Centers for Disease Control and Prevention (CDC)

National Center for HIV, Viral Hepatitis, STD and TB Prevention

Division of HIV/AIDS Prevention

Prevention Program Branch (PPB)

**PS12-1201:**

**Comprehensive Human Immunodeficiency Virus (HIV) Prevention Programs for Health Departments**

**Comprehensive Program Plan Template and Instructions**

**Reporting Period:**

January 1, 2012 – December 31, 2016

**PS12-1201 Comprehensive Program Plan Template**

**Description:**

The Comprehensive Program Plan is a detailed *“program plan”* which includes program planning (goals, objectives, and activities), monitoring and evaluation (M&E), quality assurance (QA), and capacity building activities specific for PS12-1201. This program plan is the “work-plan” for the FOA and includes all applicable categories.

**Purpose:**

This template provides instructional guidance on how to structure and document key information needed to complete this program plan. This template is designed to capture the jurisdiction’s goals, targets, objectives and activities, capacity building, and evaluation activities for their funded PS12-1201 program. The tables and field boxes included in this template should be used to capture the requested information for each component.

**Instructions:**

1. Provide the amount of funding and resources allocated to the areas with the greatest burden of the HIV epidemic within the jurisdiction, to ensure that resources are reaching the areas of greatest need.
2. Document goals, SMART objectives, capacity building, and monitoring and evaluation activities for the PS12-1201 Comprehensive Program Plan for Categories A, B (if applicable) and C (if applicable). At a minimum, the Comprehensive Program Plan should reflect activities for year 1 (the current budget period) and year 2. However, estimated targets for each program component should be provided for the five year project period. These items can be revised annually as part of the Interim Progress Report.
3. Describe goals for each program component in the plan. Goals should be reflective of the five-year project period.
	1. Goals: Broad aims that define the intended results of each component of core prevention program activity included in the Plan. Collectively, these goals should optimize the provision of HIV prevention, care and treatment in your jurisdiction.
4. Provide annual targets for each program component for each year of the five-year project period for PS12-1201 Category A and Category B. Targets may be updated annually, as appropriate, as part of the Interim Progress Report.
5. List “SMART” outcome and process objectives (Specific, Measureable, Achievable, Realistic, and Time-based) that support each specific activity included in a given goal.
	1. SMART Objectives: Specific and quantifiable targets that measure the overall accomplishment of a goal over a specified period of time. They should describe actions that are distinct, able to be documented or quantified, feasible to execute, realistic to accomplish in the specified time frame and be linked to time-based milestones.
		1. Outcome objective: The overall intended effects of the intervention, specifying its purpose and mission. These might include increasing knowledge about HIV, changing risk-related behaviors, promoting community norms for safer sex, or reducing HIV transmission.
		2. Process objective: Process objectives describe the specific intervention activities (activities that will be conducted to meet the goal/objectives), the projected level of effort needed to carry them out, the people responsible for carrying them out, and when they will be completed.
		3. Responsible for implementation: The Program/Division/Office/Agency in charge of implementing the detailed objectives.
6. Describe capacity building plans for each core prevention program component, inclusive of monitoring and evaluation (M&E) capacity building needs.
7. Describe evaluation questions that will be used to monitor program implementation and performance.
	1. **M&E question:** Monitoring and evaluation questions communicate exactly what you want to learn about your program from your evaluation and clearly identify what aspects of your program your evaluation will measure. Monitoring and evaluation questions will be based on program’s goals and objectives, resources, and the timeframe during which data are collected.
8. **Indicator/measure:** A quantitative or qualitative measure of program performance that is used to demonstrate change and which details the extent to which program results and or progress are being or have been achieved. In order for indicators to be useful for monitoring and evaluating program results, it is important to identify indicators that are directly related to your project or program objective.
9. **Data Source:** Sources of evidence in an evaluation that provide information for the inquiry, analysis, and/or assessment of program goals and objectives. If a data source does not currently exist, provide a brief description of how a specific objective will be measured.
10. **Timeline**: Date or period by when the data is to be collected locally (data collection) and date or period for when the objectives are expected to be completed (data submission).

*Program Monitoring*is the systematic, ongoing collection and review of information related to important components of program performance, including implementation and functioning, to determine if programs are operating according to plan and if program objectives are being achieved. *Program Evaluation*is the systematic assessment of program goals, processes, and outcomes in an effort to improve program performance.

**Please refer to the National HIV Monitoring and Evaluation (NHM&E) questions and associated required variables for PS12‐1201, required and recommended components, as well as the PS12-1201 performance measures for HIV testing and linkage to care activities when completing this program plan.**

**Note:**

For those grantees funded under ECHPP, the comprehensive program plan template is similar in format to the ECHPP workbook 2. Please use information included in the ECHPP workbook for the completion of the program plan, where appropriate.

