

IPG IMPLEMENTATION PLAN, 2013-2015

***IPG = Oregon HIV/Viral Hepatitis/Sexually Transmitted Infection Integrated Planning Group**



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Oregon's Integrated Planning Group for HIV and Co-occurring Sexually Transmitted Infections and Viral Hepatitis Prevention and Services

The Oregon Health Authority Public Health Division is committed to lifelong health for all people in Oregon. The Public Health Division's mission is to promote health and prevent the leading causes of death, disease and injury in Oregon, including HIV, Viral Hepatitis (VH), and other sexually transmitted infections (STIs).

In 2012, the HIV/STD/TB Section of the Oregon Health Authority convened a statewide planning group to promote and support a comprehensive and integrated approach to: 1) preventing HIV infection and co-infections with VH and STI, and 2) providing quality care for those who are infected with HIV and co-occurring VH and/or STI. This planning group, called the Integrated HIV/VH/STI Planning Group (IPG) represents a departure from past planning efforts, in which responsibility for planning HIV prevention, HIV care services, STI prevention and care, and VH prevention and care activities was held by separate entities. The IPG aims to create the knowledge, tools, and networks that people and communities in Oregon need to protect their health from all of these related infections.

The IPG Implementation Plan

Similar to the National HIV/AIDS Strategy, the IPG created two planning documents. First, the members of IPG formed committees to identify strategic priorities in the areas of Prevention, Access to Services, and Coordination of Services. Then, OHA staff responsible for administering Oregon's HIV/STD/TB Programs developed an implementation plan based on the strategic priorities outlined by the IPG membership. This Implementation Plan is not exhaustive; it neither describes all of the activities conducted by Oregon's HIV/STD/TB Program staff, nor does it include all of the many partners working towards the implementation goals listed in the document. Instead, it aims to encapsulate OHA's response to the strategic goals identified by IPG and will serve as a roadmap for collectively moving forward to achieve those strategic goals.

The HIV Treatment Cascade

The HIV/AIDS treatment cascade is a way to understand and show how many individuals living with HIV/AIDS are receiving the full benefits of the medical care and treatment they need. The model was first described by Dr. Edward Gardner and colleagues, who reviewed current HIV/AIDS research and developed estimates of how many individuals in the United States are engaged at various steps in the continuum of care from diagnosis through viral suppression. Their analysis, published in the March 2011 edition of the Journal of Clinical Infectious Diseases, found that along each step of the cascade, a significant number of PLWH "fall off," leaving only a minority of PLWH actually achieving viral suppression. Since then, the Centers for Disease Control & Prevention have developed national estimates from surveillance data, and Oregon has developed statewide estimates. Both national and state estimates mirror Gardner's results, showing the proportion of people "lost" along the continuum from screening and identification to viral suppression.

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The HIV/AIDS treatment cascade provides a way to examine critical questions fundamental to planning like:

- How many individuals living with HIV are getting tested and diagnosed?
- Of those, how many are linked to medical care?
- Of those, how many are retained in care?
- Of those, how many receive ART?
- Of those, how many are able to adhere to their treatment plan and achieve viral suppression?

By closely examining these separate steps, IPG members, policymakers and service providers are able to pinpoint where gaps may exist in connecting individuals living with HIV/AIDS to sustained, quality care. Knowing where the drop-offs are most pronounced, and for what populations, helps national, state and local policymakers and service providers to implement system improvements and service enhancements that better support individuals as they move from one step in the continuum to the next.

As colleagues at the CDC have noted, to meet the goals of the National HIV/AIDS Strategy and break the cycle of HIV transmission in the United States we must achieve high levels of engagement at every stage in the continuum.

Organization of the IPG Implementation Plan:

The IPG Implementation Plan is organized around the HIV Treatment Cascade model, in order to show how each goal, objective, and activity can help boost engagement at that stage in the continuum. Using this model helps unify the important strategies and approaches identified by the 2012 IPG committees, some of which overlapped. The Implementation Plan is a working document and is expected to grow and change over time. Similar to the IPG Strategic Plan, care-related activities refer to the Part B service area unless noted to be statewide or serving a specific population, like the CAREAssist population, which, by default, would impact PLWH statewide. An acronym list is available at the end of the document.

PREVENTION



Goals related to prevention	SMART objective	Actions to achieve goal (How do we get there?)	Status	Progress & Plans
Ensure that all PLWH have access to STI and VH screening, treatment, and education	Include STI and VH messaging in a minimum of 10 new materials or trainings for PLWH or their providers.	<p>Assess efficacy of providing educational materials in traditional methods and/or in some hybrid manner which allows materials to be available in hard copy or online.</p> <p>Review existing educational materials for PLWH, integrate messages wherever possible, and submit to program review panel.</p>	Ongoing	Revised Target date: 12/31/2015.
	Increase the proportion of MSM receiving HIV care in Oregon and reporting anal sex without a condom who report STI screening in the past 12 months from 60% (2009-2010) to 80%.(data source: MMP)	Partner with care-oriented groups (Parts A and B, Part C, AETC) to assess best ways to promote current clinical recommendations regarding VH and STI screenings among HIV clinical care providers.	In progress	<p>HCV clinical guidance has been published as a “living document.” Recommendations for persons with HCV/HIV co-infection were updated on 3/15/15.</p> <p>Article published March 2014 in AIDS Care: Hepatitis C treatment eligibility among HIV-hepatitis C virus coinfecting patients in Oregon: a population-based sample.</p> <p>The HIV and VH Programs met with the AETC about training in 2014. The AETC is collaborating on HIV case manager training (2015) and will include an update on HCV. The AETC provides HIV and HCV updates to the Oregon Correctional medical staff at their annual corrections focused training.</p>

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				<p>OHA HST Medical Epidemiologist has engaged with several HIV care sites regarding integration of routine syphilis screening with CD4/VL labs. Already implemented at Multnomah County HIV Clinic and Kaiser Permanente with other sites likely to follow.</p>
		<p>Explore a partnership with the Northwest Addiction Training Technology Transfer Center (ATTC) to assess whether/how we can promote current clinical recommendations regarding HAV/HBV vaccination, VH, STI and HIV screenings among addiction treatment service providers.</p>	<p>In progress</p>	<p>The VH Program worked with the ATTC on the Oregon VH Epi Profile. A full report will be published when finished. A summary of Hepatitis C in Oregon is available.</p> <p>The ATTC conducted a substance abuse treatment provider needs assessment on HCV in January 2014 and determined that the ATTC needed to develop a curriculum. The current NWATTC website links to an online training from another ATTC. Currently there is not hepatitis training available through NWATTC.</p>
		<p>Continue to participate in the Syphilis Workgroup (Portland metro area)</p>	<p>Ongoing</p>	<p>A rapid ethnographic assessment (1/2014), case control study (Feb 2014), and case records review (Feb. 2014) were conducted to better understand risk factors, community factors, and health system factors contributing to the syphilis epidemic.</p> <p>Syphilis Town Hall held in March 2015 to disseminate findings from 2014 studies and to gather stakeholder input. OHA staff continue to participate in Syphilis Workgroup.</p>

