at highest risk of acquiring HIV infection.
- Continue to provide appropriate and accessible behavioral interventions in medical and community-based settings for HIV-positive persons.
- Expand CRCS and other EBIs in HIV medical sites and medical case management sites.
- Continue current system of high quality HIV medical care and medical case management services.
- Increase distribution of free condoms in areas of high prevalence of HIV.

### ***Contributing Strategies***

- Develop and disseminate a PDPH protocol for condom distribution to HIV-positive persons and persons at highest risk to all PDPH funded medical and medical case management programs.
- All PDPH-funded medical care providers participate in quality management process.
- Implement quality management protocols to track and assess behavioral risk screening at PDPH-funded medical care and medical case management sites.
- Continue to provide HIV education and other health education to inmates entering the Philadelphia Prison System.
- Identify the evidence based interventions that can be feasibly implemented in HIV care sites.
- All persons with known HIV infection who receive a new diagnosis of syphilis will be identified through sharing of HIV surveillance data with the PDPH STD Control Program.
- All persons who are identified will be referred to partner services and risk reduction counseling

To achieve these outcomes, multiple funding sources will be coordinated to maximize available resources, including CDC (HIV prevention, STD control, and ECHPP), Ryan White (Parts A and B), State, and City General Revenue funding.

### **11. Increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least two visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80%.**

HIV care is complex and demanding. It requires meticulous attention to detail, consistency in the frequency of visits, and a long-term commitment of both patients and providers. To increase the proportion of Ryan White clients in continuous care, PDPH will:

- Ensure through the Ryan White quality management program that a system of high quality, accessible medical care is available in the jurisdiction.
- Increase retention in HIV medical care through agency-specific patient retention improvement plans.
- Support the existing continuum of HIV care through provision of Ryan White funded medical case management and care outreach services.

### ***Principle Strategies***

- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive persons in medical care.
- Continue medical case management programs that already include treatment adherence services.
- Continue consumer education programs that teach treatment adherence.

- Enhance linkages to HIV primary care and service upon release from the Philadelphia Prisons.
- Continue to provide appropriate and accessible behavioral interventions in medical and community-based settings for HIV-positive persons.
- Expand CRCS and other EBIs in HIV medical sites and medical case management sites.
- Continue current system of high quality HIV medical care and medical case management services.
- Implement performance improvement plans to retain HIV clients in medical care at PDPH-funded HIV medical care providers.

### ***Contributing Strategies***

- Disseminate information to private physicians on where to link people testing HIV positive not currently in care (combined with the PDPH Health Advisory mentioned above).
- Assure adherence to existing protocols regarding performance measures for linkage to medical care for persons testing HIV positive not currently in care identified in the PDPH system of clinical and non-clinical settings.
- Determine the feasibility of implementing and sustaining a new “HIV system navigator” role.
- Develop and disseminate policies for prevention workers to re-engage people with HIV who are not in care.
- All PDPH-funded medical care providers participate in quality management process.
- Collaborate with the State SPBP (ADAP) Adherence program.

Multiple funding sources will be coordinated to maximize the resources available to achieve these outcomes, including CDC (HIV prevention, STD control, and ECHPP cooperative agreements), Ryan White (Parts A, B, and ADAP), City General Revenue Funds, and State funding.

### **12. Increase the number of Ryan White clients with permanent housing from 82% to 86%.**

Safe and stable housing, ideally permanent housing, is one of the most significant non-medical factors associated with good health outcomes for people living with HIV. In Philadelphia, lack of housing is consistently the most frequent need of people entering the publicly funded system of HIV care. To increase the proportion of Ryan White clients with permanent housing, PDPH will leverage the existing Ryan White medical case management system to assist HIV-positive persons with housing needs including linkage to HOPWA, Ryan White emergency funds, and other housing assistance resources.

### ***Principle Strategies***

- Continue current system of high quality HIV medical care and medical case management services.
- Enhance linkages to HIV primary care and services upon release from the Philadelphia Prisons.

### ***Contributing Strategies***

- Determine the feasibility of implementing and sustaining a new “HIV system navigator” role.
- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive persons in medical care.
- Implement performance improvement plans to retain HIV clients in medical care at PDPH-funded HIV medical care providers.
- All PDPH-funded medical care providers participate in quality management process.

