# Handout 1: Monitoring Connecticut's 5-Year Comprehensive HIV Prevention and Care Plan DRAFT

#### **Overall Approach:**

- **CIRA Partnership**. Explore a partnership with CIRA to help evaluate the Plan.
- **Compiling the Information**. To the extent possible, build on **existing** monitoring and reporting efforts to gather information on Plan implementation (e.g., federal and state reports, CHPC Committee reports). Work with CHPC members and participants to add Plan-specific questions to existing reports. Consider developing an **online survey** that requests Plan-specific information drawing on the approach by Ryan White Hartford for its Early Identification of Individuals with HIV/AIDS/Hepatitis (EIIHAH) grant. Start with a **pilot-test** of this approach in 2023. See Page 3 for initial ideas for the pilot-test.
- **Timing**. Ideally, the CHPC would receive updates **twice a year** mid-year for checking on progress and end-of-year for benchmarking vs. Plan milestones. The CHPC could focus on gathering information on specific components of the Plan for a reporting period. The reporting burden could also be eased by looking at the timing for strategies (e.g., marketing campaigns that run for a limited time period as a one-time request).
- Qualitative Data. Incorporate the voices of people with lived experience including people taking PrEP. Engage MAC in these efforts, gather feedback on patient satisfaction surveys, and consider targeted efforts that gather feedback from groups who have been under-represented in needs assessment (e.g., younger people) or with greater identified needs.
- **Performance Measures**. Consider how **CHPC Committees** can be involved in developing performance measures and gathering information on Plan strategies. For example, the ETS Committee could develop performance measures for the HUB strategy. QPM could provide guidance to the committees on the types of information to incorporate (i.e., quantiative and qualitative).
- Presenting Information. Page 2 shows an example of a Plan Update, drawing on the 2017-21 Plan structure. The last column Overall Progress & Next Steps would be completed after discussions with the CHPC. QPM also suggested a more visual dashboard building on DPH's Healthy People 2020 dashboard.
- Assessing Progress. The CHPC can use Plan Updates to assess progress and identify mid-course corrections and adjustments in activities. The CHPC discussion could follow the approach used at the July 2022 meeting, where Anthony Santella (NAP chair) presented themes from the needs assessments and CHPC participants met in small groups to discuss the findings.
- **Communicating QPM's Recommendations**. Share monitoring recommendations with the full CHPC via QPM Updates and a Knowledge Build, and seek feedback from CHPC to develop final version of Monitoring Plan.

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### SAMPLE Plan Update Template – using 2017-21 Plan as a Starting Point

<b>Objective 1.1</b> Decrease the number of new infections by 25%, from 291 in 2014 to 218 in 2021.						
Focus Area	Priority Activities	Performance Measures (as of XXX Date)	Overall Progress & Next Steps			
A. Strengthen statewide communication platform to deliver prevention and health promotion messaging	<ul> <li>Marketing &amp; Communications         <ul> <li>Position <u>www.positivepreventionct.org</u> as a primary gateway for information to the HIV community</li> <li>Use social media channels and marketing campaigns to reach priority populations &amp; into geographic hotspots</li> </ul> </li> <li>Outreach, Engagement &amp; Training         <ul> <li>Train and deploy PLWH and peers on social media and outreach to engage priority populations in focus groups, community listening sessions; message development; and social marketing campaigns</li> <li>Provide tools and coordinate digital event calendars for prevention and risk reduction events</li> <li>Increase involvement of prevention stakeholders with the CHPC committees and statewide plan</li> </ul> </li></ul>	<ul> <li>Ending the Syndemic website launched</li> <li>XXX website views</li> <li>XXX likes</li> <li>XXX trained</li> <li>X social marketing campaigns in geographic hot spots</li> <li>XX peers trained</li> <li>XX listening sessions</li> <li>XX venues engaged (e.g., schools, churches, summer programs)</li> <li>Peer voices: excellent training, but need more follow-up coaching and/or groups to improve effectiveness</li> </ul>	Substantial Progress • Engage MAC members to support Positive Prevention development and outreach • Engage NASTAD to identify additional trainings and tools			
B. Increase access to PrEP and n-PEP	<ul> <li>Marketing &amp; Communications</li> <li>Use marketing and social media campaigns to increase awareness of PrEP, benefits of PrEP and how to access PrEP</li> <li>Publish a digital resource inventory of PrEP providers &amp; resources</li> <li>Outreach, Engagement &amp; Training</li> <li>Train HIV program staff, other peers and staff – including PLWH about PrEP, potential PrEP candidates, and PrEP services and supports</li> <li>Service Delivery Improvements</li> <li>Review and refine clinical delivery systems to offer and deliver PrEP; start with priority populations (e.g., MSM, transgender)</li> <li>Identify opportunities to apply non-clinical support services for individuals on PrEP to improve risk reduction, facilitate medication adherence and retain in care</li> </ul>	<ul> <li><u>Digital resource inventory</u> published</li> <li>X social media campaigns</li> <li>XX peers and staff trained to conduct outreach; # trained to administer &amp; support PrEP</li> <li>XX programs offering PrEP</li> <li>Implementation of PrEP Navigation program as of XXX</li> <li>Development of PrEP Navigation database to measure quality of navigation services</li> <li>YMSM of color: PrEP messages not effective for us</li> </ul>	<ul> <li>Some Progress</li> <li>Implement demonstration project to increase PrEP uptak among YMSM of color</li> <li>DPH develop on- demand webinars for program staff, agencie infuse PrEP into orientation for new staff</li> </ul>			

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#### Sample Plan Reporting Form [could be formatted as an online survey]

1. Reporting Period: 10/1/2022 through 3/31/2023

- 2. Agency / Committee Name:
- 3. Plan Strategies for Reporting (check all that apply):

Goa	al	Strategy	Performance Measure(s)	Check Strategies for Reporting
1.	Prevent new HIV infections	PPCT campaigns	<ul> <li>Include for each strategy as they are developed by the appropriate committee, including qualitative feedback</li> </ul>	Yes – will report on this strategy
		Training on status-neutral care	•	□ Yes – will report on this strategy
		Sexual health education (STI Coalition)	•	Yes – will report on this strategy
		Routine testing implementation	•	Yes – will report on this strategy
		Expand PrEP, PEP, and SSP	•	□ Yes – will report on this strategy
2.	Improve health outcomes for people with HIV	Hub model	•	Yes – will report on this strategy
		Training for providers	•	Yes – will report on this strategy
		CADAP treatment adherence	•	Yes – will report on this strategy
		Adoption of e-health and peer support models	•	□ Yes – will report on this strategy
3.	Reduce HIV- related	Community outreach and PWH engagement	•	□ Yes – will report on this strategy
	disparities and health inequities	Epi, surveillance and needs assessments	•	□ Yes – will report on this strategy
4.	Achieve	DPH ending the syndemic group	•	□ Yes – will report on this strategy
	integrated, coordinated efforts	HIV Funders Group areas of focus	•	□ Yes – will report on this strategy
		Quality Management Summits	•	□ Yes – will report on this strategy
		Workforce training	•	□ Yes – will report on this strategy

4. Attach Relevant Reports / Data for Each Strategy (e.g., funder reports, client satisfaction survey results)

5. Optional: What have been the major accomplishments in implementing each strategy for this reporting period?

6. Optional: What have been the major challenges in implementing each strategy for this reporting period?