## Handout 2: Developing a Monitoring Plan Sample Progress Chart for Discussion Purposes Only

## **Discussion Questions:**

- **Purpose**. What do we want to learn about CT's progress in implementing the Comprehensive Plan?
- **Compiling the Information**. What existing information can we draw on to track Plan implementation? How do we engage the different "implementers" in reporting on progress?
- **Timing**. How often should the CHPC receive updates on Plan implementation? What is reasonable given the resources needed to compile the information?
- **Presenting the Information**. What's the best way to present updates on Plan implementation? What information would be most useful? Easy to understand? What is the appropriate level of detail? [See sample chart below as an example.]
- Using the Information. How can the CHPC and Plan implementers use the progress reports to support Plan adjustments and improvements? What process would we recommend for making sense of the data and using data for improvement? [See Overall Progress & Next Steps column as one example.]

<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	Outcomes 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 www.positivepreventionct.org as a primary gateway for information to the HIV community &amp; the general public</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>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> </ul>	Substantial Progress • Engage MAC members to support Positive Prevention development and outreach • Engage NASTAD to identify additional trainings and tools		

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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>Digital resource inventory completed as of XX</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> </ul>	Some Progress Implement demonstration projects to increase PrEP uptake among YMSM of color DPH develop on- demand webinars for program staff, agencies infuse PrEP into orientation for new stat		