

<b>ONE: Identify persons with HIV infection and uninfected persons at risk for HIV infection.</b>								
(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 Set.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
➤ How many clients (PWID) engaged in CLEAR services, were TESTED for HIV this quarter?	# PWID IN CLEAR TESTED	1	1	0	2	4 of 20: 20%	80%	↓↓
➤ How many CLEAR clients (PWID) receiving HIV test this quarter had NOT TESTED within 30 DAYS PRIOR TO CLEAR engagement?	# PWID NOT TESTED IN < 30 DAYS PRIOR TO CLEAR	1	1	0	1	3 of 4: 75%	80%	↓↓
➤ How many Vermonters at HIGHEST RISK for HIV were TESTED through HIV TRL ASO this quarter? <i>HIV TRL ASO = HIV Testing, Referral &amp; Linkage through AIDS Service Organizations</i>	# HIGHEST RISK TESTED	63	84	52	43	242	NO # GOAL	X
➤ How many MSM TESTED through HIV TRL ASO this quarter?	# MSM TESTED TRL ASO	21	23	32*	25	101* of 242: 42%	60% OF ALL TESTS	↓↓
➤ How many MSM TESTED through ALL HIV TRL programming this quarter? <i>TRL ASO and TRL PrEP</i>	# MSM TESTED ALL TRL	48	37	47	43	175 of 316: 55%	60% OF ALL TESTS	↓↓ SO CLOSE!

\*These figures do not include the 19 MSM out-of-state residents tested, including 1 MSM/IDU, and 1 out-of-state resident reactive result.

<b>ONE: Identify persons with HIV infection and uninfected persons at risk for HIV infection.</b>								
<b>(1)2. Outcome:</b> 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 Set.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
	# REF TO PARTNER SERVICES						NO # GOAL SET	<b>X</b>
	# LINKED TO PARTNER SERVICES						NO # GOAL SET	<b>X</b>

<b>TWO: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH).</b>								
<b>(2)1. Outcome:</b> Increased linkage to and retention in HIV medical care among PLWH.	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 Set.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
➤ Of Vermonters at <b>HIGHest RISK</b> receiving a positive (+) <b>TEST</b> result, how many were <b>LINKED TO MEDICAL CARE</b> within three (3) <b>Weeks</b> of diagnosis this quarter?	<b># HIGH RISK + TEST: LINKED TO MED CARE 3WKS</b>	0	0	1	0	1: 100%	90%	<span style="color: green;">↑↑</span>
➤ How many PLWH <b>SERVED</b> with <b>Non-Medical Case Management</b> have had <b>NO MEDICAL APPOINTMENT</b> in last six (6) <b>MONTHS</b> ?	<b># SERVED NMCM: NO MED APP &lt;6 MO</b>	20	8	5	9	9 of 253: 5%	<10%	<span style="color: green;">↑↑</span>
➤ How many <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>	19	31	54	24	128 of 139: 92%	100%	<span style="color: red;">↓↓</span>
➤ How many <b>PLWH SERVED</b> with <b>Out-Patient Ambulatory Medical Care</b> , had at least <b>one (1) MEDICAL APPOINTMENT</b> within each <b>six (6) MONTH period</b> in year (minimum of 60 days between appointments)?	<b># PLWH SERVED W/OP AMC: ~1 MED APP &gt;6 MO</b>	NA	337	NA	382	337: 100%	90%	<span style="color: green;">↑↑</span>
➤ How many <b>PLWH</b> assessed for navigation services were <b>SERVED</b> with <b>NAVIGATION</b> services this quarter?	<b># PLWH SERVED W/NAVIGATION</b>	1 SRV 4 ASD	0 SRV 1 ASD	2 SRV 2 ASD	0 SRV 3 ASD	3 SRV of 10 ASD: 30%	(NO SRV # GOAL) 25ASD	<b>X</b> SRV <span style="color: red;">↓↓</span> ASD