To achieve these outcomes, multiple funding sources will be coordinated to maximize available resources, including Ryan White (Parts A and B), HOPWA, and other HUD funding.

## **Reducing HIV-Related Disparities**

### **13. Increase the percentage of HIV-diagnosed gay and bisexual men with undetectable viral load by 20%.**

As mentioned above (Target 9), a viral load count that is undetectable is one of the most important clinical objectives in quality HIV care. In order to increase the percentage of MSM with HIV in Philadelphia with undetected viral load, PDPH will:

- Identify gay and bisexual men with HIV infection early in the disease course through targeting testing, routine screening, partner services, and surveillance data matching.
- Link gay and bisexual men with HIV infection who are not in care to HIV care, medical case management, and adherence services that meet performance standards and quality targets.
- Continue consumer education programs that teach treatment adherence to gay and bisexual men.
- Continue to fund providers with demonstrated effectiveness providing culturally competent and culturally appropriate services to gay and bisexual men.
- Reduce community viral load among gay and bisexual men.

### ***Principle Strategies***

- Continue the de-centralized system of high quality HIV medical care and medical case management services funded in locations intended to be accessible to gay and bisexual men and that are delivered by culturally competent and culturally appropriate providers.
- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive gay and bisexual men in medical care.
- Continue medical case management programs for gay and bisexual men that already include treatment adherence services.
- All PDPH-funded medical care providers participate in quality management process.
- Implement performance improvement plans to retain HIV-positive gay and bisexual men in medical care at PDPH-funded HIV medical care providers.

### ***Contributing Strategies***

- Assure adherence to existing protocols regarding performance measures for linkage to medical care for gay and bisexual men testing HIV positive not currently in care identified in the PDPH system of clinical and non-clinical settings.
- Determine the feasibility of implementing and sustaining a new “HIV system navigator” role that would address barriers to care for gay and bisexual men.
- Develop and disseminate policies for prevention workers to re-engage gay and bisexual with HIV who are not in care.
- Collaborate with the State SPBP (ADAP) program to implement adherence support activities that are effective among gay and bisexual men.
- Enhance linkages to HIV primary care and services for gay and bisexual men upon release from the Philadelphia Prisons.

Multiple funding sources will be coordinated to maximize the resources available to achieve these outcomes, including Ryan White (Parts A, B, and ADAP), City General Revenue Funds, and State funding.

### **14. Increase the percentage of HIV-diagnosed Blacks with undetectable viral load by 20%.**

In order to increase the percentage of Blacks with HIV in Philadelphia with undetected viral load, PDPH will:

- Identify Blacks with HIV infection early in the disease course through targeted testing, routine screening, partner services, and surveillance data matching.
- Use geographic analysis to ensure that culturally competent and culturally appropriate services are accessible to HIV-diagnosed Blacks.
- Link Blacks with HIV infection who are not in care to HIV care, medical case management, and adherence services that meet performance standards and quality targets.
- Continue consumer education programs that teach treatment adherence to Blacks.

- Target interventions and public health strategies to providers with demonstrated effectiveness providing services to Blacks.
- Reduce community viral load among Blacks.

### ***Principle Strategies***

- Continue the de-centralized system of high quality HIV medical care and medical case management services funded in locations intended to be accessible to Blacks and that are delivered by culturally competent and culturally appropriate providers.
- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive Blacks in medical care.
- Continue medical case management programs for Blacks that already include treatment adherence services.
- All PDPH-funded medical care providers participate in quality management process.
- Implement performance improvement plans to retain HIV-positive Blacks in medical care at PDPH-funded HIV medical care providers.

### ***Contributing Strategies***

- Assure adherence to existing protocols regarding performance measures for linkage to medical care for Blacks testing HIV positive not currently in care identified in the PDPH system of clinical and non-clinical settings.
- Determine the feasibility of implementing and sustaining a new “HIV system navigator” role that would address barriers to care for Blacks.
- Develop and disseminate policies for prevention workers to re-engage Blacks with HIV who are not in care.
- Collaborate with the State SPBP (ADAP) program to implement adherence support activities that are effective among Blacks.
- Enhance linkages to HIV primary care and services for Blacks upon release from the Philadelphia Prisons.

