

## 2018 PERFORMANCE DASHBOARD

### ONE: Identify persons with HIV infection and uninfected persons at risk for HIV infection.

(1)1. Outcome: Increased number of persons who are aware of their HIV status.	SELECTED INDICATORS	PERFORMANCE: ↑ Exceeding Goal. ⇒ Meeting Goal. ↓ Not Meeting Goal. X = Cumulative Result/No Goal.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
<p>➤ How many Vermonters at <b>HIGHEST RISK</b> for HIV were <b>TESTED</b> through HIV TRL-ASO this quarter?</p> <p><i>HIV TRL-ASO = HIV Testing, Referral &amp; Linkage through AIDS Service Organizations</i></p>	# HIGHEST RISK TESTED TRL ASO	25	27	34	20	106	X	X
<p>➤ What percent of Vermonters <b>TESTED</b> through HIV <b>TRL-ASO</b> were <b>MSM</b>?</p>	# MSM TESTED TRL ASO	17	17	19	11	64 of 106: <b>60%</b>	50% OF ALL TESTS	↑↑
<p>➤ What percent of Vermonters <b>TESTED</b> through <b>ALL</b> HIV <b>TRL</b> programming were <b>MSM</b>?</p> <p><i>TRL-ASO &amp; TRL-PrEP Embedded Program</i></p>	# MSM TESTED TRL ASO & TRL PREP	31	33	37	41	142 of 248: <b>57%</b>	50% OF ALL TESTS	↑↑

**ONE: Identify persons with HIV infection and uninfected persons at risk for HIV infection.**

(1)2. Outcome: Increased participation in HIV partner services among persons with diagnosed HIV infection.	SELECTED INDICATORS	PERFORMANCE: ↑ Exceeding Goal. ⇒ Meeting Goal. ↓ Not Meeting Goal. X = Cumulative Result/No Goal.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
➤ Total number PLWH REFERRED TO PARTNER SERVICES	# REF TO PARTNER SERVICES	4	19	18	32	73	X	X
○ Through CLEAR services	#PWID REF TO PS	0	0	0	0	0	X	X
○ Through TRL PReP Program	# TESTED REF to PS	1	1	0	0	2	X	X
○ Through TRL ASO Program	# TESTED REF to PS	0	0	0	0	0	X	X
○ Through NonMedical Case Management	# NMCM REF to PS	1	1	0	1	3	X	X
○ Through Medical Case Management	# MCM REF to PS	2	17	17	30	66	X	X
○ Through Psychosocial Support	# PSYSOC REF to PS	0	0	1	1	0	X	X
➤ Total number of referred PLWH LINKED TO PARTNER SERVICES	# LINK TO PARTNER SERVICES						X	X

**TWO:**

**Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH).**

(2)1. Outcome: Increased linkage to and retention in HIV medical care among PLWH.	SELECTED INDICATORS	PERFORMANCE: ↑ Exceeding Goal. ⇒ Meeting Goal. ↓ Not Meeting Goal. X = Cumulative Result/No Goal.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
➤ How many Vermonters at <b>HIGHEST RISK</b> tested HIV positive (+)?	# HIGHEST RISK TESTED HIV+	1	1	0	0	2	X	X
➤ What percentage of Vermonters at <b>HIGHEST RISK TESTED</b> HIV positive (+) were <b>LINKED TO MEDICAL CARE</b> within three (3) <b>WEEKS</b> of diagnosis?	% HIGHEST RISK TESTED HIV+: <b>LINKED TO MED CARE 3WKS</b>	1	1	0	0	2 of 2: <b>100%</b>	90%	↑↑
➤ What percent of PLWH <b>SERVED</b> with <b>Non-Medical Case Management</b> had ~1 <b>MEDICAL APPOINTMENT</b> within last six (6) <b>MONTHS</b> ?	% <b>SERVED NMCM: ~1 MED APP W/IN LAST 6 MO</b>		260		260	<b>90%</b> WEIGHTED	90%	⇒
➤ What percent of <b>PLWH SERVED</b> with <b>PSYCHOSOCIAL Support</b> , were <b>CONNECTED TO BIOMEDICAL</b> intervention and/or <b>ADHERENCE</b> counseling this quarter?	% <b>PLWH SERVED w/PSYCHOSOCIAL: CONNECTED TO BIOMED/ADH</b>	15	16	15	26	<b>73%</b> WEIGHTED	100%	↓↓
➤ What percent of active-patient <b>PLWH</b> served with <b>Out-Patient Ambulatory Medical Care (OPAC)</b> , had ~ one (1) <b>MEDICAL APPOINTMENT</b> within last six (6) <b>MONTHS</b> ?	% <b>PLWH SERVED W/OPAC: ~1 MED APP &lt;6 MO</b>		295		307	<b>82%</b> WEIGHTED	90%	↓↓
➤ How many <b>PLWH</b> assessed for navigation services were <b>SERVED</b> with <b>NAVIGATION</b> services this quarter? <i>ASD: Assessed; SRV: Served</i>	# <b>PLWH SERVED W/NAVIGATION</b>	Service Provider Contract Under Revision				--	--	--