**Program Plan Due Date:**

Your program plan is due to CDC no later than **September 28, 2012**. Please submit the program plan to the **PS12-1201@cdc.gov** mailbox with subject line “*PS12-1201 Program Plan – Health Department Name - Date.*” Please send a copy of your plan to your PPB project officer.

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| **HEALTH DEPARTMENT CONTACT INFORMATION** |
| **Award Number:** |  |
| **Health Department:** |  |
| **Mailing Address:** |  |
| **City:** |  | **State:** |  | **Zip Code:** |  |
| **Phone Number:**  |  | **Fax:**  |  |

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| --- | --- | --- | --- | --- |
| **Contact Information for this program plan** | **Title/Position** | **Name** | **Phone**  | **E-mail Address** |
| **Fax** |
| **Primary Contact** |  |  | Ph:  |  |
| F: |
| **Secondary Contact** |  |  | Ph: |  |
| F: |

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| **HEALTH DEPARTMENT FUNDED CATEGORIES** |
| **Please select the required core components and recommended program components implemented with the jurisdiction:** |
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| **Category A: HIV Prevention Programs for Health Departments** |
| Required core components *(required for all funded grantees):* |
| [x]  HIV Testing[x]  Comprehensive Prevention with Positives[x]  Condom Distribution[x]  Policy Initiatives |
| Recommended program components: |
| **[ ]**  Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk **[ ]**  Social Marketing, Media and Mobilization **[ ]**  Pre-Exposure Prophylaxis and Non Occupational Post-Exposure Prophylaxis Services |
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| **Category B: Expanded HIV Testing for Disproportionately Affected Populations** |
| [ ]  *Not Applicable/Not Funded* |
| Program components: |
| [ ] HIV Testing in Healthcare Settings (required)[ ] HIV Testing in Non-Healthcare Settings (optional)[ ] Service Integration (optional) |
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| **Category C: Demonstration Projects for Innovative, High-Impact Prevention** |
| [ ]  *Not Applicable/Not Funded* |
| Program focus areas: |
| [ ]  Structural, Behavioral, and/or Biomedical Interventions[ ]  Innovative HIV Testing Activities[ ]  Enhanced Linkage to and Retention in Care[ ]  Advanced Use of Technology[ ]  Programmatic use of CD4, viral load and other surveillance data  |

**PS12-1201 Resource Allocation**

One of the goals of this FOA is to reduce HIV transmission by building capacity of health departments to focus HIV prevention efforts in communities and local areas, where HIV is most heavily concentrated, to achieve the greatest impact in decreasing the risks of acquiring HIV. Grantees should monitor the HIV/AIDS epidemic within the jurisdiction for program planning, resource allocation and monitoring and evaluation purposes. Grantees should utilize the most current epidemiological and surveillance data and other available data sources to assist in program planning and evaluation.

To ensure that resources are reaching the areas of greatest need, grantees will be required to report annually to CDC on the amount of funding allocated to the areas with 30% or greater of the HIV epidemic and how the funds were used.

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| **Please identify each city/MSA with at least 30% of the HIV epidemic within the jurisdiction. For directly-funded cities, please report areas or zip codes within the MSA with at least 30% of the HIV epidemic within the jurisdiction. If no area represents at least 30% of the HIV epidemic, then identify the top three MSA/MDs, cities, or areas within the jurisdiction that have the greatest burden of disease.** |
| **MSA/CITY** | **Percentage of HIV Epidemic** | **Percentage of PS12-1201 Funds Allocated** | **Components and Activities Funded** |
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**Note:** If a state with a directly-funded city funds programs within that city with PS12-1201 funds, then the state should include the directly-funded city within this reporting. If a state with a directly-funded city does not fund any programs within the directly-funded city with PS12-1201 funds, the state should exclude cases attributable to directly-funded cities and recalculate the areas that represent 30% or greater of the HIV disease burden for the remainder of the jurisdiction.

**PS12-1201 Category A**

HIV Prevention Programs for Health Departments *(core funding)*

**Required Component: HIV Testing**

The following are the National-Level Objectives and Performance Standards that will be used for HIV testing and linkage to care activities funded under Category A. Category A goals and objectives should be developed in relation to the National-Level Objectives and Performance Standards while also addressing elements of each program component as listed in the FOA.