Multiple funding sources will be coordinated to maximize the resources available to achieve these outcomes, including Ryan White (Parts A, B, Minority AIDS Initiative, and ADAP), City General Revenue Funds, and State funding.

## **15. Increase the percentage of HIV-diagnosed Latinos with undetectable viral load by 20%.**

In order to increase the percentage of Latinos with HIV in Philadelphia with undetected viral load, PDPH will:

- Identify Latinos with HIV infection early in the disease course through targeted testing, routine screening, partner services, and surveillance data matching.
- Use geographic analysis to ensure culturally competent services are accessible to Latino populations.



- Link Latinos with HIV infection who are not in care to HIV care, medical case management, and adherence services that meet performance standards and quality targets.
- Continue consumer education programs that teach treatment adherence to Latinos.
- Target interventions and public health strategies to providers with demonstrated effectiveness providing services to Latinos.
- Reduce community viral load among Latinos.

### ***Principle Strategies***

- Continue the de-centralized system of high quality HIV medical care and medical case management services funded in locations intended to be accessible to Latinos and that are delivered by culturally competent and culturally appropriate providers.
- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive Latinos in medical care.
- Continue medical case management programs for Latinos that already include treatment adherence services.
- All PDPH-funded medical care providers participate in quality management process.
- Implement performance improvement plans to retain HIV-positive Latinos in medical care at PDPH-funded HIV medical care providers.

### ***Contributing Strategies***

- Assure adherence to existing protocols regarding performance measures for linkage to medical care for Latinos testing HIV positive not currently in care identified in the PDPH system of clinical and non-clinical settings.
- Determine the feasibility of implementing and sustaining a new “HIV system navigator” role that would address barriers to care for Latinos.
- Develop and disseminate policies for prevention workers to re-engage Latinos with HIV who are not in care.
- Collaborate with the State SPBP (ADAP) program to implement adherence support activities that are effective among Latinos.
- Enhance linkages to HIV primary care and services for Latinos upon release from the Philadelphia Prisons.

Multiple funding sources will be coordinated to maximize the resources available to achieve these outcomes, including Ryan White (Parts A, B, Minority AIDS Initiative, and ADAP), City General Revenue Funds, and State funding.

**16. Reduce the disparity in HIV incidence for Blacks versus Whites (Black:White ratio of new infections) by 25% and reduce the disparity in HIV incidence for Hispanics versus Whites (Hispanic:White ratio of new infections) by 25%.**

To reduce disparities in HIV incidence for Blacks and Latinos versus Whites in Philadelphia, PDPH will:

- Target resources such as distribution of free condoms in geographic areas with HIV prevalence rates that are disproportionate for Blacks and Latinos.
- Identify Blacks and Latinos with HIV infection early in the disease course through targeted testing, routine screening, partner services, and surveillance data matching.
- Use geographic analysis to ensure culturally competent care and prevention services are accessible to Blacks and Latinos.
- Link Blacks and Latinos with HIV infection who are not in care to HIV care, medical case management, and adherence services that meet performance standards and quality targets.
- Continue to identify and support providers who have the capacity to provide culturally competent and culturally appropriate services to Blacks and Latinos.
- Continue program monitoring activities that track outcomes by race and risk.
- Continue quality management activities that address disparities in outcomes by race and risk.

***Principle Strategies***

- Expand provision of free condoms to sites identified by the PDPH ACO and STD Control reaching HIV-positive persons and persons at highest risk of acquiring HIV infection.
- Continue to support a range of programs providing clinical routine HIV screening in 16 types of clinical facilities with more than 190 sites.
- Continue to support 21 HIV testing agencies in community settings.
- Develop capacity of PDPH funded HIV testing programs to identify and reach persons with undiagnosed HIV infection in high risk communities.
- Enhance linkages to HIV primary care and service upon release from the Philadelphia Prisons.
- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive persons in medical care.
- Continue medical case management programs that already include treatment adherence services.
- Provide funding for nPEP treatment for uninsured persons.
- All PDPH-funded medical care providers participate in quality management process.
- Implement performance improvement plans to retain HIV clients in medical care at PDPH-funded HIV medical care providers.