<b>TWO: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection.</b>								
<b>(2)3. Outcome:</b> Increased HIV viral load suppression among PLWH	SELECTED INDICATORS	PERFORMANCE: ↑ Exceeding Goal. ⇒ Meeting Goal. ↓ Not Meeting Goal. X = Cumulative Result/No Goal.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
➤ How many unduplicated PLWH are <b>ACTIVE PATIENTS</b> in <b>Medical Case Management (MCM)</b> ?	# PLWH ACTIVE PTS in MCM	209	354	390	380	--	X	X
➤ What percent of <b>ACTIVE PATIENTS</b> in <b>MCM PRESCRIBED ARV</b> ?	% ACTIVE PTS in MCM PRESCRIBED ARV	280*	338	378	374	100% <small>WEIGHTED</small>	100%	⇒
➤ How many <b>PLWH on HAART</b> with <b>Viral Load &gt; 200</b> copies were served in <b>MCM</b> ?	# PLWH ON HAART w/VL > 200 in MCM	11	18	25	23	77	X	X
➤ What percent <b>PLWH ON HAART</b> with <b>Viral Load &gt; 200</b> were linked to <b>ADHERENCE COUNSELING</b> two (2) or more times, at least three (3) <b>MONTHS</b> apart, this quarter?	% PLWH ON HAART w/VL > 200 LINKED to ADH CNSL ~2 IN > 3 MO	7	12	16	13	48 of 77 62%	90%	↓↓
➤ What percent <b>PLWH</b> with <b>Viral Load &gt; 200</b> in <b>MCM</b> (including Treatment Adherence) experienced <b>INCREASE</b> in <b>ADHERENCE SCORE</b> ?	% PLWH ON HAART w/VL > 200 in MCM INC ADH SCORE	1	0	1	2	4 of 48 8%	60%	↓↓
➤ How many <b>PLWH SERVED</b> with <b>NAVIGATION</b> services, <b>OBTAINED</b> appropriate <b>BIOMEDICAL</b> intervention and/or <b>ADHERENCE COUNSELING</b> this quarter?	#PLWH SERVED W/NAV: OBT BIOMED/ADH	<i>Service Provider Contract Under Revision</i>				--	--	--

**TWO:**

**Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection.**

(2)4. Outcome: Decreased risk behaviors among PLWH at risk for transmission	SELECTED INDICATORS	PERFORMANCE: ↑ Exceeding Goal. ⇒ Meeting Goal. ↓ Not Meeting Goal. X = Cumulative Result/No Goal.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
➤ How many <b>PLWH SERVED</b> with <b>Non-Medical Case Management</b> in 6mo reporting period?	# PLWH SERV NMCM		287		291	291	X	X
➤ How many client <b>REQUESTS FOR MEDICAL TRANSPORTATION</b> made in this quarter?	# REQUESTS MED TRANSPORT	239	269	202	207	917	X	X
➤ How many <b>MEDICAL TRANSPORTATION VOUCHERS</b> were issues this quarter?	# MED TRANSPORT VOUCHERS	171	213	146	134	664	X	X
➤ How many <b>PHYSICAL MEDICAL TRANSPORTS</b> provided by case managers?	# MED TRANSPORT BY CM	68	56	54	70	248	X	X
➤ How many <b>PLWH SERVED</b> with <b>Non-Medical Case Management</b> have received Emergency Financial Assistance?	# PLWH SERV NMCM REC'D EFA	169	139	143	150	601	X	X
➤ How many <b>PLWH SERVED</b> with <b>Non-Medical Case Management</b> receiving <b>EMERGENCY FINANCIAL ASSISTANCE NEW</b> this quarter?	# PLWH SERV NMCM REC'D EFA <u>NEW</u>	169	30	42	17	258	X	X
➤ How many <b>PLWH SERVED</b> with <b>Non-Medical Case Management</b> that <b>RECEIVED EFA</b> are <b>STABLY HOUSED</b> this quarter?	# SERV NMCM: REC'D EFA STABLY HOUSED	159	129	136	138	93% <small>WEIGHTED</small>	95%	↓↓
➤ How many <b>MP+ GROUPS</b> held this quarter?	# MP+ GPS	0	0	1	1	2	X	X