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Priority populations for HIV prevention will have access to condoms	At least 70% of condoms purchased by the OHA HIV Prevention Program will be distributed to the state's priority populations for HIV prevention (PLWH and their partners, MSM and PWID).	Continued implementation of condom distribution, with the requirement that at least 70% be targeted.	Ongoing	This requirement went into effect 1/2012.
		Enter Oregon condom distribution sites into the iCondom app to promote their availability.	Deleted	Because of decreased funding and ongoing changes in the number of condom distribution sites, use of the iCondom app is no longer a priority.
		Explore non-traditional partners that might be able to fund (e.g., private foundations) or conduct (e.g., adult video stores) condom distribution. <ul style="list-style-type: none"> Meet with adult video or bookstore owners to propose a condom distribution program. 	Ongoing	In 2014, OHA HIV/STD staff met with OHA Public Health Division leadership to discuss policy initiatives related to public sex environments. The policy initiative was not deemed a priority. However, LHDs and CBOs are continuing to distribute educational materials and even test kits in such environments.
		Continue implementation of condom distribution to clients with indicators of non-adherence through the Medical Therapy Management Program.	Ongoing	In progress. MTM condom distribution ongoing through Wellpartner, however only 1 person accessed this service in 2013.
		Compile the state condom distribution program information in a single document for posting online; update annually.	Completed	The OHA HIV Prevention Program's Condom Distribution Plan is available at http://bit.ly/ORreports .
Increase disclosure of HIV-positive status by PLWH before their first risk encounter with a new partner.	Increase the proportion of MSM receiving HIV care in Oregon and reporting anal sex without a condom who report discussing their HIV+ status with all sex partners in the past 12 months before having sex for the first time from 72% (2009-2010) to 85%.	With input from PLWH and providers, develop an online training for providers who serve PLWH about risk reduction with PLWH that includes messaging about HIV status disclosure and serosorting.	Completed	An online HIV Prevention Essentials training was released 4/2015. The training addresses disclosure and serosorting among PLWH and includes tips for discussing these topics with clients.
Increase disclosure of unknown or negative HIV status by people with high-risk behavior before their first risk encounter with a new partner.	Disseminate information about serosorting and disclosure (efficacy and key messages) to HIV service providers by 10/1/13.	Perform a literature review and develop consistent messaging about status disclosure and serosorting and distribute via a fact sheet or newsletter.	In progress	An online HIV Prevention Essentials training was released 4/2015. The training addresses serosorting and includes tips for discussing these topics with clients. A fact sheet is forthcoming (by 7/2015).

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Implement structural/policy changes that support HIV prevention.	Revise the Oregon Administrative Rules (OAR) relating to the HIV test consent process so that they align with Senate Bill 1507 (passed in Feb. 2012), allowing consent for HIV testing to be included in the general medical consent process.	Propose revisions to OAR Chapter 333, Division 012 and Division 022 at a public hearing. Develop new guidance on obtaining consent. Promote guidance via the OHA website and newsletter.	Completed	OARs were revised in 2013. Information is posted on the OHA website .
	Offer an HIV 101 webinar (HIV Prevention Essentials) that will be available for all Oregonians and required for Part B HIV case managers.	Finalize online training modules and post on the OHA website.	In progress.	The modules will be completed by 12/31/2014.
	Offer a VH 101 webinar with harm reduction strategies for Part B HIV case managers	Announce availability of the online training to all stakeholders (e.g., LHDs, CBOs, Northwest Portland Area Indian Health Board)	In progress.	An online HIV Prevention Essentials training was released 4/2015. The training addresses viral hepatitis and harm reduction strategies for PWID.
	Explore implementation of a condom distribution pilot program in at least one prison by 7/1/14.	Meet with staff from the Oregon Department of Corrections Health Services Administration to propose a condom distribution pilot project.	Completed / Deleted	OHA staff met with DOC, but were told no.
	By 12/31/15, all publicly funded HIV testing in Oregon will be confidential so that HIV is not treated differently from testing procedures for other infections and conditions and linkage to care is possible for all clients tested.	Convene a work group to discuss steps for movement to only confidential publicly funded testing in Oregon.	Completed	Work group has met 11/2013 through 2/2014. Next steps are to develop and submit a proposal to CLHO for Program Element #10 at the March 14, 2014 CLHO-Communicable Disease committee meeting.
	By 7/1/14, make best practices on selling syringes to PWID readily available to Oregon pharmacies through the Oregon Board of Pharmacy or other OHA website.	Develop a best practices document for pharmacist interactions with persons buying syringes. Partner with the Oregon Board of Pharmacy to distribute.	Revised / In progress	Policy training statement has been developed. Plans being developed to evaluate potential barriers to accessing syringes in Oregon pharmacies.
	By 7/1/15, develop a sample physician's dashboard to monitor implementation of routine HIV testing.	Develop a model dashboard for use in electronic health records, allowing physicians to monitor patient HIV screening history (real-time data) and alert the physician when screening is due.	Completed	Recommendations for electronic health record prompts were included in a routine HIV screening fact sheet released 11/2013.