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| **National Goal**: CDC expects approximately **two** million HIV tests will be provided annually, among all funded jurisdictions, when the program is fully implemented. |
| **Performance Standards:** CDC expects each funded jurisdiction to achieve the following performance standards, when the program is fully implemented: * For targeted HIV testing in non-healthcare settings or venues, achieve at least a 1.0% rate of newly-identified HIV-positive tests annually.
* At least 85% of persons who test positive for HIV receive their test results.
* At least 80% of persons who receive their HIV-positive test results are linked to medical care and attend their first appointment (within 90 days of the positive HIV test).
* At least 75% of persons who receive their HIV-positive test results are referred to and interviewed for Partner Services (within 30 days of having received a positive test result).
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**Required Elements for HIV Testing:**

1. Implement and/or coordinate opt-out HIV testing of patients ages 13-64 in healthcare settings.
2. Implement and/or coordinate HIV testing in non-healthcare settings to identify undiagnosed HIV infection using multiple strategies and the most current recommendations for HIV counseling, testing and referral.
3. Support HIV testing activities in venues that reach persons with undiagnosed HIV infections.
4. Ensure the provision of test results, particularly to clients testing positive.
5. Promote routine, early HIV screening for all pregnant women, according to current CDC recommendations.
6. Encourage and support health department and non-health department providers to increase the number of persons diagnosed with HIV through strengthening current HIV testing efforts or creating new services.
7. Facilitate voluntary testing for other STDs (e.g., syphilis, gonorrhea, chlamydial infection), HBV, HCV, and TB, in conjunction with HIV testing, including referral and linkage to appropriate services, where feasible and appropriate and in accordance with current CDC guidelines and recommendations. *(This activity may be implemented in collaboration with STD, hepatitis, and/or TB programs).*
8. Ensure that testing laboratories provide tests of adequate quality, report findings promptly, and participate in a laboratory performance evaluation program for testing. *(This activity may be done in conjunction with surveillance and/or laboratory services).*
9. Incorporate new testing technologies, where feasible and appropriate.

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| **HIV Testing Goals:** |

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| **HIV Testing Objectives and Annual Targets** |
| In an effort to monitor progress toward meeting the PS12-1201 Category A national objectives, please submit your jurisdictional proposed objectives for number of HIV test events, number of newly-identified HIV-positive test results, and new HIV-positive test rate for years 1-5 of the project period. For each year, enter the projected number of HIV test events that will be conducted and the anticipated new HIV-positive test rate.  |
| **Objectives** | **Targets Per Year** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| # of HIV testing events |   |   |   |   |   |  |
| # of HIV positive test results |  |  |  |  |  |  |
| # of newly-identified HIV-positive test results |  |  |  |  |  |  |
| New HIV-positive test rate (%)\* |   |   |   |   |   |  |
| # of newly identified HIV-positive test results returned to clients |  |  |  |  |  |  |
| Additional local objectives |  |  |  |  |  |  |
| Additional local objectives |  |  |  |  |  |  |

*\*# of newly-identified HIV-positive test results (numerator)/ # of HIV testing events (denominator) = Target rate for new HIV positivity.*

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| **Outcome Objective(s)** | **Responsible for implementation** |
| **Process Objective 1:** **Process Objective 2:** **Process Objective 3:** **Process Objective 4:** |  |

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| **Capacity Building Activities Planned for HIV Testing:** |

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| **Monitoring and Evaluation question** | **Indicator(s)/Measure(s)** | **Data Source** | **Timeline** |
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**Required Component: Comprehensive Prevention with Positives**

**Required Elements for Comprehensive Prevention with Positives:**

1. Provide linkage to HIV care, treatment, and prevention services for those persons testing HIV-positive or currently living with HIV/AIDS.
2. Promote retention or re-engagement in care for HIV-positive persons.
3. Offer referral and linkage to other medical and social services such as mental health, substance abuse, housing, safety/domestic violence, corrections, legal protections, income generation, and other services as needed for HIV-positive persons.
4. Provide ongoing Partner Services (Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection, 2008. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5709a1.htm> ) for HIV-positive persons and their partners: Collaborate and coordinate with STD programs, and HIV and/or STD surveillance programs to utilize data to maximize the number of persons identified as candidates for Partner Services. (2) Partner with non-health department providers, including CBOs and private medical treatment providers, to identify more opportunities to provide Partner Services.
5. Assure that HIV-positive pregnant women receive the necessary interventions and treatment for the prevention of perinatal transmission.
6. Conduct sentinel event case review and community action to address local systems issues that lead to missed perinatal HIV prevention opportunities by utilizing the Fetal and Infant Mortality Review (FIMR)-HIV Prevention Methodology, including CDC’s web-based data system (see [www.fimrhiv.org](http://www.fimrhiv.org)), where appropriate and based on local need and the availability of resources.
7. Support behavioral and clinical risk screening followed by risk reduction interventions for HIV-positive persons and HIV-discordant couples at risk of transmitting HIV.
8. Support implementation of behavioral, structural, and/or biomedical interventions (including interventions focused on treatment adherence) for HIV-infected persons.
9. Support and/or coordinate integrated hepatitis, TB, and STD screening (STD Treatment Guidelines, 2010), and Partner Services for HIV-infected persons, according to existing guidelines.
10. Support reporting of CD4 and viral load results to health departments and use of these data for estimating linkage and retention in care, community viral load, quality of care, and providing feedback of results to providers and patients, as deemed appropriate.
11. Promote the provision of antiretroviral therapy (ART) in accordance with current treatment guidelines. (CDC funds may not be used to purchase antiretroviral therapy).

