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)** | | Routine HIV Screening | | | | |
| **Contract No.** | |  | | | | |
| **Contract Year** | | September 1, 2023 – August 31, 2024 | | | **Year** | **2024** |
| **Months covered** | | September 1, 2023 – February 29, 2024 | | |
| **Prepared By:** | | **Name:** **Title:**  Email: | | | | |
| **If Initial Report** Check box→ |  | **If Revised Report** Check box→ |  | **Revision Date:** Revision Number: | | |

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

# Summary Narrative

* 1. Programmatic Highlights

Briefly describe any significant trends affecting programmatic activities not already described in another section of this report, for example natural disasters, staffing, policy changes, etc., include challenges and success stories, and lessons learned during the reporting period.

* 1. Collaborative Efforts

Describe any collaborative efforts that occurred during this funding period with programs outside your organization to support the sustainability of HIV screening. 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 leaders support HIV testing, loss of funding for low-income housing, local politician supports LGBTQ in the news, etc.).

1. Community Engagement

Briefly discuss activities not already discussed in another section of this report 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.

# Continuous Quality Improvement (CQI) and Monitoring

1. During this reporting period, describe continuous quality improvement monitoring activities performed.
2. List dates when continuous quality improvement 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 |
|  |  |
|  |  |
|  |  |

1. Describe areas identified that need improvement.
2. Describe improvement plan and timeline.
3. Describe any changes made, based on CQI activities, to improve the integration of routine HIV screening as a standard of care in your facility

# Data

1. Describe how routine HIV screening data has been used to evaluate and improve meeting the performance measures.
2. Are you exporting data via the excel spreadsheet from an electronic health record system? Yes  No

If yes, check if you are uploading via Global Scape  or Evaluation Web

Discuss any challenges experienced related to data collection and submission to DSHS.

Explain if you require technical assistance or more trainings on data submission, for example performing quality assurance prior to data submission?

# Staffing

1. List any changes made in staffing supported by this grant, include the position and the dates vacated and/or filled.

# Training

1. List any trainings completed by staff during this reporting period to support the implementation of routine HIV screening.

List any trainings provided to organizational staff during this reporting period to increase awareness of routine HIV screening, Rapid Start, Treatment as Prevention, and or PrEP/nPEP to increase knowledge and skills related to HIV screening and prevention, and referrals to care among organizational staff.

List any anticipated DSHS training or technical assistance needs related to this grant.

# Sustainability

1. Describe any systematic and/or operational changes made to facilitate sustainable implementation of routine HIV screening. For example, changes to enhance the electronic health record system, streamline data submission and or performing data quality monitoring processes prior to submission, integrating routine HIV screening activities into organizational QA activities, improvements to linkage to care process, etc.
2. Is your organization offering other communicable disease screenings, for example STI (chlamydia, gonorrhea, syphilis, etc.), HCV, or other preventive screens, in addition to routine HIV screening? Yes  No

If Yes, list the screenings your organization is offering and indicate if DSHS Prevention is funding an of these screenings.

### Routine HIV Screening Performance Measures and Standards

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** | | | |
| **Objective A:** Projected number of patients who will be eligible for routine HIV screening based on your organization’s eligibility criteria and your caseload volume | | | **%** |
| **Number of patients eligible** | |  |  |
| *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: | | | |
| **Objective B**: Projected minimum number of HIV tests | | | **%** |
| **Number of tests performed** | |  |  |
| *Divided by* | **Annual Goal** |  |
| Met | | | |
| Not Met – Explanation: | | | |
| **Objective C**: Projected minimum number of individuals newly diagnosed with HIV. | | | **%** |
| **Total number of individuals newly diagnosed** | |  |  |
| *Divided by* | **Annual Goal** |  |
| Met | | | |
| Not Met – Explanation: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Standards** | | | |
| **Standard A:** At least **95 percent** of individuals with a positive HIV test will receive their test results | | | **%** |
| **Number of individuals with positive HIV test that received their test results** | |  |  |
| *Divided by* | **Number of individuals with positive HIV test** |  |
| Met | | | |
| Not Met – Explanation: | | | |
| **Standard B.1:** At least **85 percent** 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 one month** | |  |  |
| *Divided by* | **Number of individuals newly diagnosed with HIV** |  |
| Met | | | |
| Not Met – Explanation: | | | |
| **Standard B.2:** At least **90 percent** of individuals newly diagnosed with HIV will be linked to HIV-related medical care within 3 months. | | | **%** |
| **Number of individuals with a positive HIV test result who received results counseling** | |  |  |
| *Divided by* | **Number of individuals newly diagnosed with HIV** |  |
| Met | | | |
| Not Met – Explanation: | | | |
| **Standard C.1:** At least **85** percent of individuals previously diagnosed with HIV will be linked to HIV-related medical care within one months. | | | **%** |
| **Number of individuals previously diagnosed with HIV and out of care linked within 1 month** | |  |  |
| *Divided by* | **Number of individuals previously diagnosed with HIV and out of care** |  |
| Met | | | |
| Not Met – Explanation: | | | |
| **Standard C.2:** At least 90% of individuals previously diagnosed with HIV will be linked to HIV-related medical care within three months. | | | **%** |
| **Number of individuals previously diagnosed with HIV and out of care and linked within 3 months** | |  |  |
| *Divided by* | **Number of individuals previously diagnosed with HIV and out of care** |  |
| Met | | | |
| Not Met – Explanation: | | | |
| **Standard D:** Maintain at least a minimum of 0.1% overall HIV positivity rate | | | **%** |
| **Total number of positive HIV test results** | |  |  |
| *Divided by* | **Total number of HIV tests performed** |  |
| Met | | | |
| Not Met – Explanation: | | | |

For any of the above performance measures and standards where there were no challenges experienced, **discuss strategies responsible for success**. For example, describe the linkage to care process/model; collaboration with HIV medical care or HIV prevention organizations in your community; promotion of Treatment as Prevention (TasP), or Undetectable Equals Untransmissible (U=U); Pre-Exposure Prophylaxis (PrEP); non-occupational post-exposure prophylaxis (nPEP); etc.