➤ How many Mixed Status (+/-) MGROUPS (MPGS) held this quarter?	# (+/-) MGPS	1	2	0	1	4	X	X
➤ How many HIV+ MSM completed an MP+ GROUP?	# MSM PLWH: MP+	0	0	7	5	12	10	↑↑
➤ How many MSM completed a Mixed Status (+/-) MGROUP (MGP)?	# MSM: (+/-) MGP	11	14	0	17	42	46	↓↓
➤ How many PLWH PATIENTS NEW to CLINIC and SEEN by MEDICAL PROVIDER?	# PTS NEW to CLINIC SEEN BY MED PRVDR	12	2	8	10	32	X	X
➤ What percent of NEW PATIENTS were SCREENED FOR NUTRITIONAL NEEDS?	% NEW PTS SCRND for NUTR NEEDS	5	2	8	10	25 of 32: 78%	90%	↓↓
➤ How many patients SCREENED POSITIVE for NUTRITIONAL NEEDS?	# PTS SCRND + NUTR NEEDS	48	12	12	18	90	X	X
➤ What percent of patients SCREENING POSITIVE for NUTRITIONAL NEEDS had FIRST APPOINTMENT with DIETICIAN (phone or in person) in 6 mo report period?	% PTS SCRND + NUTR NEEDS had 1 <sup>ST</sup> APPT w/DIETICIAN		12		18	30 of 90: 33%	90%	↓↓
➤ Out-Patient Ambulatory Medical Care (OPAC): How many ACTIVE PATIENTS in 6 month reporting period?	# OPAC ACTIVE PTS		354		380	734	X	X
➤ OPAC: What percent of ACTIVE PATIENTS have had AT LEAST ONE (~1) MEDICAL VISIT within last six months?	% OPAC ACTIVE PTS ~1 MED VISIT		295		307	82% WEIGHTED	80%	↑↑
➤ OPAC: How many ACTIVE PATIENTS were HIV+ MSM?	# OPAC ACTIVE PTS HIV+ MSM	184	61	69	103	417	X	X
➤ OPAC: What percent of HIV+ MSM were TESTED FOR GONORRHEA?	# OPAC HIV+ MSM TESTED GONORRHEA	46	11	14	26	23% WEIGHTED	50%	↓↓
➤ OPAC: What percent of HIV+ MSM were TESTED FOR SYPHILIS?	# OPAC HIV+ MSM TESTED SYPHILIS	49	10	16	32	26% WEIGHTED	50%	↓↓

➤ <b>OPAC:</b> What percent of <b>ACTIVE PATIENTS</b> have <b>SUPPRESSED VIRAL LOAD &lt; 200cp/ml</b> , drawn within last 12 months?	<b>% OPAC ACTIVE PTS w/VIRAL LOAD &lt; 200</b>	252	317	366	356	<b>91%</b> WEIGHTED	90%	↑↑
➤ <b>OPAC:</b> How many <b>ACTIVE PATIENTS</b> received <b>HIV DIAGNOSIS</b> in <b>LAST 3 MOS?</b>	<b># OPAC ACTIVE PTS REC'D HIV DIAG in &lt; 3 MO</b>	2	0	5	3	<b>10</b>	<b>X</b>	<b>X</b>
➤ <b>OPAC:</b> What percent of <b>ACTIVE PATIENTS</b> receiving HIV diagnosis in last 3 months were <b>PRESCRIBED ARV?</b>	<b># OPAC PTS REC'D HIV DIAG &lt; 3 MO PRESCRIBED ARV</b>	2	0	5	3	10 of 10: <b>100%</b>	95%	↑↑
➤ What percent of <b>PLWH</b> , twelve years and older ( <b>12+</b> ) have been <b>SCREENED FOR CLINICAL DEPRESSION?</b>	<b>% PLWH 12+ SCR FOR CLIN DEPRESSION</b>	76%	88%	93%	91%	<b>87%</b> WEIGHTED	EST BASE-LINE	⇒
➤ What percent of <b>PATIENTS</b> with an HIV diagnosis ( <b>HIV+</b> ) <b>RECEIVED MENTAL HEALTH TREATMENT SERVICES?</b>	<b>% PTS REC'D MH TREATMENT SERVICES</b>	4%	1%	7%	11%	<b>6%</b> WEIGHTED	EST BASE-LINE	⇒
➤ What percent of <b>PATIENTS</b> with an HIV diagnosis ( <b>HIV+</b> ) were <b>SCREENED FOR SUBSTANCE USE?</b>	<b>% HIV+ PTS SCR for SUB USE</b>	72%	92%	93%	87%	<b>86%</b>	EST BASE-LINE	⇒
➤ What percent of <b>PATIENTS</b> with an HIV diagnosis ( <b>HIV+</b> ) received <b>SUBSTANCE ABUSE TREATMENT</b> services?	<b>% HIV+ PT RECEIVED SA TRTMNT</b>	3%	4%	5%	3%	<b>4%</b> WEIGHTED	EST BASE-LINE	⇒

