

Handout 1: 2022-2026 Plan Indicators and Goals

| 2022-2026 Plan Indicator | 2019 Baseline | 2026 Goal |
|---|------------------------------------|-------------------------|
| PrEP-to-Need Ratio: The number of people taking PrEP divided by the number of people newly diagnosed with HIV | 12.0 | 36.0 |
| New Diagnoses: Number of people newly diagnosed with HIV | 220 | 55 |
| Knowledge of HIV Status: Percent of PLWH aware of their status | 91% | 95% |
| Late Testers: Percent of people presenting with or diagnosed with AIDS within 3 months of their initial HIV diagnosis | 29% | 20% |
| Linkage to Care: Percent of newly diagnosed who attended a routine HIV care visit within 1 month of diagnosis | 87% | 95% |
| Partner Services: The percent of newly diagnosed clients interviewed by DIS / Partner Services | 73% | 8% increase |
| Viral Load Suppression: Percent of people with diagnosed HIV who are virally suppressed Percent of PLWH in care who are virally suppressed | 74% 90% | 95% 95% |
| Disparities in New Diagnoses: Annual number of new HIV diagnoses among: MSM, Black men and women, and Latino men and Latina women | 15% decrease | 25% decrease |
| Disparities in Viral Load Suppression: Viral load suppression rates among: youth and young adults, injection drug users, MSM, Black men and women, and Latino men and women. | 65% to 78% depending on population | 95% for all populations |
| Syringe Services Program (SSP): Number of SSP clients served Number of syringes distributed | 4,428 1.2 million | 9,000 2.4 million |
| Sexually Transmitted Infections (STIs): Number of syphilis cases | 210 | 204 |
| Hepatitis C: Number of newly diagnosed chronic Hep C infections | 1,309 | 1,178 |
| Substance Use: Number of overdose deaths Total number of overdoses (ED Visits for suspected overdoses) | 1,528 (2021) 12,000 (approx.) | 1,750 13,950 |

Federal Measures:

- Ending the HIV Epidemic (EHE) Indicators and Goals – <https://ahead.hiv.gov/>
- National HIV / AIDS Strategy (NHAS):
 - Goal 1: Prevent New HIV Infections
 - Goal 2: Improve HIV-Related Health Outcomes of People with HIV
 - Goal 3: Reduce HIV-Related Disparities and Health Inequities
 - Goal 4: Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among All Partners and Interested Parties
 - Indicators – <https://files.hiv.gov/s3fs-public/NHAS-2022-At-A-Glance.pdf> (see page 9)

Handout 2: Excerpt from Integrated Plan Guidance

Appendix 2

Examples of Workplan Components

Note: A workplan template is available on TargetHIV under the Integrated HIV/AIDS Planning & Technical Assistance Center (IHAP TAC) as a part of the Integrated Plan Toolkit.

Diagnose (EXAMPLE)

Goal 1: Diagnose all people with HIV as early as possible.

Objective: To increase the number of HIV tests conducted by XX% within the jurisdiction by 2031.

Key Activities/Strategies:

- 1) Increase capacity of health care delivery systems to offer routine testing in XX ERs, acute care settings, etc.
- 2) Plan and develop a wide dissemination of self-testing kits through system partners across the jurisdiction to improve access for testing.

Responsible Parties: RWHAP Part A recipient, RWHAP Part B recipient, EHE recipient, CDC recipient

Key Partners: Health departments, community-based organizations, FQHCs, correctional facilities, school-based clinics, people and communities disproportionately impacted by HIV, STI/sexually transmitted disease clinics, women's health services/prenatal services providers, hospitals, etc.

Performance Measures:

- # of HIV tests
- # of newly identified persons with HIV

Progress towards national HIV goals: Increase the number of people who know their HIV diagnosis by XX% to prevent new HIV infections.

Treat (EXAMPLE)

Goal 1: Treat HIV timely and effectively.

Objective: To engage and provide access to care for XX people with HIV by 2028.

Key Activities/Strategies:

- 1) Identify and address mental health barriers for people who have never engaged in care or who have fallen out of care by partnering with mental health providers
- 2) Develop and implement at least one effective, evidence-based, or evidence-informed interventions that improve retention in care

Responsible Parties: RWHAP Part A recipient, RWHAP Part B recipient, EHE recipient

Key Partners: FQHCs, medical care providers, hospitals, people and communities disproportionately impacted by HIV, community-based organizations, mental health providers, various professional health care associations, etc.