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) Routine HIV Screening in Health Care Settings (2) Core Prevention  (3) PrEP and nPEP  (4) Client Level Intervention  (5) Structural and Community Level Intervention  (6) Rural Health Pilot | | | | |
| **Contract No.** | |  | | | | |
| **Period** | | September 1, 2023 – August 31, 2024 | | | **Year** | **2024** |
| **Months covered** | | September 1, 2023 – March 31, 2024 | | |
| **Prepared By:** | | **Name:** **Title:**  Email: | | | | |
| **If Initial Report** Check box→ |  | **If Revised Report** Check box→ |  | **Revision Date:** Revision Number: | | |

**Due Date: May 5, 2024**

***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 and Regional HIV/STD Manager***

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

**Rural Health Pilot Summary Narrative**

* 1. Programmatic Highlights

Briefly describe any significant trends affecting programmatic activities not already described in another section of this report, for example, staffing, policy changes, natural disasters, etc., including 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 not already described in another section of this report, for example, For example, Local Health Authority/Public Health Follow Up; partnering with other healthcare organizations to enhance linkage to care/Rapid Start, and to increase awareness of and referrals to PrEP and nPEP; community events to increase awareness about your screening program; education efforts for the community about HIV and the importance of knowing your HIV status, TasP, etc.

* 1. Community Activities

Provide a brief summary of significant community events not already described in another section of this report. Include anything you believe to be important to understand your program in the larger context of your community (e.g., National Condom Week or HIV Awareness Days, religious leader supports HIV testing, loss of funding for low-income housing, local politician supports LGBTQ in the news).

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 (Please double right click boxes to mark X)

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: Please describe in detail, e.g. 1000 participants were tested; 700 clicks obtained from FB; 500 event shares on FB; 800 likes were obtained on IG; 900 stickers and condom packets were distributed, etc. |
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1. HIV Self Testing

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

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| --- | --- |
| **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? |  |

Discuss any challenges you have experienced implementing HIV self-testing in your community and lessons learned.

1. PrEP and nPEP

During this reporting period, discuss activities performed to support PrEP and nPEP education and referrals.

1. Complete the Screened for PrEP/nPEP Eligibility Table below and document the number of persons who received negative test results who were screened referred and linked to PrEP and or nPEP services.

|  |  |
| --- | --- |
| **Screened for PrEP/nPEP Eligibility**  [Enter the following data submitted during the reporting period to DSHS per direct entry or upload to Evaluation Web.] | |
| Total number of HIV negative test results. |  |
| Of the total number of negative HIV tests, how many: | |
| Had ever heard of PrEP and/or nPEP? |  |
| Had used PrEP in the past 12 months? |  |
| Were screened for PrEP eligibility, including interest in being on PrEP? |  |
| Were interested and eligible for a PrEP referral? |  |
| Were given an active referral\* to a PrEP provider? |  |

\* Active referrals include referrals to PrEP education/navigation services, as well as clinical PrEP services.

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.
4. CONTINUOUS QUALITY IMPROVEMENT AND MONITORING

During this reporting period, describe continuous quality improvement activities and monitoring performed.

1. a. List the dates when continuous quality improvement and monitoring occurred, and the activities performed (add more lines as needed; e.g. Staff Observations, chart reviews, data QA, etc.).

|  |  |
| --- | --- |
| Date | Continuous Quality Improvement and Monitoring activities |
|  |  |
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b. List areas identified that need improvement.

c. Describe improvement plan and timeline.

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

### Rural Health Pilot Performance Standards and Measures

Instructions:

Form G - Performance Standards and Measures should be used to complete the following tables. You should also have received a full data report from the DSHS Data Team for the period designated in this report.

Mark (X) 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 differs, describe steps taken to correct the data.