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| **Comprehensive Prevention with Positives Goals:** |

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| **Comprehensive Prevention with Positive Objectives and Annual Targets** |
| **Objectives** | **Targets** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| **Newly-identified HIV-positives** |
| # HIV-diagnosed clients (new and previous positives) linked to HIV medical care |  |  |  |  |  |  |
| # of clients with a newly-identified HIV-positive test result linked to medical care and attended their first medical appointment |  |  |  |  |  |  |
| # of newly-identified HIV-positive clients who were referred and linked to prevention services |  |  |  |  |  |  |
| # of clients with a newly-identified HIV-positive test result referred to and interviewed for Partner Services |  |  |  |  |  |  |
| Additional local objective |  |  |  |  |  |  |
| Additional local objective |  |  |  |  |  |  |

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| **Outcome Objective(s)** | **Responsible for implementation** |
| **Process Objective 1:** **Process Objective 2:** **Process Objective 3:** **Process Objective 4:** |  |

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| **Capacity Building Activities Planned for Prevention with Positives:** |

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| **Monitoring and Evaluation question** | **Indicator(s)/Measure(s)** | **Data Source** | **Timeline** |
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**Required Component: Condom Distribution**

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| **Required Elements for Condom Distribution:**1. Conduct condom distribution to target HIV-positive persons and persons at highest risk of acquiring HIV infection.
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| **Condom Distribution Goals:** |

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| **Condom Distribution Objectives and Annual Targets** |
| **Objectives** | **Targets** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| # of condoms to be distributed (overall) |  |  |  |  |  |  |
| # of condoms to be distributed targeted to HIV-positive individuals |   |   |   |   |   |  |
| # of condoms to be distributed targeted to high-risk negatives/HIV unknown status |  |  |  |  |  |  |
| Additional local objective |  |  |  |  |  |  |
| Additional local objective |  |  |  |  |  |  |

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| **Outcome Objective(s)** | **Responsible for implementation** |
| **Process Objective 1:** **Process Objective 2:** **Process Objective 3:** **Process Objective 4:** |  |

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| **Capacity Building Activities Planned for Condom Distribution:** |

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| **Monitoring and Evaluation question** | **Indicator(s)/Measure(s)** | **Data Source** | **Timeline** |
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**Required Component: Policy Initiatives**

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| **Required Elements for Policy Initiative Strategies:**1. Support efforts to align structures, policies, and regulations in the jurisdiction with optimal HIV prevention, care, and treatment and to create an enabling environment for HIV prevention efforts. Policy efforts should aim to improve efficiency of HIV prevention efforts where applicable, and are subject to lobbying restrictions under federal law.
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| **Policy Initiative Goals:** |

**Note:** When providing the Policy Initiatives objectives, please indicate at what stage the jurisdiction expects to be for each of their policy initiatives for each year, using the following categories:  *Identification* (i.e., Identification/recognition of need, review of existing policies); *Planning* (i.e., policy formulation/preparation/development); *Implementation*; or *Evaluation*.

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| **Outcome Objective(s)** | **Responsible for implementation** |
| **Process Objective 1:** **Process Objective 2:** **Process Objective 3:** **Process Objective 4:** |  |

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| **Capacity Building Activities Planned for Policy Initiative:** |

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| **Monitoring and Evaluation question** | **Indicator(s)/Measure(s)** | **Data Source** | **Timeline** |
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**Recommended Component: Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk of Acquiring HIV**

Not applicable [ ]

**Recommended Elements for Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk:**

1. Provide behavioral risk screening followed by individual and group-level evidence-based interventions for HIV-negative persons at highest risk of acquiring HIV, particularly those in an HIV-serodiscordant relationship.
2. Implement community evidence-based interventions that reduce HIV risk.
3. Support syringe services programs (SSPs), where allowable, and according to HHS and CDC guidelines. Programs that use federal funding for SSPs should adhere to state and local laws, regulations, and requirements related to such programs or services. Programs must have a certification signed by an authorized official. Funded grantees must, in turn, have documentation that local law enforcement and local public health authorities have agreed upon the location for the operation of the SSPs.