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Ensure alignment of prevention efforts with community need	Distribute funds based on epidemiologic data.	OHA/CLHO funding formula already determines this.	Ongoing	Plan to discuss 2016 funding formula for HIV Prevention Program with the Coalition of Local Health Officials (CLHO)
Increase HIV/STI/VH testing in key populations (MSM, PWID, partners of PLWH)	For publicly funded non-healthcare test sites, reach 1.0% rate of newly identified HIV-positive tests among Oregon's targeted populations of MSM, PWID and partners of PLWH by 2014.	Strengthen HIV testing criteria by requiring risk/exposure data for all tests run at OSPHL on the HIV Test Request Form, reducing the number of HIV tests among persons with unknown risk funded with public dollars.	Completed	As of January 2014, all agencies receiving HIV prevention funds meet or exceed the 70% testing requirement among Oregon's key populations. OHA staff has increased data monitoring and feedback to test sites to improve data quality/entry in sHIVER.
		Implement testing reminders with the Oregon Reminders system targeted to MSM and PWID.	Completed	Through 12/2014, Oregon Reminders has 1,086 users receiving HIV/STD test reminders every three to six months, 292 users receiving daily medication reminders, 121 users receiving monthly prescription refill reminders, and 181 users receiving weekly health tips.
		Implement rapid testing of partners of PLWH/A by AIDS nurse case managers in Part B by June 2013.	In progress	Project started in June 2013. 4 tests completed between 6/13 and 12/13. 1 previously positive person identified. As of February 2014, one (new) HCV reactive screening test. Feedback from sites is that a significant number of people know that they have chronic HCV infection. Person referred to CBO HCV case manager for linkage to insurance coverage and care.
		Offer HCV screening for syringe exchange clients outside of the Portland Metro area as an incentive to HIV/STI screening for Persons Who Inject Drugs (PWIDS).	Ongoing	From 11/1/13 to 10/31/13, 78 HCV screening tests were conducted by SEPs outside of the Portland Metro Area; 15.4% of persons screened reactive to HCV.
		Collaborate and coordinate with STD programs, HIV and/or STD surveillance programs to use data to maximize the number of persons identified as candidates for Partner Services.	Completed	STD Grant application was developed with specific data collection and analysis activities and outcome measures for completion during 2014 and 2015. Online and in-person trainings have

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				been developed and scheduled to support LHD capacity to conduct Partner Services. See http://bit.ly/trainSTI .
		Partner with non-health department providers, including CBOs and private medical treatment providers, to identify more opportunities to provide or link to Partner Services.	Ongoing	As above, with reorganization of the STD program activities and outcome measures implemented in 2014 & 2015 will continue to address more statewide data collection including identifying gaps in Partner Services.
		Implementation of sliding scale fee/donations funded test sites to diversify availability of testing sites	Ongoing	Most of the contracted agencies providing HIV testing offer testing on a sliding scale basis, though no one is refused testing services if a donation is not made.
	By 2014, 70% of the CDC grant funded HIV tests will be targeted towards Oregon's key populations of MSM, PWID and partners of PLWH.	Provide technical assistance each quarter to test sites not meeting the 70% requirement, as indicated by quarterly reports.	Ongoing/ Criteria Met	As of January 2014, all agencies receiving HIV prevention funds meet or exceed the 70% testing requirement among Oregon's key populations.
Increase the number of PWID who are offered referral and linkage to substance abuse treatment.	Develop, test, and implement an electronic LHD/CBO referral and linkage tracking system by 2015.	Implement a statewide workgroup to outline the plan for an electronic referral and linkage tracking system for public providers.	Deleted	OHA HPP determined that a new tracking system for substance abuse referrals is not a priority at this time. However, continued efforts to link clients to treatment remain important. This topic was addressed in the HIV Prevention Essentials Training (released April 2015), which is recommended for all staff conducting HIV testing in Oregon.
		Begin implementation of a 6-month pilot project of the public provider referral and linkage tracking system	Deleted	
		Evaluation of the public provider referral and linkage tracking system pilot project	Deleted	
		Implementation of public provider referral and linkage tracking system	Deleted	
Increase the number of PWID who engage in harm reduction strategies	By 2015, increase the number of PWID who report uptake of enough paraphernalia (filters, cookers and sterile water) from syringe exchange programs to use without sharing paraphernalia.	Meet with the Oregon Board of Pharmacy to assess and discuss info and guidance available to pharmacist on selling syringes to PWID	Completed	Done. J Leahy met with Board of Pharmacy staff on 7/1/2013.

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	By 2014, increase the number of PWID who report access to enough syringes to use without sharing.	Develop implementation strategy to support syringe sales to PWID in identified pharmacies.	In progress	The implementation strategy developed is to change the OAR related to syringe sales. Work on the issue is currently in process. J Leahy applied and attended OHA Public Policy training in August 2013. Initial steps include a needs assessment phase. J Leahy met with WIC staff in February 2014 to learn about the rules and process for targeted purchases to assess access.
		Evaluate PWID syringe access through pharmacy sales.	In progress	A plan will be developed to evaluate syringe access via pharmacy sales during 2014.
	By 2015, decrease the number of PWID who report sharing syringes in the past 6 months by 25%.	Meet with Sherriff's Association and Law Enforcement to address legal barriers to safe syringe access.	Ongoing	This is currently on hold because there is no legal barrier.
	By 2015, increase the proportion of syringe exchanges in Oregon that report implementing syringe exchange best practices.	Determine baseline of syringe exchanges that are fully implementing syringe exchange best practices	In Progress	Not completed. Next steps are to document current exchange practices and write a report. Because of funding shortfalls, it may not be feasible to implement best practices at all sites; this will be documented in a written report. August 2014
		Provide guidance and TA to sites not implementing best practices	Ongoing	See above
		Distribution and promotion of condoms and messages at syringe exchange sites.	Ongoing	Provide guidance and TA to sites not implementing best practices
Develop clear and concise messaging promoting PrEP/nPEP	By June 2013, distribute information promoting and educating providers about PrEP/nPEP	Develop and distribute a CD Summary about PrEP/nPEP to health care providers in Oregon.	Completed	A CD Summary was distributed in Feb 2013.
	Support local efforts to inform and link clients to PrEP/nPEP	Maintain participation in the Portland area nPEP workgroup, which is developing an nPEP linkage program.	Ongoing	Participation is ongoing. As of 2015, goal of workgroup has also expanded to include PrEP messaging and linkage/access.
Support the expansion of HIV testing	By 2014, support opportunities for health care providers to be informed/educated on routine, opt-out	Develop talking points, materials and strategies to promote routine, opt-out HIV testing among public and private	Ongoing	OHA developed a fact sheet (11/2013) and a CD Summary (11/2015) on routine HIV screening