**[Note\*\* Data entered/uploaded to Evaluation Web is the official DSHS data on record.]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Performance Measures** | | | | |
| Projected minimum number of HIV tests | | | | **%** |
| **Number of HIV tests** | | |  |  |
| *Divided by* | **Annual Goal** | |  |
| Met (Please double right click to mark X for Met) | | | | |
| Not Met – (Please double right click to mark X for Not Met) Explanation: | | | | |
| Of the total number of tests identified for Objective A, the contractor will provide the **minimum number of tests by priority populations and additional test types** | | | | **%** |
| *Priority Population 1:*  ***Ex: Black MSM*** |  | **Number of HIV Test** |  |  |
| *Divided by* | **Annual Goal** |  |
| *Priority Population 2:* |  | **Number of HIV Test** |  |  |
| *Divided by* | **Annual Goal** |  |
| *Priority Population 3:* |  | **Number of HIV Test** |  |  |
| *Divided by* | **Annual Goal** |  |
| *Minimum number of persons who will receive an opt-out Syphilis test* |  | **Number of Syphilis Test** |  |  |
| *Divided By* | **Annual Goal** |  |
| *Minimum number of persons who will receive an HCV test* |  | **Number of HCV Test** |  |  |
| *Divided by* | **Annual Goal** |  |
| Met (Please double right click to mark X for Met) | | | | |
| Not Met – (Please double right click to mark X for Not Met) Explanation: | | | | |
| Projected minimum number of individuals newly diagnosed with HIV. (0.6% new positivity rate) | | | | **%** |
| **Number of Individual Newly Diagnosed** | | |  |  |
| *Divided by* | **Annual Goal** | |  |
| Met (Please double right click to mark X for Met) | | | | |
| Not Met – (Please double right click to mark X for Not Met) Explanation: | | | | |
| Total number of condoms to be distributed | | | | **%** |
| **Total Condoms Distributed** | | |  |  |
| *Divided by* | **Annual Goal** | |  |
| Met (Please double right click to mark X for Met) | | | | |
| Not Met – (Please double right click to mark X for Not Met) Explanation: | | | | |

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| **Performance Standards Table** | | | |
| **Standard A:** Grantee will deliver results, and deliver appropriate counseling and referrals to at least 75% of clients testing negative for HIV, syphilis, and/or HCV | | | **%** |
| **Number of individuals referred** | |  |  |
| *Divided by* | **Number of individuals who tested negative** |  |
| Met (Please double right click to mark X for Met) | | | |
| Not Met – (Please double right click to mark X for Not Met) Explanation: | | | |
| **Standard B:** Grantee will deliver results and deliver appropriate counseling and referrals to at least 95% of clients testing positive for HIV, syphilis, and HCV | | | **%** |
| **Number of individuals referred** | |  |  |
| *Divided by* | **Number of individuals that tested positive** |  |
| Met (Please double right click to mark X for Met) | | | |
| Not Met – (Please double right click to mark X for Not Met) Explanation: | | | |
| **Standard C:** Grantee will screen for Ryan White and Texas Medications Program eligibility to 100% of individuals identified as newly or previously diagnosed with HIV | | | **%** |
| **Number of individuals screened for Ryan White and Texas Medications Program eligibility** | |  |  |
| *Divided by* | **Number of individuals with a positive test result** |  |
| Met (Please double right click to mark X for Met) | | | |
| Not Met – (Please double right click to mark X for Not Met) Explanation: | | | |
| **Standard D:** Grantee will provide referrals to medical care or provision of treatment to at least 90% of clients who are diagnosed with HCV or syphilis | | | **%** |
| **Number of individuals referred to medical care or provision of treatment** | |  |  |
| *Divided by* | **Number of individuals with a positive test** |  |
| Met (Please double right click to mark X for Met) | | | |
| Not Met – (Please double right click to mark X for Not Met) Explanation: | | | |
| **Standard E:** 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** | |  |  |
| *Divided by* | **Number of individuals newly diagnosed with HIV** |  |
| Met (Please double right click to mark X for Met) | | | |
| Not Met – (Please double right click to mark X for Not Met) Explanation: | | | |
| **Standard F:** 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** | |  |  |
| *Divided by* | **Number of individuals newly diagnosed with HIV** |  |
| Met (Please double right click to mark X for Met) | | | |
| Not Met – (Please double right click to mark X for Not Met) Explanation: | | | |
| **Standard G:** 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 and out of care linked within 3 months** | |  |  |
| *Divided by* | **Number of individuals previously diagnosed with HIV and out of care** |  |
| Met (Please double right click to mark X for Met) | | | |
| Not Met – (Please double right click to mark X for Not Met) Explanation: | | | |

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