### ***Contributing Strategies***

- Disseminate CDC guidelines on routine screening along with information on Pennsylvania Department of Health advisory on conformance to State Act 148.
- Develop and disseminate a PDPH protocol for condom distribution to HIV-positive persons and persons at highest risk to all PDPH funded medical and medical case management programs.
- Disseminate information to private physicians on where to link people testing HIV positive not currently in care (combined with the PDPH Health Advisory mentioned above).
- Assure adherence to existing protocols regarding performance measures for linkage to medical care for persons testing HIV positive not currently in care identified in the PDPH system of clinical and non-clinical settings.
- Multiple funding sources will be coordinated to maximize the resources available to achieve these outcomes, including Ryan White (Parts A, B, Minority AIDS Initiative, and ADAP), City General Revenue Funds, and State funding.

### **17. Reduce the disparity in HIV incidence for MSM versus other adults in the United States by 25%.**

To reduce the disparity in HIV incidence for MSM, PDPH will:

- Continue interventions and public health strategies targeting HIV-negative and HIV-positive MSM.
- Develop a new community level intervention targeting MSM.

### ***Principle Strategies***

- Expand provision of free condoms to sites identified by the PDPH AACO and STD Control reaching HIV-positive persons and persons at highest risk of acquiring HIV infection.
- Continue to provide appropriate and accessible behavioral interventions in medical and community-based settings for HIV-positive persons.
- Continue to support 21 HIV testing agencies in community settings.
- Develop capacity of PDPH funded HIV testing programs to identify and reach MSM with undiagnosed HIV infection.
- Expand CRCS and other EBIs in HIV medical sites and medical case management sites.
- Continue consumer education programs that teach treatment adherence.
- Provide funding for nPEP treatment for uninsured persons, including MSM.

### ***Contributing Strategies***

- Develop and disseminate a PDPH protocol for condom distribution to HIV-positive persons and persons at highest risk to all PDPH funded medical and medical case management programs.
- Disseminate nPEP protocols to physicians and the community.

- Disseminate information to private physicians on where to link people testing HIV positive.

Multiple funding sources will be coordinated to maximize the resources available to achieve these outcomes, including CDC (HIV prevention and ECHPP cooperative agreements), Ryan White (Parts A and B), City General Revenue Funds, and State funding.

**18. Ensure the percentage of persons diagnosed with HIV who have a CD4 count within 3 months of HIV diagnosis is 75% or greater for all racial/ethnic groups.**

As mentioned earlier (target 8), immediate entry into HIV medical care must be made available and accessible, and it must include an initial comprehensive assessment, including CD4 counts. To assure equity among all racial/ethnic groups in Philadelphia who have a CD4 count measured within 3 months of diagnosis, PDPH will:

- Continue strategies that retain persons with HIV of all racial/ethnic groups in care and services.
- Continue the current system of medical case management.
- Continue to monitor the existing performance indicator measuring the percent of persons diagnosed with HIV who have a CD4 count within 3 months of diagnosis.
- Implement quality improvement projects to address deficiencies in the system or at the provider level regarding initial CD4 counts.

***Principle Strategies***

- Continue RWP-funded care outreach activities to retain and re-engage HIV-positive persons in medical care.
- Continue medical case management programs that already include treatment adherence services.
- Continue consumer education programs that teach treatment adherence.
- Assure adherence to existing protocols regarding performance measures for linkage to medical care for persons testing HIV positive not currently in care identified in the PDPH system of clinical and non-clinical settings.
- Enhance linkages to HIV primary care and service upon release from the Philadelphia Prisons.
- Continue to provide appropriate and accessible behavioral interventions in medical and community-based settings for HIV-positive persons.
- Expand CRCS and other EBIs in HIV medical sites and medical case management sites.
- Continue current system of high quality HIV medical care and medical case management services.

### **Contributing Strategies**

- Disseminate information to private physicians on where to link people testing HIV positive not currently in care (combined with the PDPH Health Advisory mentioned above).
- Determine the feasibility of implementing and sustaining a new “HIV system navigator” role.

Multiple funding sources will be coordinated to maximize the resources available to achieve these outcomes, including CDC (HIV prevention and ECHPP cooperative agreements), Ryan White (Parts A and B), City General Revenue Funds, and State funding.

### **PDPH Contact**

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