Texas Department of State Health Services

# **HIV/STD Section**

# **HIV/STD Prevention and Care Unit Reporting Coversheet**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Agency** | |  | | | | |
| **Region** | |  | | | | |
| **Scope of Work (SOW)** | | (1) Core Prevention  (2) PrEP and nPEP  (3) Client Level Intervention  (4) Structural and Community Level Intervention | | | | |
| **Contract No.** | |  | | | | |
| **Contract Year** | | September 1, 2022 – August 31, 2023 | | | **Year** | **2023** |
| **Months covered** | | September 1, 2022 – February 28, 2023 | | |
| **Prepared By:** | | **Name:** **Title:**  Email: | | | | |
| **If Initial Report** Check box→ |  | **If Revised Report** Check box→ |  | **Revision Date:** Revision Number: | | |

**Due Date: April 21, 2023**

***Reports must be emailed in MS Word or PDF format to:*** [***hivstdreport.tech@dshs.texas.gov***](mailto:hivstdreport.tech@dshs.texas.gov)

***Copy (cc) your DSHS Consultant \**** All DSHS e-mail addresses follow the format: [firstname.lastname@dshs.texas.gov](mailto:firstname.lastname@dshs.texas.gov)

**In Response to All Applicable Scopes of Work**

* 1. Programmatic Highlights

Briefly describe any significant trends affecting programmatic activities. For example, staffing, policy changes, etc. Include challenges and success stories and lessons learned during the reporting period.

* 1. Collaborative Efforts

Briefly describe highlights of collaborative efforts to ensure comprehensive services for your client population. For example, STI services, HIV medical care services, housing, mental health/substance use, home/self-HIV test kit access, etc.

* 1. Community Activities

Provide a brief summary of significant community events. Include anything you believe to be important to understand your program in the larger context of your community (e.g., National Condom Week or other HIV Awareness Days, religious leader supports HIV testing, loss of funding for low-income housing, local politician supports LGBTQ in the news). Please include any feedback on the Community Action Kits from Texas Greater Than AIDS in January/February of 2023 (Was this useful, what items did you like, and what would you like to see included in the future?)

1. Community Engagement

Briefly discuss activities to ensure community and stakeholder engagement (for example Community Advisory Board, Client Surveys/Focus groups, etc.) to assist with programmatic decision-making.

1. Ending the HIV Epidemic Plan

Discuss your program’s participation in your community’s efforts, e.g., Fast Track Cities, local community collaboratives, etc., to organize a formal plan to end the HIV epidemic.

For more information, visit the *Achieving Together: A Community Plan to End the HIV Epidemic in Texas* website <https://achievingtogethertx.org/> to get involved and learn more. Contact your consultant for more information.

1. SOCIAL MARKETING (SM)

During this reporting period, identify activities conducted as part of your social marketing plans. If you did not conduct social marketing activities, check “None” in the list below.

Social Marketing Approach

* Blogs/Vlogs
* Materials Distribution
* Events
* Internet/Digital Advertising
* Traditional Advertising (e.g., print, TV, radio, billboards)
* Social Media (e.g., Facebook, Instagram, Twitter)
* Email Blasts
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None. We did not conduct any social marketing activities.

Complete the Table below and briefly describe each marketing approach used specific to relevant scope of work, priority population(s)\* the approach was designed to reach, and outcomes.

\*Priority populations may include Black MSM, Hispanic MSM, Black WSM, Hispanic WSM, Transgender Individuals, Black MSW, and PWID.

|  |  |  |
| --- | --- | --- |
| SM Approach per SOW  [Choose from above list] | Priority Population | Outcome/s |
|  |  |  |
|  |  |  |
|  |  |  |
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CONTINUOUS QUALITY IMPROVEMENT AND MONITORING

During this reporting period, describe continuous quality improvement activities and monitoring performed for all scopes of work.

1. List dates when continuous quality improvement and monitoring occurred, and the activities performed (add more lines as needed).

|  |  |
| --- | --- |
| Date | Continuous Quality Improvement and Monitoring activities |
|  |  |
|  |  |
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1. List areas identified that need improvement.
2. Describe improvement plan and timeline.

