# PS20-2010 Ending the HIV Epidemic

# Work Plan: Component C

**Name of Jurisdiction/Agency Submitting Plan**: Click to enter text.

**Point of Contact for Correspondence**: Click to enter text.

**Mailing Address**: Click to enter text.

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**Phone**: Click to enter text.

**Fax**: Click to enter text.

**Point of Contact for Evaluation**: Click to enter text.

**Mailing Address**: Click to enter text.

**Email**: Click to enter text.

**Phone**: Click to enter text.

**Fax**: Click to enter text.

**Project Period**: TBD

**Last Updated Date**: Click to enter a date.

**Version 1.1 (February 20, 2020)**

Note: PS20-2010 Component C Work Plan Version 1.1 applies to Component C and should not be completed for Component A or Component B.

## Program Description – Component C

### Section 1: Logic Model – Component C

Please provide a logic model for PS20-2010 Component C that reflects the relationships between your project’s strategies and outcomes.

**Note**: You may adopt the CDC logic model (refer to Appendix A) for your local PS20-2010 program without modification. However, if you wish to include other outcomes not listed in the CDC logic model, please do so below. **Section 1 need not be completed if the jurisdiction has adopted the CDC** **logic model – Component C (Appendix A).**

| **PS20-2010 Logic Model – Ending the HIV Epidemic** | | | |
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| **Strategies** | **Short-Term Outcomes** | **Intermediate Outcomes** | **Long-Term Outcomes** |
| **Component C: Scaling up HIV prevention services in STD clinics** | | | |
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### Section 2: Program Context and Partners – Component C

This section is an opportunity for you to describe some of the cross-cutting issues and partners related to your work plan activities during PS20-2010 Year 1.

#### Strategy 1. Conduct assessment of the clinic infrastructure to document HIV and STD prevention services, identify gaps, and assess service quality.

##### Strategy Area Point of Contact (if different from Principal Investigator)

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##### Strategy Area Context

Use the space below to describe contextual factors, cross-cutting issues, changes, or priorities that impact your PS20-2010 Year 1 objectives for this strategy area.

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##### Strategy Area Risks

Use the space below to describe any major risks associated with implementation of the objectives under this strategy are for PS20-2010 Year 1.

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##### Strategy Area Partnerships

What partners (funded and unfunded) are key and essential to meeting the strategies and activities proposed in this area?

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| **Partner Type** | **Brief Partner Details** | **Is this a New Partnership for Your Program?** |
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#### Strategy 2. Implement evidence-based approaches to scale up capacity, sexual risk assessments, self-collected STD testing and treatment, and HIV testing and viral load assessment.

##### Strategy Area Point of Contact (if different from Principal Investigator)

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##### Strategy Area Context

Use the space below to describe contextual factors, cross-cutting issues, changes, or priorities that impact your PS20-2010 Year 1 objectives for this strategy area.

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##### Strategy Area Risks

Use the space below to describe any major risks associated with implementation of the objectives under this strategy are for PS20-2010 Year 1.

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##### Strategy Area Partnerships

What partners (funded and unfunded) are key and essential to meeting the strategies and activities proposed in this area?

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| **Partner Type** | **Brief Partner Details** | **Is this a New Partnership for Your Program?** |
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#### Strategy 3. Expand the capacity of STD clinics to offer PrEP, nPEP, and strengthen clinic and laboratory capacity for recommended follow-up visits for individuals.

##### Strategy Area Point of Contact (if different from Principal Investigator)

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##### Strategy Area Context

Use the space below to describe contextual factors, cross-cutting issues, changes, or priorities that impact your PS20-2010 Year 1 objectives for this strategy area.

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##### Strategy Area Risks

Use the space below to describe any major risks associated with implementation of the objectives under this strategy are for PS20-2010 Year 1.

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##### Strategy Area Partnerships

What partners (funded and unfunded) are key and essential to meeting the strategies and activities proposed in this area?

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| **Partner Type** | **Brief Partner Details** | **Is this a New Partnership for Your Program?** |
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#### Strategy 4. Optimize linkage to, retention in, and re-engagement with HIV medical care.

##### Strategy Area Point of Contact (if different from Principal Investigator)

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##### Strategy Area Context

Use the space below to describe contextual factors, cross-cutting issues, changes, or priorities that impact your PS20-2010 Year 1 objectives for this strategy area.