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	HIV testing and related OARs.	health care providers, including tribal clinics.		that was distributed to health care providers throughout Oregon. OHA has conducted outreach to health systems, and Legacy Health implemented EHR reminders to screen patients for HIV (9/2014). Kaiser and OHSU also are routine screening. AETC has committed to educating providers about routine screening through presentations.
	By 2014, assess opportunities for a routine testing information campaign for private healthcare providers.	Identify best mode(s) to promote routine testing information campaign for private healthcare providers.	Completed	To reach health care providers throughout Oregon, a CD Summary on routine HIV screening was distributed (11/2015). The potential for mailing campaign materials to providers was considered, but this was not deemed the best use of limited resources, given the time and costs required.
	By 12/30/2015, develop an engagement plan to determine the feasibility of testing at sites that better reach Hispanics and African Americans.	Identify and approach potential partners and venues to support reaching Hispanics and African Americans for testing, including faith institutions.	In progress	<p>As a collaborative partner of A^6, support HIV testing at four community-focused African American/Black World Café events. OHA staff secured 100 rapid tests and 25 home test kits from OraSure Technologies, Inc. to support testing efforts.</p> <p>A^6 will partner with Albina Ministerial Alliance leadership to host the annual Balm in Gilead HIV Conference on March 14-15, 2015. Referrals for testing will be made during the event.</p> <p>OHA staff will team with the Latino Information Sharing Workgroup (LISW), to promote prevention, HIV testing and care services in non-traditional health settings.</p>
	By 2014, assess the possibility of engaging dental clinics to offer HIV testing.	Contact dental clinics to assess interest in offering HIV testing (including mobile dental clinics).	Completed	Dental clinics were contacted and provided with OHA's routine screening fact sheet in Feb. 2014.

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	By 2014, engage jails with local partners to develop HIV and HCV testing policies and procedures.	Identify and collaborate with partners to establish testing policies and procedures in jails, including billing.	In progress	Pilot testing HIV and HCV rapid tests in Douglas county and Springfield Municipal jails. Best practices will be documented and shared.
	By 2014, recommend that HIV testing coverage for Medicaid clients be expanded.	Recommend to Oregon's Coordinated Care Organization Criteria Workgroup that Oregon's state sponsored insurance program add routine HIV testing of persons ages 13-64 as an essential (covered) service.	Completed	As of Feb 2014, confirmed that HCV and HIV testing is covered by OHP.
Ensure community capacity to provide high-quality, effective and culturally sensitive prevention services	Achieve a 25% return on a statewide online cultural sensitivity survey for agencies/CCO's in Oregon that provide HIV prevention services	Conduct a literature review about and review other states' standards for high-quality, effective and culturally sensitive HIV, VH and STI prevention services.	Will develop a new survey tool and distribute during the summer of 2015	Revised target date: 12/30/15
		Conduct online cultural sensitivity survey with HIV prevention service providers in Oregon. Share results from the survey with IPG Executive Committee and incorporate relevant findings into HIV Prevention Program Plan and Report Workbook.	Not Started	Revised target date: 08/30/15 Will wait until HIV Prevention Workbooks for FY'16 have been completed to conduct a survey among service providers.
		Further develop Oregon's standards for high-quality, effective and culturally sensitive prevention services, to be reflected in the HIV Prevention Program Plan and Report Workbook for prevention-funded counties.	Ongoing	Revised target date: 12/30/2015 OHA staff will consider local, state, and national resources to create a compendium of documents which will be available for contracted staff.
	OHA staff will create and update, on a quarterly basis, a link to the OHA web page that contains a list of online/in-person prevention cultural sensitivity trainings for individuals/agencies	Make recommendations for areas of improvement based on best-practices and successful local, state, national evidence-based strategies that have been utilized.	In progress	Revised target date: 08/30/2015
	OHA will assess efficacy of providing two cultural sensitivity trainings per calendar year through the Capacity Building Assistance Request	Will consider online cultural sensitivity trainings which may be conducted by CDC staff. Due to diminished HIV prevention funds, it's	Ongoing	Revised target date: 12/31/2015

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	Information System (CRIS) for agencies/CCOs that provide HIV prevention services. Specific efforts will be made to build capacities in serving Transgender populations.	no longer feasible for LHD/CBO staff to trade one or two days of work to attend in-person trainings unless they're mandatory.		
		Assess community capacity post-trainings and extent to which new learnings have been integrated into statewide prevention activities.	In progress	Revised target date: 12/31/2015 Survey findings from staff who completed the online HIV Prevention Essentials training (which addresses cultural sensitivity) will be reviewed on a quarterly basis.
	Collaborate with agencies providing or overseeing youth sexual health education efforts, including the Department of Education, by attending at least 10 meetings with such partners annually.	Participate on the Oregon Youth Sexual Health Partnership (OYSHP), which supports statewide and local efforts to ensure youth have access to sexual health education, health care services, and tools to support healthy relationships. Provide partnership members with HIV information and resources. Participate in OYSHP's efforts to assess needs and provide technical assistance to agencies and communities.	Ongoing	OHA HPP staff participate in monthly meetings and ongoing communication with members.
Monitor prevention resources to assess alignment with community need.	Ensure that 100% of federal HIV prevention funds awarded through CDC Category A and/or C are implemented according to the National HIV/AIDS Strategy	Review HIV Prevention Workbooks from funded counties to ensure that the services rendered comply with program standards; make necessary adjustments and document changes.	Ongoing	Substantial effort has been put forth to ensure that HIV prevention funds support the required components of the CDC HIV prevention grant. Program goals/objectives are reviewed on a quarterly basis with each agency that receives HIV prevention funds.
		Conduct online survey to assess current resource inventory of Category A and C funded agencies. Modify statewide resource inventory survey for CCOs that provide HIV prevention services in Oregon	Deleted	These objectives are no longer needed; the assessment is met via the program plan and report workbooks submitted by funded counties quarterly.

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		Identify resource gaps and make recommendations to IPG related to disproportionately impacted populations	Completed	Gaps and recommendations are included in Oregon's Jurisdictional HIV Prevention Plan .
Develop and disseminate consistent messages around HIV, VH and STI testing and linkage to care	Ensure that 100% of all HIV case managers receiving Ryan White funding and all CCOs that support blood-borne testing are provided a cheat sheet with specific risk-related information about HIV/VH/STI, referral/linkage to care, and links to agency webpages that provide these services	Create and disseminate a cheat sheet for providers with specific risk-related information, questions and messaging to support HIV/STI/VH testing and linkage to care	Adapted/ Completed	HIV and Hepatitis test form variables could not be aligned. Instead, to support integrated efforts, OHA developed an online HIV Prevention Essentials Training (see http://bit.ly/trainHIV) which includes Hepatitis information (posted 4/2015). OHA also formed an integrated HIV/STI/VH listserv (2013) for information sharing.
		Post cheat sheet document on OHA HIV webpages for service providers and potential clients		
	Add two HIV prevention/educational documents (in English and Spanish) that contain HIV/STI/VH testing messaging to the OPRP approved list	OHA staff will research appropriate documents and submit to OPRP for approval	Completed	Radio ads have been selected and approved by OPRP. Radio ads were shared with Spanish radio stations throughout Oregon in 2013. A four-part video series on HIV prevention specifically geared for Spanish-speaking individuals who participate in high-risk behaviors was reviewed and approved by the OPRP.
		Post approved documents on OPRP list	In progress	OPRP approved documents are now posted on the HIV Prevention Webpage. Many of the brochures include a cover picture of the actual document.
Modify and disseminate revised version of "Know the Facts" brochure that includes consistent messages around HIV, VH and STI testing and linkage to care to 100% of local health departments in Oregon. Revised edition will include information on PrEP as a method for reducing risk of contracting HIV.	OHA will modify the document and provide a link to the revised copy on the HIV Prevention Webpage.	Not started	Target date: 12/31/2015	