ASD: Assessed; SRV: Served

<b>TWO: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection.</b>								
<b>(2)2. Outcome:</b> Increased early initiation of Anti-Retroviral Therapy Among PLWH	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 Set.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
➤ How many individuals <b>TESTING</b> positive (+) for HIV and <b>LINKED TO MEDICAL</b> care, <b>INITIATED HIV THERAPY</b> this quarter?	<b># TESTING + LINKED TO MED &amp; INIT HIV THERAPY</b>	0	0	1	0	1: 100%	NO # GOAL SET	<b>X</b>
➤ How many <b>PLWH SERVED</b> with <b>Non-Medical Case Management (NMCM)</b> are currently <b>PRESCRIBED &amp; ADHERENT</b> to <b>HIV MEDICATION</b> this quarter?	<b># PLWH SERVED W/NMCM: PRESCR/ADH HIV MED</b>	257	244	239	242	242 of 253: 96%	90%	<span style="color: green;">↑↑</span>

<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 Set.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
➤ How many <b>PLWH SERVED</b> with <b>Non-Medical Case Management</b> are <b>PRESCRIBED &amp; ADHERENT</b> to <b>HIV MEDICATION</b> this quarter?	<b># PLWH SERVED W/NMCM: PRESCR/ADH HIV MED</b>	257	244	239	242	242 of 253: 96%	90%	↑↑
➤ How many <b>PLWH ON ARV</b> therapy were <b>ASSESSED/COUNSELED FOR ADHERENCE</b> two (2) or more times, at least three (3) <b>MONTHS</b> apart, this quarter?	<b># PLWH ON ARV: ASSD/ COUNS FOR ADH ~2 IN &gt; 3 MO</b>	NA	82	170	181	433 of 1166: 37%	90%	↓↓
➤ How many <b>PLWH</b> , served with <b>Medical Case Management</b> including Treatment Adherence, experienced <b>INCREASE</b> in <b>ADHERENCE SCORE</b> or <b>MAINTAINED</b> adherence <b>SCORE</b> over <b>95%</b> , this quarter? <i>MT: Maintained Adh Score &gt; 95%</i> <i>IMP: Improved Adh Score</i>	<b># PTS MCM: INCREASE ADH SCORE OR MAINTAINED SCORE &gt; 95%</b>	83 69 <sub>MT</sub> 14 <sub>IMP</sub>	78 70 <sub>MT</sub> 8 <sub>IMP</sub>	47 47 <sub>MT</sub> 0 <sub>IMP</sub>	71 66 <sub>MT</sub> 5 <sub>IMP</sub>	279 of 433: 64%	60% IMP	↑↑
➤ How many <b>PLWH</b> were <b>SERVED</b> with <b>Medical Case Management</b> (including Treatment Adherence) at <b>BURLINGTON</b> location this quarter?	<b># PLWH SERVED MCM BURLINGTON</b>	176	175	148	154	150+	150 UNDUP	↑↑
➤ How many <b>PLWH SERVED</b> with <b>NAVIGATION</b> services, <b>OBTAINED</b> <b>BIOMEDICAL</b> intervention and/or <b>ADHERENCE</b> counseling this quarter?	<b>#PLWH SERVED W/NAV: OBT BIOMED/ADH</b>	1	0	2	0	3 of 3: 100%	100%	⇒

<b>TWO: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection.</b>								
(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 Set.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
➤ How many PLWH have been SERVED with Non-Medical Case Management this quarter?	# PLWH SERV NMCM	260	260	250	253	NA	NO # GOAL SET	X
➤ How many PLWH served with Non-Medical Case Management are currently PRESCRIBED & ADHERENT to HIV MEDICATION this quarter?	# NMCM: PRESCR & ADH TO HIV MEDS	257	244	239	242	242 of 253: 96%	90%	↑
➤ How many PLWH SERVED with Non-Medical Case Management that RECEIVED EFA, are homeless or UNSTABLY HOUSED this quarter?	# SERV NMCM: REC EFA & UNSTABLY HOUSED	3	5	7	10	10 of 132: 8%	<5%	↓↓
➤ Of the MGroups (MPGS) delivered this quarter, how many were for MSM living with HIV (HIV+)?	# MGPS HIV+	0	0	1	1	2 of 9: 22%	2	⇒
➤ Of the MGroups (MPGS) delivered this quarter, how many were for MSM of mixed serostatus (+/-)?	# MGPS +/-	1	2	1	3	7 of 9: 78%	6	↑
➤ For MSM living with HIV (HIV+) this quarter, how many completed an MGroup (MGP)?	# PLWH: MGP HIV+	0	0	4	5	9: 100%	10	⇒

