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

Overall Approach:

- **Compiling the Information**. Start with the process to update the Plan used in 2017 – with requests to each funder and/or relevant CHPC Committee (e.g., Positive Prevention, Ending The Sydemic) with a template that follows the Plan structure (see Page 3 for the 2017 Plan Update Tool). Revise process as needed based on feedback from partners.
- **Timing**. Ideally, the CHPC would receive updates twice a year. This may be challenging given the number of partners who need to submit information. For example, it may make sense to update part of Plan in the spring (e.g., Goals 1 and 2) and the remainder of the Plan in the fall (e.g., Goals 3 and 4).
- **Assessing Progress**. The CHPC and HIV Funders Group can use the Plan Updates to assess progress and identify mid-course corrections and adjustments in activities. 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 and HIV Funders Group.

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

Goal 1. Reduce New Infections

Objective 1.1 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	Marketing & Communications o Position www.positivepreventionct.org as a primary gateway for information to the HIV community & the general public o Use social media channels and marketing campaigns to reach priority populations & into geographic hotspots Outreach, Engagement & Training o 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 o Provide tools and coordinate digital event calendars for prevention and risk reduction events o Increase involvement of prevention stakeholders with the CHPC committees and statewide plan	• XXX website views • XXX likes • XXX trained • X social marketing campaigns in geographic hot spots • XX peers trained • XX listening sessions • XX venues engaged (e.g., schools, churches, summer programs)	**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	Marketing & Communications o Use marketing and social media campaigns to increase awareness of PrEP, benefits of PrEP and how to access PrEP o Publish a digital resource inventory of PrEP providers & resources Outreach, Engagement & Training o Train HIV program staff, other peers and staff – including PLWH about PrEP, potential PrEP candidates, and PrEP services and supports Service Delivery Improvements o Review and refine clinical delivery systems to offer and deliver PrEP; start with priority populations (e.g., MSM, transgender) o Identify opportunities to apply non-clinical support services for individuals on PrEP to improve risk reduction, facilitate medication adherence and retain in care	• Digital resource inventory completed as of XX • X social media campaigns • XX peers and staff trained to conduct outreach; # trained to administer & support PrEP • XX programs offering PrEP • Implementation of PrEP Navigation program as of XXX • Development of PrEP Navigation database to measure quality of navigation services	**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 staff

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2017 Plan Update Tool:

Please review the following goals and objectives from our 2017-2021 Integrated HIV Prevention and Care Plan and share information on relevant projects (ongoing or accomplished this year) in the blank space. This tool provides you with the opportunity to share **new** and **innovative** updates. **You are not expected to respond to every section.**

Goal 1. Reduce new infections

Obj. 1.1 Decrease the number of new infections by 25%, from 291 in 2014 to 218 in 2021.
Examples: conducting outreach; community engagement; social marketing; promoting treatment as prevention

Obj. 1.2 Increase # of tests through CT-funded initiatives (routine testing, OTL) from 13,579 in 2014 to 15,000 in 2021.
Examples: implementing advanced testing technology; targeting high risk populations; expanding OTL services

Goal 2. Increase access to care and improve health outcomes for PLWH.

Obj. 2.1 Increase linkage to HIV care in newly diagnosed persons (13+) from 91% in 2014 to 95% in 2021.
Examples: training staff on linkage to care; addressing care barriers; infusing peer-driven model components

Obj. 2.2 Increase viral load suppression among persons in HIV medical care from 86% (2014) to 90% (2021).
Examples: strengthening MCM program; sharing program data to inform funding discussions; promoting PrEP

Goal 3. Reduce HIV-related health disparities and health inequities.

Obj. 3.1 Reduce new HIV diagnoses by 15% by 2021 in the following groups: men who have sex with men (MSM), and Black/ African-American/ Latino men and women.
Examples: sponsor conversations on health equity; implement peer-driven models; target vulnerable populations

Obj. 3.2 Increase involvement in social justice initiatives and partnerships that reduce viral loads to the point of suppression (objective 2.2) and reduce health disparities in new diagnoses (objective 3.1).
Examples: Partner in supportive service initiatives (e.g., mental health, aging); participate in state campaign to end HIV

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Goal 4. Reduce HIV-related health disparities and health inequities.

Obj. 4.1 Build capacity of CHPC to develop, advance planning efforts and diffuse, sustain effective models.
Examples: Utilize communication platform; adjust structure to support Plan; update indicators; engage community

Obj. 4.2 Increase capacity of HIV stakeholders and partners to implement the Statewide HIV Plan.
Examples: engage local health department leaders; develop annual work plan; refresh epi data; share information

Please share any new, relevant, and/or compelling quantitative data or program outcomes. [include key performance measures by strategy]

Please share any new and/or noteworthy discussions or plans for the future not addressed above.

Handout 2: Statewide Integrated Plan 2022-2026
Monitoring Implementation through Performance Measures

Measure Type	Definition	Sample Performance Measures
Quantity	• How much did we do? • How much of the service did we deliver?	• # sessions delivered • # participants • Completion of new product (e.g., website, manual)
Quality	• How well did we do it? • How well did we deliver the service?	• % of participants rating session as good or excellent • % of participants completing program • Program achieving accreditation (quality measure)
Impact	• Is anyone better off? • What changes did we achieve in participants' knowledge, skills, attitudes, behavior and/or circumstances?	• # or % of participants increasing knowledge or pre-post tests • # or % of participants accessing PrEP • # or % of participants stably housed

Plan Strategy	Details / Activities	Potential Performance Measures
Status-Neutral Approach	• All people, regardless of HIV status, are treated in the same way. It all starts with an HIV test. If negative, the focus is on prevention. If positive, participants are started on a treatment regimen. The Plan calls initially for training providers in the status-neutral approach.	•
Hub Model	• An approach to help patients and providers access the services and supports they need from trusted providers in their communities and/or experts across the state. Quickly link people to care and re-engage people in care	•
Routine HIV Testing	• Help providers implement CT's new routine testing law. PPCT campaign that publicizes and normalizes testing.	•
Access to PrEP	• Expand access to PrEP among groups with highest infection rates.	•