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| **HIV Prevention Intervention Goals:** |

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| **EBIs for High-Risk Negatives Objectives and Annual Targets** |
| **Objectives** | **Targets Per Year** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| # of high-risk HIV negative clients who will enroll in individual and group level evidence-based interventions (ILIs and GLIs) |   |   |   |   |   |  |
| # of community evidence-based interventions to be conducted  |  |  |  |  |  |  |
| # of people to be reached by community evidence-based interventions |   |   |   |   |   |  |
| Additional local objectives |  |  |  |  |  |  |
| Additional local objectives |  |  |  |  |  |  |

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| **Outcome Objective(s)** | **Responsible for implementation** |
| **Process Objective 1:** **Process Objective 2:** **Process Objective 3:** **Process Objective 4:** |  |

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| **Capacity Building Activities Planned for HIV Prevention Interventions:** |

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| **Monitoring and Evaluation question** | **Indicator(s)/Measure(s)** | **Data Source** | **Timeline** |
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**Recommended Component: Social Marketing, Media, and Mobilization**

Not applicable [ ]

**Recommended Elements for Social Marketing, Media, and Mobilization:**

1. Support and promote social marketing campaigns targeted to relevant audiences (e.g., providers, high risk populations or communities) including the use of campaign materials developed and tested by CDC.
2. Support and promote educational and informational programs for the general population based on local needs, and link these efforts to other funded HIV prevention activities (e.g., pamphlets, hotlines, or social marketing campaigns).
3. Support and promote the use of media technology (e.g., Internet, texting, and web applications) for HIV prevention messaging to targeted populations and communities.
4. Encourage community mobilization to create environments that support HIV prevention by actively involving community members in efforts to raise HIV awareness, building support for and involvement in HIV prevention efforts, motivating individuals to work to end HIV stigma, and encouraging HIV risk reduction among family, friends, and neighbors.

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| **Social Marketing, Media, & Mobilization Goals:** |

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| **Social Marketing, Media, & Mobilization Objectives and Annual Targets** |
| **Objectives** | **Targets Per Year** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| # of social marketing/public information campaigns to be conducted |  |  |  |  |  |  |
| # of people to be reached (exposures) |  |  |  |  |  |  |
| # of media placements for marketing campaigns |  |  |  |  |  |  |
| Additional local objectives |  |  |  |  |  |  |
| Additional local objectives |  |  |  |  |  |  |

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| **Outcome Objective(s)** | **Responsible for implementation** |
| **Process Objective 1:** **Process Objective 2:** **Process Objective 3:** **Process Objective 4:** |  |

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| **Capacity Building Activities Planned for Social Marketing, Media, & Mobilization:** |

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| **Monitoring and Evaluation question** | **Indicator(s)/Measure(s)** | **Data Source** | **Timeline** |
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**Recommended Component: Pre-Exposure Prophylaxis and Non-Occupational Post-Exposure Prophylaxis Services**

Not applicable [ ]

**Recommend Elements for Pre-Exposure Prophylaxis and Non-Occupational Post-Exposure Prophylaxis:**

1. Support Pre-Exposure Prophylaxis (PrEP) services to MSM at high-risk for HIV consistent with CDC guidelines (“Preexposure Prophylaxis (PrEP) for the Prevention of HIV Infection in Men Who Have Sex with Men” guidelines in the *Morbidity and Mortality Weekly Report (MMWR)*. Programs that use federal funding for PrEP-related activities should adhere to state and local laws, regulations, and requirements related to such programs or services. PrEP-related activities must be implemented as part of a comprehensive HIV prevention program that includes, as appropriate, linkage and referral to prevention and treatment services for STD, viral hepatitis, substance abuse, and mental health, and other prevention support services. Funds may **not** be used for PrEP medications (antiretroviral therapy).
2. Offer Non-Occupational Post-Exposure Prophylaxis (nPEP) to populations at greatest risk.

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| **PrEP and n-PEP Goals:** |

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| **PrEP and n-PEP Objectives and Annual Targets** |
| **Objectives** | **Targets Per Year** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| # of high-risk MSM referred for PrEP therapy |  |  |  |  |  |  |
| # of clients referred for n-PEP therapy |  |  |  |  |  |  |
| Additional local objectives |  |  |  |  |  |  |
| Additional local objectives |  |  |  |  |  |  |

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| **Outcome Objective(s)** | **Responsible for implementation** |
| **Process Objective 1:** **Process Objective 2:** **Process Objective 3:** **Process Objective 4:** |  |

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| **Capacity Building Activities Planned for PrEP and n-PEP:** |

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| **Monitoring and Evaluation question** | **Indicator(s)/Measure(s)** | **Data Source** | **Timeline** |
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**PS12-1201 Category B**

Expanded HIV Testing for Disproportionately Affected Populations

Not applicable [ ]

The following are the National-Level Objectives and Performance Standards that will be used for HIV testing, linkage to care, and other related activities funded under Category B. Category B goals and objectives should be developed in relation to the National-Level Objectives and Performance Standards while also addressing elements of each program component as listed in the FOA.