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	By 2014, develop guidance on HIV, VH and STI testing frequency messages for MSM and PWID.	Form a workgroup to review data regarding recommended testing frequencies for MSM and PWID and to examine and revise messages.	Done	IPG input on this topic was obtained in 2013.
		Test messages with focus groups.	Deleted	Focus groups were unnecessary since the IPG recommendations aligned with existing messages.
		Disseminate testing frequency messages to prevention service providers.	Completed	Testing frequency messages have been distributed through Oregon Reminders social marketing efforts, social media, newsletters , and the HIV Prevention Essentials training .

LINKAGE



Goals related to linkage to care & treatment	SMART objectives	Actions to achieve goal (How do we get there?)	Status	Plans & Progress
PLWH and their partners receive Partner Services (PS)	Ensure that at least 95% of persons who receive HIV-positive test results and have locating information are offered PS	Expand capacity to deliver PS by developing an HIV/STD Partner Services interviewing training for LHDs and interested CBOs.	Completed	Online and in-person trainings have been developed and scheduled to support LHD capacity to conduct Partner Services. See http://bit.ly/trainSTI .
	Ensure that at least 90% of Part B Ryan White case management clients with sexual or drug use risk are offered PS annually by case managers (starting in 2014).	Provide technical assistance and training to agencies (e.g., LHDs, CBOs) starting or expanding implementation of HIV/STD PS.	Ongoing	In addition to online and in-person trainings, state Disease Investigation Specialists and STD/HIV Technical Consultant are available for ongoing TA and training. Half-day STD Partner Services training also scheduled for Or-Epi conference in May 2015.
	At least 90% of partners with locating information (named by persons testing HIV-positive) will be notified of their potential exposure and referred to testing or care services, as needed (note that not all clients are willing to talk with public health representatives).	Ensure that all Part B Ryan White case managers receive training in PS and can provide PS and support disclosure efforts.	In progress	Staff participated in Part B webinar update in January 2015 to discuss Partner Services. Ongoing training available including online PS modules and forthcoming HIV Essentials training (available March 2015).
Newly infected HIV+ people have timely access to medical care	Maintain high levels (>90%) of linkage to medical care for individuals newly diagnosed with HIV, as evidenced by % of surveillance-based estimates of new positives who are linked to medical care and attend their first appointment within three months of diagnosis.	Ongoing surveillance, with feedback to programs on linkage metrics. Develop and disseminate best practices for timely linkage to care based on a literature review and successful program practices. Monitor progress of processes/ procedures through reports submitted to OHA quarterly by OHA Prevention-funded counties. Final procedural document is provided to OHA by June	Ongoing	This objective was revised, as the current rate of 93% new HIV+ verified as linked to care likely represents a threshold. Systems are in place to ensure ongoing surveillance and monitoring; if rates drop, there is a system for coordinating with state and local programs to ensure that efforts to link people to care are evaluated and augmented.

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		2014. OHA feedback is provided during on-going technical assistance.		
PLWH who have fallen out of care are re-engaged in medical care.	By December 2015, ensure that 100% of cases who do not have a CD4 or VL in 18 months are identified, and that 85% of those who are located in Oregon and verified to be out of care are re-engaged with HIV medical care.	Complete pilot project with Douglas County to follow up on cases without a CD4 or VL.	Completed	Completed. Douglas pilot completed: 3 “out of care” cases identified and located. 1 has reengaged post intervention.
		Consider expanding pilot to other areas of Oregon.	Ongoing	Intervention was expanded statewide and is an ongoing effort.
		Assess pilot data, and develop protocols in collaboration with the Center for AIDS Research, contact scripts, and reporting forms. Post protocol for identifying clients who are out of care on the OHA website.	Completed	The Out-of-Care Project findings were shared via Prevention Briefs (3/13) and the protocol was distributed to funded LHDs (6/13).
		Prepare and distribute data. Refine protocols as needed.	Completed	
		Follow up on out-of-care clients, with re-engagement of care for all clients, as appropriate (e.g., if client is still alive, lives in Oregon, etc)	In progress	Once identified, Surveillance works with LHD staff to locate and re-engage clients. Re-engagement occurs at the local level. Ongoing surveillance will identify those who fall out of care again.
Oregonians have broad & easy access to service referrals	Ensure that hotlines available to Oregonians are provided up-to-date information to refer people to HIV care and other HIV/STD-related services at least once annually.	Review Oregon HIV/STD/VH referral information used by available hotlines (e.g., the Oregon HIV/STD Hotline, 211 Info, and the National HIV/STD Hotline). Provide each hotline with key referral information (e.g., HIV testing sites, care programs). Call hotlines to assess the quality and accuracy of referrals (secret shopper calls). Provide feedback as needed.	Revised / Completed	Staff met with 211 and learned that local agencies are in the best position to provide up-to-date referrals. This info distributed via Prevention Briefs . Phone lines have been determined to be somewhat obsolete since most people use websites for information gathering.

CARE & TREATMENT



Goals related to care and treatment	SMART objective	Actions to achieve goal (How do we get there?)	Status	Plans & Progress
Promote and expand self management training programs for PLWH/A	1. Provide 8 client trainings annually: <ul style="list-style-type: none"> Four PSMP trainings with a minimum of 8 participants per training. Four 1-2 hour trainings to include (a) Liver Health; (b) Managing Stress; (c) Healthy Eating and (d) Understanding my Meds. Minimum of 8 participants per training. 	1(a) Promote full PSMP workshops/trainings to HIV+ participants of topical 1-2 hour trainings (e.g., Liver Health, etc).	In progress	4 trainings planned for 2015 in Medford, Eugene, Albany or Bend and Salem.
		1(b) Create marketing materials that promotes the client training available through HIV/VH/STI programs.*	Completed	Adhoc group met to discuss marketing. Created an email version of the PSMP flier that is being disseminated to case managers to forward on to clients.
		1(c) Distribute marketing materials to clients and case managers.	Ongoing	See above.
		1(d) Distribute marketing materials to participants.	Ongoing	See above.
		1(e) Develop a plan to assess for PSMP/training for low acuity clients who do not receive an annual psychosocial rescreening.	Completed	Completed 7/1/2013. Added PSMP related question to the triage in the regional model.
		1(f) Create new 1 hour training module: "Understanding my Meds"	Completed	Scheduled a client webinar but it was cancelled due to lack of interest
		1(g) Pilot 1 web based client training.	Completed	Four web-based trainings were planned and marketed last summer, but all were cancelled due to lack of interest.
		1(g) Incentivize case manager referral to trainings	Deleted	Current state policy does not support this strategy.