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##### Strategy Area Risks

Use the space below to describe any major risks associated with implementation of the objectives under this strategy are for PS20-2010 Year 1.

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##### Strategy Area Partnerships

What partners (funded and unfunded) are key and essential to meeting the strategies and activities proposed in this area?

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| **Partner Type** | **Brief Partner Details** | **Is this a New Partnership for Your Program?** |
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#### Strategy 5. Facilitate the development of partnerships with other community HIV clinical providers and health department and community-based organizations providing HIV prevention services and collaborating in the implementation of the EHE.

##### Strategy Area Point of Contact (if different from Principal Investigator)

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##### Strategy Area Context

Use the space below to describe contextual factors, cross-cutting issues, changes, or priorities that impact your PS20-2010 Year 1 objectives for this strategy area.

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##### Strategy Area Risks

Use the space below to describe any major risks associated with implementation of the objectives under this strategy are for PS20-2010 Year 1.

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##### Strategy Area Partnerships

What partners (funded and unfunded) are key and essential to meeting the strategies and activities proposed in this area?

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| **Partner Type** | **Brief Partner Details** | **Is this a New Partnership for Your Program?** |
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### Section 3: Program Activities – Component C

In the tables below, please provide a description of the program activities to be implemented under PS20-2010. Activities described in this section should align with the strategies and outcomes noted in the logic model provided in Appendix A (and Section 1, if applicable). This should not be a copy/paste of program activities from the application. Applicants can submit up to three objectives for each strategy.\*

#### Strategy 1. Conduct assessment of the clinic infrastructure to document HIV and STD prevention services, identify gaps, and assess service quality.

*STD specialty clinics should develop efficient, integrated approaches for delivering care that enhances value for the patients they care for and the populations they serve. Participating clinics will conduct an assessment of the clinic infrastructure to document HIV and STD prevention services that are currently provided, as well as a gap analysis.*

##### **Objective 1A**

**Annual Objective:** Describe one objective for this strategy using the S.M.A.R.T. objectives format

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**Description:** Briefly describe the baseline and target measures of your objective

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| **Baseline** | **Target** |
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\*Copy/paste Objective 1A section below and rename (i.e., Objective 1B and Objective 1C) if you would like to submit up to three objectives for this strategy.

#### Strategy 2. Implement evidence-based approaches to scale up capacity, sexual risk assessments, self-collected STD testing and treatment, and HIV testing and viral load assessment.

*Participating STD clinics will identify innovative and evidence-based approaches that will allow staff to serve patients in a timely manner, improve patients flow, conduct walk-in client initiated sexual risk assessments and specimen self-collection to increase capacity to test for STDs at all anatomic sites, provide timely treatment, test for HIV and do viral load assessments and other HIV-related laboratory tests, as recommended by CDC Some of the approaches may include the use of tablets or other mobile technology for intake and express STD services.*

##### **Objective 2A**

**Annual Objective:** Describe one objective for this strategy using the S.M.A.R.T. objectives format

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**Description:** Briefly describe the baseline and target measures of your objective

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| **Baseline** | **Target** |
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| **Activity Description Year 1** | **Activity Timeframe** | **Output Indicator** | **Assigned To** |
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\*Copy/paste Objective 2A section below and rename (i.e., Objective 2B and Objective 2C) if you would like to submit up to three objectives for this strategy.

#### Strategy 3. Expand the capacity of STD clinics to offer PrEP, nPEP, and strengthen clinic and laboratory capacity for recommended follow-up visits for individuals.

*Participating clinics will identify, tailor and implement innovative strategies to offer comprehensive PrEP and nPEP services for high-risk racial/ethnic and sexual minorities for whom it is appropriate and desired, especially MSM. Participating clinics must follow the CDC guidelines for PrEP implementation. Clinics should also strengthen clinic and laboratory capacity for recommended PrEP care, including follow-up visits that include recommended STD testing at relevant anatomical sites along with other recommended wrap around services.*

##### **Objective 3A**

**Annual Objective:** Describe one objective for this strategy using the S.M.A.R.T. objectives format

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**Description:** Briefly describe the baseline and target measures of your objective

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| **Baseline** | **Target** |
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\*Copy/paste Objective 3A section below and rename (i.e., Objective 3B and Objective 3C) if you would like to submit up to three objectives for this strategy.