➤ For <b>MSM</b> of unknown or mixed serostatus (+/-) this quarter, how many completed an <b>MGroup (MGP)</b> ?	<b># MSM: MGP +/-</b>	8	15	3	20	46: 100%	46	➡
➤ How many <b>PatientS</b> with HIV ( <b>HIV+</b> ) were <b>SEEN</b> by a <b>DIETICIAN</b> this quarter? <i>NEW &amp; EST = Established</i>	<b># HIV+ PT: SEEN DIETICIAN</b>	4NEW 70EST 74 of 306	2NEW 98EST 100 of 337	2NEW 80EST 82 of 292	0NEW 72EST 72 of 309	17%N 26%E WEIGHTED	80%N 50%E	⇓
➤ How many <b>MSM</b> with an HIV diagnosis ( <b>HIV+</b> ) were <b>TESTED FOR GONorrhea</b> this quarter? <i>[Unduplicated by quarter; weighted total percent]</i>	<b># HIV+MSM TESTED FOR GONR</b>	34 of 196: 17%	13 of 220: 6%	36 of 189: 19%	37 of 208: 18%	15% WEIGHTED	50%	⇓
➤ How many <b>MSM</b> with an HIV diagnosis ( <b>HIV+</b> ) were <b>TESTED FOR SYPHILIS</b> this quarter? <i>[Unduplicated by quarter; weighted total percent]</i>	<b># HIV+MSM TESTED FOR SYPHILIS</b>	36 of 196: 18%	40 of 220: 18%	41 of 189: 22%	40 of 208: 19%	19% WEIGHTED	50%	⇓
➤ How many <b>PLWH</b> , twelve years and older ( <b>12+</b> ) served by your practice, have been <b>SCReened FOR CLINical DEPRession</b> this quarter? <i>[Unduplicated by quarter; weighted total percent]</i>	<b># PLWH 12+ SCR FOR CLIN DEPR</b>	224 of 306: 73%	250 of 337: 74%	226 of 292: 77%	232 of 309: 75%	75% WEIGHTED	EST BASE- LINE	➡
➤ How many <b>UNDUPlicated PatientS</b> , served by your practice, <b>RECEived Mental Health SERVICES</b> this quarter? <i>[Unduplicated by quarter; weighted total percent]</i>	<b># UN DUP PTS REC MH SERVICES</b>	67 of 306: 22%	71 of 337: 21%	74 of 292: 25%	43 of 309: 14%	255: 21% WEIGHTED	70	↑
➤ How many patients with an HIV diagnosis ( <b>HIV+</b> ), served by your practice, have been <b>SCReened and REFERred TO Substance Abuse TReatment</b> services this quarter? <i>[Unduplicated by quarter; weighted total percent]</i>	<b># HIV+ PT SCR/REF TO SA TR</b>	18 of 306: 6%	5 of 337: 1%	5 of 292: 2%	3 of 309: 1%	3% WEIGHTED	EST BASE- LINE	➡

THREE:		Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection.						
(3)1. Outcome: Increased referral of persons eligible for PrEP.	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 Set.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
➤ How many <b>MSM</b> were <b>TESTED</b> for HIV through your <b>TRL</b> embedded with <b>PrEP</b> program?	<b># MSM TESTED: TRL-PrEP</b>	27	14	15	18	74	100	↓↓
➤ How many <b>MSM</b> that were <b>TESTED</b> for HIV this quarter were <b>ASSESS'D FOR PrEP</b> with the CDC assessment tool?	<b># MSM TESTED: ASS'D FOR PrEP</b>	11	14	15	15	55 of 74: 74%	70%	↑↑