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		1 (h) Market client trainings through AETC network for provider referral to client trainings	In progress	On an agenda for future meeting with AETC.
	2. Annually, provide 1 training and follow-up coaching for HIV case managers to enhance skills in order to assist clients through the use of Motivational Interviewing (behavior change) and promotion of client self-management.	2(a) Continue Motivational Interviewing (MI) training follow-up, self-assessment and coaching with case managers to include evaluation of the process.	Ongoing	Provided 1 day MI training in fall of 2014 to 25 Part B and TB providers, Future MI trainings will be held as needed.
		2(b) Develop and present a follow-up training on MI based on gaps identified through the self-assessment and coaching process.	Completed	MI training was developed and scheduled in 2013, but cancelled due to lack of interest. Will schedule an additional training for summer, 2014.
		2(c) Present a webinar for case managers on trainings available, including Chronic Disease Self Management for other chronic conditions.	Completed	Presented on Part B provider calls in January, 2015.
Promote and expand self-management programs for PLWH/A through medication/refill reminders	1(a) 150 clients will enroll in a medication adherence reminder service by 7/2013 1 (b) Participants will demonstrate improved indicators of adherence by 6/2014, collected in aggregate every 3 months from participant self-report 1(c) Increase use of SMS funded adherence aids by Ryan White Part B clients by 25% by 6/2014.	1(a) Market reminder service to CAREAssist clients through distribution of palm cards in CERs (2/2013 – 7/2013) and then follow up message (8/2013 – 1/2014).	Completed	Completed 12/13/2013. Through 12/2014, Oregon Reminders has 292 users receiving daily medication reminders and 121 users receiving monthly prescription refill reminders.
		1(b) HIV Alliance & Multco provide outreach and recruitment (2/2013-12/2013)	Completed	Contracts supporting Oregon Reminders enrollment efforts ended 12/21/2014.
		1(c) All other Part B funded case management providers provide outreach and recruitment (2/2013 – 12/2013)	Completed	Completed 12/31/2013
		1(d) Webinar conducted for all stakeholders to introduce site, service and registration process (6/2013)	Completed	Completed 7/31/2013. Webinar is available on the OHA website .
		1(e) Statewide advertising campaign on hook-up sites/apps, radio, web (1/2013 – 12/2013)	Ongoing	A print and online (e.g., Grindr) ad campaign has been implemented since late 2012.

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		1(f) Taglines utilized on CAREAssist staff emails encouraging enrollment (3/2013 – ongoing)	Completed	Staff has been encouraged to add signature line twice.
		1(g) Inform all CAREAssist network pharmacies about adherence service and market materials distributed through pharmacies	In progress	Materials have been distributed to pharmacies in 2013; Vic will follow up with them personally to ensure understanding.
		1(h) Medication Therapy Management (MTM) pharmacists encourage participants to enroll (2/2013 – 12/2013)	Completed	Staff connected with pharmacist and provided outreach materials in 2013.
		1(i) Marketing materials distributed through AETC listserve to help provider community encourage enrollment in messaging service at least twice during 2013	Completed	Completed 12/2013.
		1 (j) Send out quarterly reminders to Part B Case Managers on adherence aids (2/2013 – 1/2014)	Ongoing	
	2. By December 2015, 100% of CAREAssist clients receiving medications from a retail based pharmacy will be contacted when medications are not picked up..	2(a) Amend CAREAssist pharmacy contracts to ensure all clients are informed when they're past due to pick up medications.	Deleted	Administrative challenges result in removal of this goal.
PLWH who have fallen out of care will be re-engaged in Ryan White Programs	1. A fully functioning and integrated data management system (incorporating CAREAssist, Case Management and Housing) will be used by programs of the HIV Care and Treatment Program as of January 1, 2015.	HIVCAT steering committee will commence monthly meetings on updates and progress.	In Progress	Database system redesign is currently in the planning phase.
	2. By December 2015, 100% of CAREWare clients who are "lost to follow up" will be identified and investigated with potential referral for follow-up.	Run quarterly CAREWare/ CAREAssist reports to identify clients with designated status to assess for need to follow-up with investigation.	In Progress	This issue was referred to the program's Quality Management Coordinator to discuss further.
Promote and expand	1. IPG members will receive annual	1(a) AETC will provide a	Completed	Completed 8/21/2013.

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medical provider capacity to treat HIV	updates from the AETC	comprehensive overview of its programs related to provider training, cultural competency, cross-training, tele-health and mentorship (consultation) in 2013		
		1(b) AETC will make annual report available to members of the IPG and will be posted on the IPG website.	In progress	On agenda for future meeting with AETC.
	2. 100% of Part B identified medical providers and pharmacists will be sent information about the Warmline availability.	2(a) The National Clinician Consultation Center Line brochure (including VH/STD training centers) will be mailed to all Medical Case Managers (RNs) in BOS to be given to medical providers who have smaller HIV client caseloads.	Completed	Completed 4/2013.
		2(b) Information about the Warmline and STD/VH training centers will be presented at the April 2013 RN Clinical Training.	Completed	Completed 4/2013
		2 (c) Information about the Warmline will be distributed directly to medical providers.	Completed	Completed via AETC email network
	3. 100% of prescribers identified by Ramsell to be prescribers of inappropriate treatment regimens will be referred to the AETC for follow-up.	3(a) Meeting between AETC and CAREAssist to discuss use of information that is currently being collected by CAREAssist about inappropriate treatment regimens (outcome measure for ADAP required by HRSA.)	Completed	
		3(b) Set up protocol to follow-up with send AETC the names of medical providers who are prescribing inappropriate treatment regimens. so they can receive HIV treatment information from the AETC.	Revised/Completed	Inappropriate treatment regimens are being followed up with by Ramsell for resolution and monitored as a part of the program's quality management plan.
	4. 100% of HIV prescribing medical providers known to the HIV Continuum will be included on the AETC listserv.	4(a) Email sent to AETC, CAREAssist, Ramsell and MMP to determine the availability of contact information (especially emails) for medical providers that can be sent to AETC (includes contact information.)	Completed	Completed 8/2013. Initial list from MMP provided to AETC.
		4(b) Develop process for regular updates (every 6 months) for AETC.	In progress	On agenda for future meeting with AETC