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| Core Prevention Performance Measures and Standards Instructions: Refer to 2023 Form G: Performance Standards and Measures to complete the following tables. Data should match the data submitted during the reporting period to DSHS per direct entry or upload to Evaluation Web and or excel spreadsheet submissions to DSHS via GlobalScape.  Check the appropriate response “Met” or “Not Met”; if your response is “Not Met”, discuss the challenges and steps taken or plans to improve performance. Where applicable, discuss if the data you entered from Evaluation Web into the tables above differed from your internal data. If your data differed, describe steps taken to correct the data. [Note\*\* Data entered/uploaded to Evaluation Web is the official DSHS data on record.] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Performance Measures** | | | | |
| **Objective A:** Projected minimum number of HIV tests | | | | **%** |
| **Number of HIV tests** | | |  |  |
| *Divided by* | **Annual Goal** | |  |
| Met | | | | |
| Not Met – Explanation: | | | | |
| **Objective B**: Of the total number of tests identified for Objective A, the contractor will provide the **minimum number of tests by priority populations** | | | | **%** |
| *Priority Population 1:* | Black MSM | **Number of HIV Test** | **50** | **50%** |
| *Divided by* | **Annual Goal** | **100** |
| *Priority Population 2:* | **ID Users** | **Number of HIV Test** |  |  |
| *Divided by* | **Annual Goal** |  |
| *Priority Population 3:* |  | **Number of HIV Test** |  |  |
| *Divided by* | **Annual Goal** |  |
| *Priority Population 4:* |  | **Number of HIV Test** |  |  |
| *Divided by* | **Annual Goal** |  |
| *Priority Population 5:* |  | **Number of HIV Test** |  |  |
| *Divided by* | **Annual Goal** |  |
| Met | | | | |
| Not Met – Explanation: | | | | |
| **Objective C**: Projected minimum number of individuals newly diagnosed with HIV. | | | | **%** |
| **Number of Individual Newly Diagnosed** | | |  |  |
| *Divided by* | **Annual Goal** | |  |
| Met | | | | |
| Not Met – Explanation: | | | | |
| **Objective D**: Total number of condoms to be distributed | | | | **%** |
| **Total Condoms Distributed** | | | **5000** |  |
| *Divided by* | **Annual Goal** | | **10000** |
| Met | | | | |
| Not Met – Explanation: | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Standards** | | | |
| **Standard A.1:** At least 90% of individuals who are members of the priority populations listed below who test negative for HIV will be screened for PrEP. | | | **%** |
| **Number of individuals of the priority populations screened for PrEP** | |  |  |
| *Divided by* | **Number of individuals who are members of the priority populations who tested negative for HIV** |  |
| Met | | | |
| Not Met – Explanation: | | | |
| **Standard A.2:** At least 95% of individuals who are eligible for PrEP are referred for PrEP. | | | **%** |
| **Number of individuals referred for PrEP** | |  |  |
| *Divided by* | **Number of individuals interested and eligible for a PrEP referral** |  |
| Met | | | |
| Not Met – Explanation: | | | |
| **Standard B:** At least95% of individuals with a positive HIV test result will **receive results counseling**. | | | **%** |
| **Number of individuals with a positive HIV test result who received results counseling** | |  |  |
| *Divided by* | **Number of individuals with a positive test result** |  |
| Met | | | |
| Not Met – Explanation: | | | |
| **Standard C.1:** At least 85% of individuals newly diagnosed with HIV will be **linked to HIV-related medical care within 1 month.** | | | **%** |
| **Number of individuals newly diagnosed with HIV linked within 1 month** | | 9 |  |
| *Divided by* | **Number of individuals newly diagnosed with HIV** | 11 |
| Met | | | |
| Not Met – Explanation: | | | |
| **Standard C.2:** At least 90% of individuals newly diagnosed with HIV will be **linked to HIV-related medical care within 3 months.** | | | **%** |
| **Number of individuals newly diagnosed with HIV linked within 3 months** | | 10 |  |
| *Divided by* | **Number of individuals newly diagnosed with HIV** | 11 |
| Met | | | |
| Not Met – Explanation: | | | |
| **Standard D.1:** At least 85% of individuals who have been previously diagnosed with HIV will be **linked to HIV-related medical care within 1 month.** | | | **%** |
| **Number of individuals previously diagnosed with HIV linked within 1 month** | |  |  |
| *Divided by* | **Number of individuals previously diagnosed with HIV** | 5 |
| Met | | | |
| Not Met – Explanation: | | | |
| **Standard D.2:** At least 90% of individuals who have been previously diagnosed with HIV will be **linked to HIV-related medical care within 3 months.** | | | **%** |
| **Number of individuals previously diagnosed with HIV linked within 3 months** | |  |  |
| *Divided by* | **Number of individuals previously diagnosed with HIV** | 5 |
| Met | | | |
| Not Met – Explanation: | | | |