<b>THREE: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection.</b>									
<b>(3)1. Outcome:</b> Increased referral of persons eligible for PrEP.	SELECTED INDICATORS	PERFORMANCE: ↑ Exceeding Goal. ⇒ Meeting Goal. ↓ Not Meeting Goal. X = Cumulative Result/No Goal.							
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL		
<b>TRL-ASO PROGRAM</b>									
○ How many <b>MSM</b> were <b>TESTED</b> for HIV through <b>TRL-ASO</b> ?	<b># MSM TESTED</b>	17	17	19	11	64	X	X	
○ What percent of <b>MSM TESTED</b> for HIV through <b>TRL-ASO</b> were <b>ASSESSED FOR PrEP</b> with the CDC assessment tool?	<b># MSM TESTED: ASSD FOR PrEP</b>	6	15	15	11	47 of 64: <b>73%</b>	100%	↓↓	
○ What percent of <b>MSM</b> that <b>SCORED</b> ten or higher ( <b>10+</b> ) on the CDC PrEP assessment tool were offered <b>REFERRAL TO PrEP</b> services?	<b># MSM SCORED 10+: REF TO PrEP</b>	1	7	7	9	25 of 47: <b>53%</b>	100% OF 10+ MEN	↓↓	
<b>TRL-PrEP PROGRAM</b>									
○ How many <b>MSM</b> were <b>TESTED</b> for HIV through <b>TRL-PrEP</b> program?	<b># MSM TESTED</b>	14	16	18	30	78	25/QTR 100	↓↓	
○ What percent of <b>MSM TESTED</b> for HIV through <b>TRL-PrEP</b> were <b>ASSESSED FOR PrEP</b> with CDC assessment tool?	<b># MSM TESTED: ASSD FOR PrEP</b>	13	15	17	30	75 of 78: <b>96%</b>	100%	↓↓	
○ What percent of <b>MSM</b> that <b>SCORED</b> ten or higher ( <b>10+</b> ) on CDC assessment tool were offered <b>REFERRAL TO PrEP</b> services?	<b># MSM SCORED 10+: REF TO PrEP</b>	11	13	6	12	42 of 59: <b>71%</b>	100% OF 10+ MEN	↓↓	



**THREE:**

**Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection.**

<b>(3)2. Outcome:</b> Increased prescription of PrEP to persons for whom PrEP is indicated. (PCVT)	SELECTED INDICATORS	PERFORMANCE: <span style="color: green;">↑</span> Exceeding Goal. <span style="color: blue;">⇒</span> Meeting Goal. <span style="color: red;">↓</span> Not Meeting Goal. X = Cumulative Result/No Goal.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	