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	5. Collaborate with AETC in production of the RN Clinical Training program held every two years.	5(a) Assist in the agenda development and producing the RN Clinical Trainings.	Ongoing	Completed in 2013 and In progress for 2015.
Promote and expand essential medical and non-medical services for PLWH	1. The level of unmet need identified in support systems will be decreased by 10% for housing, dental care and other identified areas.	1.(a) Continue to assist OHOP staff to establish linkage to other housing and housing-related resources in order to increase the number of housing units or housing related services available.	Ongoing	In progress. New medium-term housing program through OHOP; target is 10 households served by the end of 2014. Currently planning statewide housing services expansion initiative.
		1.(b) Continue to promote and assist partners to pursue additional grant funding by providing information about available grants, staff assistance, data and programmatic development technical assistance.	Ongoing	Staff monitor funding announcements and refer to partners when appropriate or requested.
		1.(c) Pursue alternate resources for oral health services.	Completed	CAREAssist will offer dental insurance coverage beginning in 2015.
		1. (d) Assess knowledge of case managers statewide regarding OHP/Medicaid/CCO service gaps for PLWH/A,. Analyze data, distribute report to case managers for discussion, and develop plan for addressing gaps.	Completed	Monitored through case manager quarterly reports; gaps will be discussed as a part of the SCSN.
	2. Reduce reported transportation barriers among RW clients in Balance of State by 10% by 2015.	2(a) Promote the availability of a mail order pharmacy to HIV case managers as one strategy to address transportation needs.	Ongoing	Reminders sent to CMs via the Part B listserve regularly.
		2(b) Pilot a rural medical access service in E. Oregon that assists clients in accessing Medical Providers, Mental Health and Substance Abuse Treatment Providers (for clients who qualify for insurance coverage to pay for these services) and oral health providers.	Completed	Outcomes: 1) Navigation and resource guide developed with regional partners. 2) Chart reviews were conducted to identify transportation barriers. 3) Individualized planning and education was provided to high acuity clients. 4) Partnership was developed

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				with regional transportation provider to coordinate transportation for all RW clients regardless of OHP coverage. 5) Ongoing evaluation in progress.
3. Decrease smoking prevalence among PLWH to 35% by end of 2015.	3(a) Include additional content in the case management screening tool to ensure referral to tobacco cessation resources.	Completed		Tobacco cessations added to screening/assessment forms as of 7/1/2014.
	3(b) Ensure case managers are aware of the tobacco cessation resources available to persons living with HIV free of charge through CAREAssist.	Completed		Fliers' specific to case managers developed and disseminated tobacco cessation resources frequently reviewed in announcements and calls. Tobacco cessation services included in Services Guidance.
	3(c) Provide training to case managers on the health impact of tobacco use among persons living with HIV.	Completed		Smoking cessation addressed at RN training 4/2013, and will be addressed again at the CoC conference 4/2014
	3(d) Inform all HIV medical providers and CAREAssist clients of available smoking cessation resources and local data on smoking among PLWH through a minimum of one written communication.*	Completed		Fliers' specific to medical providers developed and disseminated via AETC listserve. Materials will also be presented at upcoming Breakfast Club.
	3(e) Conduct research on best practices for marketing smoking cessation among PLWH and develop plans social marketing campaign.	Completed		PDES contracted with C&K to develop campaign. Materials to roll out late winter, 2015.
	3(f) Apply for grant funding to conduct smoking cessation intervention among PLWH in Oregon	Deleted		Project currently funded.
	3(g) Streamline process for enrolling in smoking cessation services for CAREAssist clients to reduce barriers for those who are ready to quit.*	Completed		Targeted outreach and offer for referral now being provided to clients who indicate readiness to quit at time of application and CER.
	4. Increase screening rates for syphilis and viral hepatitis among MMP participants (HIV+ people in care) by	4(a) Increase awareness among HIV care providers of CAREAssist inclusion of VH and STI treatment regardless of	In progress	

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	10%.	primary insurance coverage by marketing in the CER, websites, email communications, through AETC & training opportunities.		
	5. Maintain or decrease reports of unmet need for food & nutritional services among PLWH by 10%.	5 (a) Continue to analyze MMP data to assess unmet need related to food and nutritional services. 5(b) Conduct assessment of Oregon mainstream food providers (e.g., food banks, congregate meal programs) to evaluate interest and ability to address needs of populations with chronic health conditions, including PLWH. 5 (c) Develop strategies to address gaps in community food resources for PLWH.	In Progress	PDES completed the Food and Nutrition resource assessment. A strategy is currently being developed to disseminate, develop resource materials, provide training and encourage partnership development
Promote the integration of HIV services into Oregon Health Care Transformation	1. At least 15 members, inclusive of IPG members, case managers and other key stakeholders will be recruited to Health Care Transformation Work Group by April 2013, to share information, activities and strategies for integrating HIV and best practices in local implementation of CCO/ACA.	1(a) Continue to convene and attend the Health Transformation Task Force meetings.	Completed	Group continued to meet through 2014. Remaining work will continue as a part of the ADAP Advisory Group.
		1 (b) Prepare notes/report of meeting minutes and make available on the HIV Care & Treatment Program website.	Completed	Notes posted on CareAssist website.
	2. Assessment report of case manager knowledge of and participation in CCO development will be presented to Health Transformation Task Force (OHHTF) by July, 2013.	2 (a) monitor case manager knowledge of and participation in health transformation and CCO implementation in their community.	Ongoing	Added to quarterly reports for ongoing assessment
		2(b) Lessons learned from quarterly reports will be monitored and disseminated to community when appropriate. Further action TBD in CCO development.	Ongoing	Revised activity—in progress
	3. CAREAssist staff will receive a minimum of 1 training by Fall, 2013 on impacts of health transformation in order to advocate for CAREAssist clients.	3(a) Designate one CAREAssist staff person to participate on the Task Force.	Completed	Completed 3/2013. Jonathon was designated as point person.
		3(b) Meet with CAREAssist staff to assess what Health Transformation training they need & develop plan to provide.	Completed	Completed 5/1/2013. All CA staff trained as assisters and 2 temps assigned to enroll people full-time at State level. CA funded CAP, Partnership, HIV