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| --- | --- | --- | --- |
| **Other DSHS Funded Tests** | **Total Tests Performed** | **Total Reactive Test Results** | **Total Referred to Treatment** |
| Syphilis |  |  |  |
| HCV |  |  |  |
| Chlamydia |  |  |  |
| Gonorrhea |  |  |  |

**Core Prevention Summary Narrative**

1. What else would you like to share about your agency’s Core Prevention activities?
2. Briefly discuss any significant **successes** and **challenges** you experienced during this contract period that affected your program’s activities.

PrEP and nPEP Referrals and Support

1. Describe ongoing support for patients receiving/referred to PrEP and or nPEP services.
2. Discuss ongoing training and support for all prevention staff around the promotion and/or referral to PrEP and or nPEP services.
3. Discuss promotion, education and marketing of PrEP and/or nPEP services for persons seeking services.

SELF PERFORMED (formally called HOME TEST KITS)

Respond only if your program has implemented HIV self-testing during this reporting period.

|  |  |
| --- | --- |
| **HIV Self-Testing** | **Total** |
| Total number of test kits distributed as part of the HIV self-testing program. |  |
| Of the total number of test kits distributed; how many results did your program receive? |  |
| Of the total number of test kit results your program received; how many individuals were identified as living with HIV? |  |
| Of the total number of persons diagnosed with HIV: | |
| 1. How many had follow-up (confirmatory) testing? |  |
| 1. How many were successfully linked to HIV related care? |  |

1. Discuss any challenges you have experienced implementing HIV Self Testing in your community and lessons learned. If applicable, discuss the impact of any marketing efforts to promote the availability of the self-testing program (i.e., Texas Greater Than AIDS or other local marketing efforts).

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| **PrEP and nPEP Performance Measures Table**  Instructions: Refer to 2023 Form G: Performance Standards and Measures to complete the following tables. Data should match the data submitted during the reporting period to DSHS per direct entry or upload to Evaluation Web and or excel spreadsheet submissions to DSHS via GlobalScape. For priority populations, only include those priority populations you identified for your program in Form G: Performance Standards and Measures.  Check the appropriate response “Met” or “Not Met”; if your response is “Not Met”, discuss the challenges and steps taken or plans to improve performance. Where applicable, discuss if the data you entered from Evaluation Web into the tables above differed from your internal data. If your data differed, describe steps taken to correct the data. [Note\*\* Data entered/uploaded to Evaluation Web is the official DSHS data on record.] |