<b>THREE:</b> 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: ↑ Exceeding Goal. ⇒ Meeting Goal. ↓ Not Meeting Goal. X = Cumulative Result/No Goal Set.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
➤ How many <b>MSM</b> that <b>SCOREd</b> ten or higher ( <b>10+</b> ) on the CDC PrEP assessment tool were <b>REFErred TO PrEP</b> services this quarter?	<b># MSM 10+ SCORE: REF TO PrEP</b>	11	8	9	13	41 of 41: 100%	100% OF 10+ MEN	⇒
➤ How many <b>MSM REFErred TO PrEP</b> services were <b>LINKED</b> to PrEP services this quarter?	<b># MSM REF TO PrEP: LINKED</b>	0	4	3	9	16 of 41: 39%	25 61% of 41	⇓
➤ How many <b>MSM LINKED</b> to PrEP services <b>RECEIVED</b> at least one ( <b>1</b> ) <b>Follow-Up CONTACT</b> this quarter?	<b># MSM LINKED: REC 1 F/U CONTACT</b>	0	0	0	9	9 of 16: 56%	100%	⇓

<b>FOUR: Conduct community-level HIV prevention activities.</b>								
<b>(4)1. Outcome:</b> Increased availability of condoms among persons living with or at risk for HIV infection.	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 Set.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
	<b># DIST</b>						NO # GOAL SET	<b>X</b>
	<b># DIST TO HIV+</b>						NO # GOAL SET	<b>X</b>

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

(4)2. Outcome: Increased access to syringe service programs for persons who inject drugs.	SELECTED INDICATORS	PERFORMANCE: ↑ Exceeding Goal. ⇒ Meeting Goal. ↓ Not Meeting Goal. X = Cumulative Result/No Goal Set.						
		Q #1	Q #2	Q #3	Q #4	YTD	GOAL	
➤ Number IDU clients ENRolled in CLEAR services this quarter?	# IDU ENR CLEAR	4	3	1	2	10	15	↓↓
➤ Number IDU clients ENGaged through CLEAR services this quarter?	# IDU ENG CLEAR	4	7	4	5	20	15	↑↑
➤ Number SYRinges exchanged/mo: IN	# SYR IN	179,813	154,130	179,321	185,928	699,192	NO # GOAL	X
➤ Number SYRinges exchanged/mo: OUT	# SYR OUT	304,534	291,151	305,189	289,014	1,189,888	NO # GOAL	X
➤ Total unduplicated SSP Membership (MBR)	# SSP MBR	5,854	6078	6237	6417	6417	NO # GOAL	X
➤ Number NEW Members (MBR) EXCHanging SYRinges	# NEW MBR EXCH SYR	166	144	154	167	631	NO # GOAL	X
➤ Number Member VISIT/Encounter	# MBR VISIT	2,620	2581	2495	2421	10,117	NO # GOAL	X
➤ Number SECondary EXCHanges	# SEC EXCH	1,755	1882	1624	1589	6,850	NO # GOAL	X
➤ Number Members (MBR) RECeiving HIV TRL	# MBR REC HIV TRL	27	31	11	36	105	NO # GOAL	X
➤ Number members (MBR) RECeiving Hepatitis C Virus TESTing per quarter	# MBR REC HCV TEST	14	11	8	40	73	NO # GOAL	X
➤ Number POSitive HCV TESTS	# +HCV TEST	8	3	5	14	30	NO # GOAL	X
➤ Number NEGative HCV TESTS	# -HCV TEST	4	8	3	12	27	NO # GOAL	X
➤ Number indeterminate (?) HCV TESTS	# ?HCV TEST	0	0	0	0	0	NO # GOAL	X