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| **National Goal**: Among all funded jurisdictions, CDC expects that approximately **1.1** million HIV tests are provided and approximately **5,500** HIV-infected persons who were previously unaware of their infection are identified in the first year of funding. When the program is fully implemented, CDC expects that approximately **1.3** million HIV tests are provided and approximately **6,500** HIV-infected persons who were previously unaware of their infection are identified annually. |
| **Performance Standards:** CDC expects each funded jurisdiction to achieve the following performance standards, when the program is fully implemented: * For targeted HIV testing in non-healthcare settings or venues, achieve at least a 2.0% rate of newly-identified HIV-positive tests annually.
* At least 85% of persons who test positive for HIV receive their test results.
* At least 80% of persons who receive their HIV-positive test results are linked to medical care and attend their first appointment (within 90 days of the HIV positive test).
* At least 80% of persons who receive their HIV-positive test results are referred to and interviewed for Partner Services (within 30 days of having received a positive test result).
* At least 80% of persons who receive their HIV-positive test results receive prevention counseling or are referred to prevention services.
* Over the course of the project, increase the number of healthcare facilities that have implemented sustainable, routine HIV testing programs consistent with CDC’s 2006 guidelines.
* Over the course of the project, increase the number of venues offering integrated testing programs for HIV, HCV, HBV, other STDs, and TB.
 |

**Required Component: HIV Testing in Healthcare Settings**

**Required Elements for HIV Testing in Healthcare Settings:**

1. Use the jurisdictional HIV prevention plan, epi profile, and other available data to identify areas with high HIV incidence or prevalence and healthcare facilities that serve the target population(s) that will not be covered under Category A.
2. Promote routine HIV testing to administrators, managers, and clinical directors at candidate healthcare facilities and engage them to support, develop, implement, and maintain routine HIV testing programs in their facilities.
3. Ensure that participating healthcare programs: (1) Promote the program to staff, educate providers and other appropriate staff about routine HIV testing, and gain their support for the program. (2) Promote and provide routine, voluntary testing to patients/clients ages 13 - 64 in accordance with current guidelines and recommendations. (3) Use test technologies (e.g., conventional testing with rapid turn-around, rapid tests) and strategies that will maximize the proportion of persons tested who receive their results. (4) Deliver all services in a culturally and linguistically appropriate manner.
4. Encourage the use of opt-out consent procedures, where allowable and appropriate. For states that do not allow opt-out consent, or in settings in which opt-out consent is not appropriate, ensure that all patients are actively offered screening, in accordance with appropriate consent procedures.
5. Ensure that patients/clients receive their test results, especially those who test positive for HIV. If using rapid HIV tests, ensure that individuals with reactive rapid tests (i.e., preliminary positive results) receive confirmatory tests.
6. Ensure that individuals who test positive for HIV (including individuals newly-diagnosed with HIV, and when appropriate, individuals previously-diagnosed) receive prevention counseling, linkage to medical care (including recommended screening for STDs, TB, and viral hepatitis), and initiation of Partner Services in accordance with CDC recommendations and state and local requirements. *If implementing this program in correctional facility clinics, develop and implement strategies for linking inmates who test positive to medical care at the time of release*.
7. Identify opportunities for improving timely linkage to care, particularly among priority populations and populations experiencing HIV-related health disparities, and develop strategies for taking advantage of those opportunities that can be implemented throughout the duration of the program.
8. Maximize the likelihood that the programs developed will be sustainable (e.g., consider “integrated” models using regular clinic staff, rather than “parallel” models that rely on special staff). (1) Use all available mechanisms to obtain reimbursement for HIV testing from third party payers (e.g., Medicare, Medicaid, private insurance, HMO programs). (2) If necessary, use funds from this FOA for testing persons not eligible for other coverage for HIV testing (e.g., provide test kits if doing rapid testing; reimburse facilities for cost of testing [rapid or conventional]; develop “fee for service” schedules that incentivize testing and other key outcomes, such as linkage to medical care and Partner Services).
9. Explore opportunities for integrating HIV testing into other screening programs conducted at participating facilities (e.g., blood pressure, diabetes, and cholesterol screening).
10. Facilitate voluntary screening and testing for other STDs (e.g., syphilis, gonorrhea, chlamydial infection), HBV, HCV, and TB, in conjunction with HIV testing, and in accordance with current CDC guidelines and recommendations.
11. Explore strategies for promoting routine HIV testing at non-candidate healthcare facilities. This may include providing or coordinating training and technical assistance.