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| **Performance Measures** | | | | | | | | |
| **Objective A:** Number of planned activities to engage individuals in PrEP/nPEP outreach, education, and recruitment. | | | | | | | | **%** |
| **Number of activities** | | | | | |  | |  |
| *Divided by* | | **Annual Goal** | | | |  | |
| Met | | | | | | | | |
| Not Met – Explanation: | | | | | | | | |
| **Objective B**: Number of planned PrEP/ nPEP outreach and education activities outlined in Objective A the contractor provided **by identified priority populations** | | | | | | | | **%** |
| *Priority Population 1:* | |  | | **# of Activities** | |  | |  |
| *Divided by* | | **Annual Goal** | |  | |
| *Priority Population 2:* | |  | | **# of Activities** | |  | |  |
| *Divided by* | | **Annual Goal** | |  | |
| *Priority Population 3:* | |  | | **# of Activities** | |  | |  |
| *Divided by* | | **Annual Goal** | |  | |
| *Priority Population 4:* | |  | | **# of Activities** | |  | |  |
| *Divided by* | | **Annual Goal** | |  | |
| *Priority Population 5:* | |  | | **# of Activities** | |  | |  |
| *Divided by* | | **Annual Goal** | |  | |
| Met | | | | | | | | |
| Not Met – Explanation: | | | | | | | | |
| **Objective C:** Number of individuals prescribed a PrEP regimen. | | | | | | | **%** | |
| **Number of individuals prescribed PrEP** | | | | |  | |  | |
| *Divided by* | **Annual Goal** | | | |  | |
| Met | | | | | | | | |
| Not Met – Explanation: | | | | | | | | |
| **Objective D:** Number of individuals who are prescribed PrEP as outlined in Objective C **by identified priority populations.** | | | | | | | **%** | |
| *Priority Population 1:* |  | | **# of Prescriptions** | |  | |  | |
| *Divided by* | | **Annual Goal** | |  | |
| *Priority Population 2:* |  | | **# of Prescriptions** | |  | |  | |
| *Divided by* | | **Annual Goal** | |  | |
| *Priority Population 3:* |  | | **# of Prescriptions** | |  | |  | |
| *Divided by* | | **Annual Goal** | |  | |
| *Priority Population 4:* |  | | **# of Prescriptions** | |  | |  | |
| *Divided by* | | **Annual Goal** | |  | |
| *Priority Population 5:* |  | | **# of Prescriptions** | |  | |  | |
| *Divided by* | | **Annual Goal** | |  | |
| Met | | | | | | | | |
| Not Met – Explanation: | | | | | | | | |
| **Objective E:** Number of local clinical providers to be reached through PrEP/nPEP education and outreach activities. | | | | | | | **%** | |
| **Number of local clinical providers to be reached** | | | | |  | |  | |
| *Divided by* | **Annual Goal** | | | |  | |
| Met | | | | | | | | |
| Not Met – Explanation: | | | | | | | | |

**PREP and nPEP Summary Narrative**

PROMOTION of PrEP and nPEP

1. Describe any notable or novel outreach, education, or recruitment events/strategies your agency participated in during the reporting period for either the wider community (Objective A/B) or clinicians in your area (Objective E).

PrEP AND nPEP REFERRALS

1. Discuss how your program has dealt with referrals to PrEP and nPEP including successes and challenges, new workflows implemented during reporting period etc. Be sure to include ongoing support for patients receiving/referred to PrEP or nPEP services.

PrEP NAVIGATION and CLINICAL SERVICES

1. What strategies do you have in place or plan to put in place to increase equitable access to PrEP and nPEP? What strategies has your program implemented to help clients stay on PrEP or improve retention?
2. Describe any systematic and/or operational changes to your PrEP/nPEP program that have had a significant impact in the services you provide. This may include changes that have: improved service delivery; enhanced electronic health record systems; or streamlined data submission. Be sure to include any changes that may have increased program sustainability, expanded services, and/or integrated new methods of PrEP delivery (e.g. TelePrEP, Long-acting injectable PrEP, etc.).
3. What else would you like to tell us about your agency’s PrEP/nPEP program? Briefly discuss any significant **successes** and **challenges** you experienced during this contract period that affected your program’s activities.

NON-OCCUPATIONAL POST-EXPOSURE PROPHYLAXIS (IF APPLICABLE)

|  |  |
| --- | --- |
| If you are providing nPEP referral and/or clinical services provide the following information. | **nPEP** |
| Number of persons who received an nPEP prescription during the contract year |  |
| Number of persons who completed their nPEP prescription during the contract year |  |

1. Of those who did not complete the course of nPEP (if any), what were the reasons?
2. Provide a brief overview of your program’s current PrEP clinical services workload. This may include, but not limited to: a description of total number of patients served to date; number of clients served in an average week; number of new clients compared to recurring clients; the proportion of clients insured/uninsured, client waitlist (number of clients and number of days for new appointment)etc.