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				Alliance, and EOCIL to also have assisters enroll clients locally.
	4. Performance and health outcomes measures will be identified to monitor the impact of health transformation by December 2013.	4(a) Develop an internal situational resource list regarding client issues and solutions for the purpose of a more timely resolution.	Completed	CAREAssist Lead maintains resources information for all staff.
		4(b) Include the information that CAREAssist staff are learning from clients in a report to the ACA Task Force.	Completed	Occurred at OHHTF meetings and in weekly calls with funded assisters. Will continue as a part of the ADAP Advisory Group.
		4(c) Integrate HT relevant measures into QM Program for ongoing measurement and inclusion in the development of future QI projects	In Progress	Exploring information to be collected through the Medical Monitoring Project.
	5. Process for monitoring and making appropriate changes for standards, procedures and policies will be created by January, 2014.	5(a) Incorporate knowledge acquired about Care Coordination, Patient Navigators, etc. with CCO's into HIV Medical Care Coordination QI discussions at HIV Medical Care Coordination Task Force meetings.	Not started.	Next CM Task Force meeting will be held in 2015.
		5(b) Obtain copies of job descriptions for patient navigators/care coordinator positions from CCOs across the state and compare to the expectations of Ryan White case managers, in order to explore greater collaboration with CCOs on service coordination activities.	Deleted	The utility of this objective is no longer useful as work is being done at the federal level that may supercede local efforts. On hold while national efforts progress.
		5(c) Follow-up on recommendations of the Health Transformation Task Force.	In progress	In progress.

SOCIAL DETERMINANTS OF HEALTH



Goals related to social determinants of health	SMART objective	Actions to achieve goal (How do we get there?)	Status	Progress & Plans
Decrease reports of experiences of discrimination among PLWH in Oregon	Reduce the proportion of MMP respondents who report experiencing discrimination in the healthcare system since testing positive for HIV from 38% to 25%.	Incorporate the issue of stigma into existing OHA HIV training curricula, including information on forms of stigma (stigma from individuals, institutional stigma, internalized stigma and stigma by association), and the impact stigma has on access to services and health outcomes.	Ongoing	Stigmatizing language and cultural competence are addressed in the online HIV Prevention Essentials training (released April 2015), which is for all staff offering HIV prevention and care services in Oregon. MMP data are collected and analyzed on an ongoing basis. 2013 MMP data show the proportion reporting experiencing discrimination in the healthcare system was 32%.
Decrease self-stigma among PLWH in Oregon	Reduce the proportion of MMP respondents who agree to the statement: "I am ashamed that I am HIV positive" from 31% to 25%. Reduce the mean overall score of the AIDS-Related Stigma Scale among MMP participants from 2.16 to ≤ 1.56 .	Create or link PLWH to online social networks to foster social support. Work with IPG and existing OHA Programs to integrate anti-stigma activities into existing and future programs. Use of social marketing materials (e.g., mirror clings) at community venues to increase awareness and normalize discussions about HIV/STI/VH	Ongoing	Online social networks for PLWH were added to the OR HIV/STD Hotline database in 2013. Stigmatizing language and cultural competence are addressed in the online HIV Prevention Essentials training (released April 2015), which is for all staff offering HIV prevention and care services in Oregon. IPG members and LHDs in

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				<p>Oregon were provided with HIV mirror clings to post in community venues.</p> <p>Ryan White funding continues to support access to mental health services.</p> <p>MMP data are collected and analyzed on an ongoing basis. 2013 MMP data show the proportion reporting feeling ashamed about being HIV-positive was 23%, and the mean stigma score was 1.98.</p>
<p>Decrease reports of institutional stigma by PLWH*</p>	<p>Assess existing HIV Prevention and HIV Care Service program eligibility rules and operational requirements for low threshold eligibility and reasonable accessibility.</p>	<p>Collect guidelines for conducting “low threshold” guideline assessment.</p> <p>Set “low threshold” goal for each program, evaluate all policies against goal, update policies, as needed, and document changes made.</p>	<p>Ongoing</p>	<p>Using a Trauma Informed assessment tool, reviewed housing and case management programs policy and procedures. A TI workgroup has been established and work is ongoing at this time.</p>

DATA & ASSESSMENT



Goals related to data and assessment	SMART objective	Actions to achieve goal (How do we get there?)	Target Date	Status	Progress & Plans
Efficient data sharing and effective reporting to promote and support data-driven interventions and services.	Demonstrate surveillance integration through the annual creation and dissemination of integrated surveillance reports, such as an annual Epi Profile that is inclusive of VH and STI data, and fact sheets on areas of interest to IPG and other stakeholders. By 6/14, assess needs of IPG members and other stakeholders related to data sharing and integrated surveillance data.	Solicit feedback from IPG and other key stakeholders and create list of desired data reports and products.	6/30/14	Completed	Sean shared information about data sources at an IPG mtg (3/2014).
		Create inventory of data sets & sources, listing the following information: descriptive information/data elements, types of questions that may and may not be answered by each source, available publications or products, and key contacts for more information.	12/30/14	In progress	OHA will create an inventory of data sources by 7/31/15.
		Identify gaps in data resources; outline strategy for implementation.	12/30/14	In progress	OHA will share the inventory with the IPG by 11/15/15 and assess information gaps and next steps.

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Acronym List

ACA: Affordable Care Act	OAR: Oregon Administrative Rules
ART: Antiretroviral therapy	OHA: Oregon Health Authority
BOS: Balance of State (excludes Portland metropolitan area)	OHHTF: Oregon HIV Health Transformation Task Force
CBO: Community-based organization	OPRP: Oregon Program Review Panel
CCO: Coordinated Care Organization	OSPHL: Oregon State Public Health Laboratory
CLHO: Conference of Local Health Officials	PDES: Program Design and Evaluation Services
CS Mgr: Community Services Manager (HIV Care in Part B Service Area)	PLWH: Persons living with HIV
CTRS: Counseling, Testing and Referral Services	PrEP: Pre-exposure prophylaxis
HPP: HIV Prevention Program	PS: Partner Services
HST: HIV/Sexually Transmitted Disease/Tuberculosis Program	PSMP: Positive Self Management Program
ISIS: Internet Sexuality Information Services	PWID: Persons who inject drugs
MMP: Medical Monitoring Project	QM: Quality Management
MSM: Men who have sex with men	SSP: Syringe Services Program
Multco: Multnomah County Health Department	VH: Viral Hepatitis
nPEP: Non-occupational post-exposure prophylaxis	VL: Viral load