**TRL-ASO PROGRAM**

➤ How many <b>MSM</b> tested <b>SCOREd</b> ten or higher ( <b>10+</b> ) on CDC PrEP assessment tool?	# MSM TRL-ASO <b>SCORE 10+</b>	2	7	7	9	25	X	X
➤ What percent of <b>MSM</b> that <b>SCOREd</b> ten or higher ( <b>10+</b> ) on the CDC PrEP assessment tool were offered <b>REFerral TO PrEP</b> services?	# MSM <b>SCORE 10+:</b> <b>REF TO PrEP</b>	1	2	3	9	15 of 25 <b>60%</b>	100% OF 10+ MEN	↓↓
➤ Of <b>MSM</b> offered <b>REFerral</b> to <b>PrEP</b> services, how many <b>ACCePTeD REFerral</b> ?	# MSM REF PrEP: <b>ACCPTD REF</b>	1	3	6	2	12	X	X
➤ vxWhat percent of <b>MSM</b> accepting <b>REFerral</b> to <b>PrEP</b> were <b>LINKED</b> to medical setting for PrEP care?	# MSM REF PrEP: <b>LINKED</b>	0	0	2	1	3 of 12: <b>25%</b>	100% OF MEN ACCPT REF	↓↓

**TRL-PrEP PROGRAM**

➤ How many <b>MSM</b> tested <b>SCOREd</b> ten or higher ( <b>10+</b> ) on CDC PrEP assessment?	# MSM TRL-PrEP <b>SCORE 10+</b>	11	13	15	20	59	X	X
➤ Of <b>MSM</b> that <b>SCOREd</b> ten or higher ( <b>10+</b> ) on the CDC PrEP assessment tool how many were offered <b>REFerral TO PrEP</b> services?	# MSM <b>SCORE 10+:</b> <b>REF TO PrEP</b>	11	13	6	12	42 of 59: <b>71%</b>	100% OF 10+ MEN	↓↓
➤ Of <b>MSM</b> offered <b>REFerral</b> to <b>PrEP</b> services, how many <b>ACCePTeD REFerral</b> ?	# MSM REF PrEP: <b>ACCPTD REF</b>	6	8	6	12	32	X	X
➤ How many <b>MSM</b> accepting <b>REFerral</b> to <b>PrEP</b> <b>LINKED</b> to medical setting for PrEP care?	# MSM REF PrEP: <b>LINKED</b>	2	4	2	9	17 of 32: <b>53%</b>	100% OF MEN ACCPT REF	↓↓

## FOUR: Conduct community-level HIV prevention activities.

(4)2. Outcome: Increased access to syringe service programs for persons who inject drugs.	SELECTED INDICATORS	PERFORMANCE: <span style="color: green;">↑ Exceeding Goal.</span> <span style="color: blue;">⇒ Meeting Goal.</span> <span style="color: red;">↓ Not Meeting Goal.</span> X = Cumulative Result/No Goal.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
		➤ How many IDU clients ENROLLED in CLEAR?	# IDU ENR CLEAR	5	3	8	10	26
➤ How many IDU clients ENGAGED through CLEAR services?	# IDU ENG CLEAR	0	1	1	7	9	15	↓
➤ Number SYRINGES exchanged: IN	# SYR IN	275,961	219,556	277,328	207,936	980,781	X	X
➤ Number SYRINGES exchanged: OUT	# SYR OUT	330,238	318,521	355,465	304,643	1,308,867	X	X
➤ Total unduplicated SSP Membership	# SSP MBR	6,583	6,742	6,896	6,971	6,971	X	X
➤ Number of Members (MBR) EXCHANGING SYRINGES (unduplicated)	# MBR EXCH SYR	961	1,006	908	885	3,760	X	X
➤ Number NEW Members (MBR) EXCHANGING SYRINGES (unduplicated)	# NEW MBR EXCH SYR	165	159	141	121	586	X	X
➤ Number MEMBER VISITS/Encounters	# MBR VISITS	2,350	2,426	2,364	2,160	9,300	X	X
➤ Number SECONDARY EXCHANGES	# SEC EXCH	1,760	1,597	1,643	1,642	6,642	X	X
➤ Number NALOXONE DOSES DISTRIBUTED*	# NLXN DIST	1294	1702	1237	1310	1,050	X	X
➤ Number Members RECEIVING HIV TRL	# MBR REC HIV TRL	60	89	53	16	218	X	X
➤ Number members (MBR) RECEIVING Hepatitis C TESTING per quarter	# MBR REC HCV TEST	43	71	39	10	163	X	X
➤ Number POSITIVE HCV TESTS	# +HCV TEST	21	34	37	6	98	X	X
➤ Number NEGATIVE HCV TESTS	# -HCV TEST	21	37	2	4	64	X	X
➤ Number indeterminate (?) HCV TESTS	# ?HCV TEST	1	0	0	0	1	X	X

\*This number does not include naloxone distributed by Howard Center's Safe Recovery