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| **Client-Level Interventions Performance Measures Table**  Instructions: Refer to 2023 Form G: Performance Standards and Measures to complete the following tables. Data should match the data submitted during the reporting period to DSHS per direct entry or upload to Evaluation Web and or excel spreadsheet submissions to DSHS via GlobalScape.  Check the appropriate response “Met” or “Not Met”; if your response is “Not Met”, discuss the challenges and steps taken or plans to improve performance. Where applicable, discuss if the data you entered from Evaluation Web into the tables above differed from your internal data. If your data differed, describe steps taken to correct the data. [Note\*\* Data entered/uploaded to Evaluation Web is the official DSHS data on record.] |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Intervention:** | |  | | | | | |
| **Objective A:** Number of participants to complete intervention. | | | | | | **%** | |
| **Number of participants that completed the intervention** | | | |  | |  | |
| *Divided by* | **Annual Goal** | | |  | |
| Met | | | | | | | |
| Not Met – Explanation: | | | | | | | |
| **Objective B:** Number of completed Group-Level Intervention series.  [Complete only if your program is funded for a Group-Level Intervention] | | | | | | **%** | |
| **Number of completed group-level intervention series** | | | |  | |  | |
| *Divided by* | **Annual Goal** | | |  | |
| Met | | | | | | | |
| Not Met – Explanation: | | | | | | | |
|  | | | | | | | |
| **Objective C:** Of the total number of participants in Objective A, the intervention will be provided to at least the following numbers of selected priority populations. \*  [List below only the priority populations detailed in your 2023 contract, add more lines as needed.] | | | | | | | **%** |
| *Priority Population 1:* |  | | **# of Participants** | |  | |  |
| *Divided by* | | **Annual Goal** | |  | |
| *Priority Population 2:* |  | | **# of Participants** | |  | |  |
| *Divided by* | | **Annual Goal** | |  | |
| *Priority Population 3:* |  | | **# of Participants** | |  | |  |
| *Divided by* | | **Annual Goal** | |  | |
| *Priority Population 4:* |  | | **# of Participants** | |  | |  |
| *Divided by* | | **Annual Goal** | |  | |
| *Priority Population 5:* |  | | **# of Participants** | |  | |  |
| *Divided by* | | **Annual Goal** | |  | |
| Met | | | | | | | |
| Not Met – Explanation: | | | | | | | |

**Client Level Interventions Summary Narrative**

1. What else would you like to share about your agency’s Client-Level Interventions? Briefly discuss any significant **successes** and **challenges** you experienced during this contract period that affected your program’s activities.

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| --- |
| **Structural and Community Level Interventions Performance Measures Table**  Instructions: Refer to 2023 Form G: Performance Standards and Measures to complete the following tables. Data should match the data submitted during the reporting period to DSHS per direct entry or upload to Evaluation Web and or excel spreadsheet submissions to DSHS via GlobalScape.  Check the appropriate response “Met” or “Not Met”; if your response is “Not Met”, discuss the challenges and steps taken or plans to improve performance. Where applicable, discuss if the data you entered from Evaluation Web into the tables above differed from your internal data. If your data differed, describe steps taken to correct the data. [Note\*\* Data entered/uploaded to Evaluation Web is the official DSHS data on record.] |

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| --- | --- | --- | --- |
| **Name of Intervention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Objective A:** Minimum Number of partners (i.e., organizations, agencies, individuals, etc.) involved with structural/community interventions by the end of the contract term. | | | **%** |
| **Number of partners** | |  |  |
| *Divided by* | **Annual Goal** |  |
| Met | | | |
| Not Met – Explanation: | | | |
| **Objective B:** Minimum Number of planned activities to engage the community (i.e., events, coalition meetings, facilitated community conversations, etc.) by the end of the current contract term. | | | **%** |
| **Number of planned activities** | |  |  |
| *Divided by* | **Annual Goal** |  |
| Met | | | |
| Not Met – Explanation: | | | |
| **Objective C:** Minimum Number of individuals engaged/reached in community activities (community only) per strategy including Face to Face interactions, Traditional Marketing /Advertising, and Social Media/Mobile/Online*.* | | | **%** |
| **Number of individuals engaged/reached** | |  |  |
| *Divided by* | **Annual Goal** |  |
| Met | | | |
| Not Met – Explanation: | | | |

**Structural and Community Level Interventions Summary Narrative**

1. Describe how your agency’s Structural Interventions are facilitating change through collective actions to address social determinants of health?
2. What else would you like to share about your agency’s Structural and Community Level Interventions? Briefly discuss any significant **successes** and **challenges** you experienced during this contract period that affected your program’s activities.