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| **HIV Testing in Healthcare Settings Goals:** |

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| **HIV Testing in Healthcare Settings: Objectives and Annual Targets** |
| In an effort to monitor progress toward meeting the PS12-1201 Category B national objectives, please submit your jurisdictional proposed objectives for number of HIV test events, number of newly-identified HIV-positive test results, and new HIV-positive test rate for years 1-5 of the project period. For each year, enter the projected number of HIV test events that will be conducted and the anticipated new HIV-positive test rate.  |
| **Objectives** | **Targets Per Year** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| # of HIV testing events |   |   |   |   |   |  |
| # of newly-identified HIV-positive test results |  |  |  |  |  |  |
| New HIV-positive test rate (%)\* |   |   |   |   |   |  |
| # of newly-identified HIV-positive test results returned to clients |  |  |  |  |  |  |
| # of clients with a newly-identified HIV-positive test result linked to medical care and attended their first medical appointment |  |  |  |  |  |  |
| # of clients with a newly-identified HIV-positive test result referred to and interviewed for Partner Services |  |  |  |  |  |  |
| # of clients with a newly-identified HIV-positive test result that received prevention counseling or were referred to prevention services |  |  |  |  |  |  |
| Additional local objectives |  |  |  |  |  |  |
| Additional local objectives |  |  |  |  |  |  |

*\* # of newly-identified, confirmed HIV-positive test results (numerator)/ # of HIV test events (denominator) = Target rate for new HIV positivity.*

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| **Outcome Objective(s)** | **Responsible for implementation** |
| **Process Objective 1:** **Process Objective 2:** **Process Objective 3:** **Process Objective 4:** |  |

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| **Capacity Building Activities Planned for HIV Testing in Healthcare Settings:** |

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| **Monitoring and Evaluation question** | **Indicator(s)/Measure(s)** | **Data Source** | **Timeline** |
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**Recommended Component: HIV Testing in Non-Healthcare Settings (Optional)**

Not applicable [ ]

**Required Elements for HIV Testing in Non-Healthcare Settings:**

1. Identify and fund CBOs or other service organizations that have experience providing HIV testing services in non-healthcare settings and experience working with the target populations. Ensure that these programs: (1) Use the jurisdictional HIV prevention plan, epi profile, and other available data to identify areas with high HIV incidence or prevalence and community-based organizations or other service organizations that serve the target population(s) to participate in this program. (2) Identify specific settings or venues in which high-risk members of the target population(s) can be accessed. (3) Work with gatekeepers to gain access to targeted settings and venues. (4) Promote the program to members of the target population(s), key stakeholders, and other potential supporters. (5) Recruit high-risk members of the target population(s) who do not know their HIV status. (6) Obtain informed consent for testing, using appropriate consent procedures that adhere to all state and local requirements. (7) Provide HIV tests to clients who give informed consent. (8) Use test technologies (e.g., rapid tests) and strategies (e.g., use of incentives) that will maximize the proportion of persons tested that receive their results. (9) Achieve at least a 2% rate of newly-identified positive tests when the program is fully implemented (i.e., all contracts with participating CBOs or other service organizations have been executed, health department and subcontractor staff have been hired and trained, all necessary policies and procedures have been developed and implemented, all necessary supplies and materials have been procured, and necessary technical assistance has been provided). (10) Take corrective actions if the rate of newly-diagnosed positive tests is below 2%. (11) Deliver all services in a manner consistent with current CDC guidelines and recommendations. (12) Educate program staff about Partner Services and gain their support for these services. (13) Deliver all services in a culturally and linguistically appropriate manner.
2. Ensure that clients receive their test results, especially those who test positive for HIV. If using rapid HIV tests, ensure that individuals with reactive rapid tests (i.e., preliminary positive results) receive confirmatory tests.
3. Ensure that persons who test positive for HIV (including persons newly-diagnosed with HIV and, when appropriate, persons previously-diagnosed) receive the following services: (1) Prevention counseling and, if needed, referral to other prevention services. (2) Linkage to medical care (including recommended screening for STDs, TB, and viral hepatitis) as soon as possible after diagnosis. (3) Initiation of Partner Services as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements. (4) Referral to other services (e.g., housing, legal services, partner violence prevention services), as needed.
4. Ensure that persons who test negative for HIV but are at high risk for becoming infected, receive prevention counseling (and referral to other prevention services, if needed).
5. Use the jurisdictional HIV prevention plan, epi profile, and other data (e.g., data from STD, TB, and hepatitis surveillance) to assess the potential value and feasibility of integrating screening and testing for other STDs (e.g., syphilis, gonorrhea, chlamydial infection), HBV, HCV, and TB into the HIV testing programs funded under this category. If feasible, implement the appropriate integrated screening identified in the assessment.

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| **HIV Testing in Non-Healthcare Settings Goals:** |

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| **HIV Testing in Non-Healthcare Settings: Objectives and Annual Targets** |
| In an effort to monitor progress toward meeting the PS12-1201 Category B national objectives, please submit your jurisdictional proposed objectives for number of HIV test events, number of newly-identified, confirmed HIV-positive test results, and new HIV-positive test rate for years 1-5 of the project period. For each year, enter the projected number of HIV test events that will be conducted and the anticipated new HIV-positive test rate.  |
| **Objectives** | **Targets Per Year** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| # of HIV testing events |   |   |   |   |   |  |
| # of newly-identified HIV-positive test results |  |  |  |  |  |  |
| New HIV-positive test rate (%)\* |   |   |   |   |   |  |
| # of newly-identified HIV-positive test results returned to clients |  |  |  |  |  |  |
| # of clients with a newly-identified HIV-positive test result linked to medical care and attended their first medical appointment |  |  |  |  |  |  |
| # of clients with a newly-identified HIV-positive test result referred to and interviewed for Partner Services |  |  |  |  |  |  |
| # of clients with a newly-identified HIV-positive test result that received prevention counseling or were referred to prevention services |  |  |  |  |  |  |
| Additional local objectives |  |  |  |  |  |  |
| Additional local objectives |  |  |  |  |  |  |

*\* # of newly-identified HIV-positive test results (numerator)/ # of HIV test events (denominator) = Target rate for new HIV positivity.*

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|  **Outcome Objective(s)** | **Responsible for implementation** |
| **Process Objective 1:** **Process Objective 2:** **Process Objective 3:** **Process Objective 4:** |  |

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| **Capacity Building Activities Planned for HIV Testing in Non-Healthcare Settings:** |

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| **Monitoring and Evaluation question** | **Indicator(s)/Measure(s)** | **Data Source** | **Timeline** |
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**Recommended Component: Service Integration (Optional)**

Not applicable [ ]

**Required Elements for Service Integration:**

1. Collaborate with key staff of the participating facilities to plan, develop, and implement the integrated screening activities for STDs, TB, or hepatitis, in accordance with CDC guidelines and recommendations.
2. Collaborate with STD, hepatitis, and TB programs to design, develop, and implement the activities, including referral and linkage to appropriate evaluation, treatment, and vaccination (e.g., hepatitis A and B vaccination).
3. Use all available mechanisms to obtain reimbursement for these integrated screening activities from third party payers (e.g., Medicare, Medicaid, private insurance, HMO programs). This is applicable to healthcare settings only.
4. Ensure that patients/clients receive their test results, especially those who test positive.
5. Ensure that patients/clients who test positive are linked to medical care and receive timely and appropriate evaluation and treatment.
6. For patients/clients who test positive for other STDs, ensure that Partner Services are initiated as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements.
7. Periodically review monitoring data with the participating facilities to assess the value of continuing screening for other STDs, viral hepatitis, and TB.

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| **Service Integration Goals:** |

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| **Outcome Objective(s)** | **Responsible for implementation** |
| **Process Objective 1:** **Process Objective 2:** **Process Objective 3:** **Process Objective 4:** |  |

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| **Capacity Building Activities Planned for Service Integration:** |

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| **Monitoring and Evaluation question** | **Indicator(s)/Measure(s)** | **Data Source** | **Timeline** |
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**PS12-1201 Category C**

Demonstration Projects

Not applicable [ ]

**Focus Area (Choose at least one)**

[ ]  Structural, behavioral, and/or biomedical interventions or a combination that will have a high impact on reducing HIV incidence

[ ]  Innovative testing activities that increase identification of undiagnosed HIV infections and/or improve the cost effectiveness of HIV testing activities

[ ]  Enhanced linkage to and retention in care for persons with new and prior diagnosis of HIV infection

[ ]  Advanced use of technology

[ ]  Programmatic and epidemiologic use of CD4, viral load and other surveillance data to assess and reduce HIV transmission risk

[ ]  Other (specify):

Please include goals for the demonstration project. Goals should be specific and linked to the appropriate focus area(s).

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| **Focus Area [Specify] Goals:** |

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| **Outcome Objective(s)** | **Responsible for implementation** |
| **Process Objective 1:** **Process Objective 2:****Process Objective 3:** **Process Objective 4:** |  |

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| **Capacity Building Activities Planned for Demonstration Project, Specify Focus Area:** |

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| **Monitoring and Evaluation question** | **Quantitative/Qualitative Measures** | **Data Source** | **Timeline** |
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**Quality Assurance (QA) Plan for All Applicable Categories**

*Quality Assurance* isthe systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met. The QA plan is applicable to all the aforementioned components and activities. QA plans can be outlined for each category, component and/or activity or grouped together (e.g. list of QA activities that apply to all activities and categories). Each grantee is required to submit their QA plan taking in consideration at least the following domains:

**Technical performance**: The degree to which the tasks carried out by health workers and facilities meet expectations of technical quality (i.e. adhere to standards).

**Access to services**: The degree to which healthcare services are unrestricted by geographic, economic social, organizational or linguistic barriers.

**Effectiveness of care**: The degree to which desired results (outcomes) are achieved.

**Continuity of services**: Appropriate and timely referral/linkage and communication between providers.

The plan should document quality assurance measures and mechanisms to ensure that services are provided in a technically competent manner and are consistent with current CDC guidelines and recommendations. QA activities may be included within this document or may be submitted as a separate document.