#### Strategy 4. Optimize linkage to, retention in, and re-engagement with HIV medical care.

*Participating clinics should consider testing for viral loads all patients who test positive for HIV and patients living with HIV and not engaged in HIV medical care. Patients with newly diagnosed HIV and those not virally suppressed should be rapidly linked to HIV medical care within 7 days. STD clinics will work with health department HIV/STD prevention personnel DIS, Linkage Coordinators, Patient Navigators, HIV providers and other community providers, such as behavioral health, family planning, intimate partner violence, and housing assistance to conduct activities.*

##### **Objective 4A**

**Annual Objective:** Describe one objective for this strategy using the S.M.A.R.T. objectives format

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**Description:** Briefly describe the baseline and target measures of your objective

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| **Baseline** | **Target** |
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\*Copy/paste Objective 4A section below and rename (i.e., Objective 4B and Objective 4C) if you would like to submit up to three objectives for this strategy.

#### Strategy 5. Facilitate the development of partnerships with other community HIV clinical providers and health department and community-based organizations providing HIV prevention services and collaborating in the implementation of the EHE.

*STD clinics, with support from the NNPTCs and CDC, will partner and collaborate with health department HIV prevention and Ryan White Care providers, community-based organizations, as well as other governmental and external experts in the development of local EHE community plans to identify system efficiencies and improve access to quality HIV prevention services.*

##### **Objective 5A**

**Annual Objective:** Describe one objective for this strategy using the S.M.A.R.T. objectives format

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**Description:** Briefly describe the baseline and target measures of your objective

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\*Copy/paste Objective 5A section below and rename (i.e., Objective 5B and Objective 5C) if you would like to submit up to three objectives for this strategy.

### Section 4: Priority Populations – Component C

Please describe below, 1) 3-5 populations you will prioritize to receive HIV prevention services under your PS20-2010 program, 2) the needs identified for each population listed, and 3) the program strategies and activities planned to address the identified needs. The priority populations described should be congruent with those identified in your integrated care and prevention plan. Please only describe priority and target populations for PS20-2010.

Note: In column 4, when describing strategies, you may reference strategies by their number and letter (e.g., 1A, 1B, etc.)

**Table 7**

| **Priority and Target Populations** | | | |
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| **Priority Population** | **Identification in Integrated Care and Prevention Plan (i.e., page numbers)** | **Identified Need** | **Primary Strategies & Activities to Address Need** |
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## Appendix A: Logic Model

Below is the CDC [logic model](#logicmodelComponentAAppendixA) for Component C of PS20-2010, including strategies, short-term outcomes (e.g., increased screening for PrEP/nPEP indication in STD specialty clinics), and intermediate outcomes (e.g., increase persons receiving PrEP/nPEP).

You may adopt this logic model for your local PS20-2010 program without modification. However, if you wish to include more detail in your logic model, please use the space in Section 1 to describe any additional outcomes.

Note: PS20-2010 Component C Work Plan Version 1.0 applies to Component C of the logic model and should not be completed for Component A or Component B.

**Table 8**

| **PS20-2010 Logic Model – Ending the HIV Epidemic** | | | |
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| **Strategies** | **Short-Term Outcomes** | **Intermediate Outcomes** | **Long-Term Outcomes** |
| **Component C: Scaling up HIV prevention services in STD clinics** | | | |
| * Conduct assessment of clinic infrastructure to document current HIV/STD prevention services, identify gaps, and assess service quality * Implement evidence-based approaches to scale up capacity for sexual risk assessments, self-collected STD testing, timely treatment, and HIV-related tests * Expand capacity of STD clinics to offer PrEP/nPEP and strengthen clinic and laboratory capacity for recommended follow-up visits * Optimize linkage to, retention in, and re-engagement in HIV medical care * Facilitate partnerships with community HIV clinical providers, health departments and community-based organizations for implementation of the EHE | * **Increased identification of new HIV and STD infections in STD specialty clinics** * **Increased rapid linkage to care for individuals newly diagnosed with HIV at STD specialty clinic** * **Increased identification of virally unsuppressed people in STD specialty clinics** * **Increased re-engagement to care for persons living with HIV who are not virally suppressed** * **Increased screening for PrEP/nPEP indication in STD specialty clinics** * **Increased PrEP-eligible individuals in STD specialty clinics who are offered and initiate PrEP, if indicated** | * + Increased knowledge of HIV status   + Increase viral suppression among persons living with diagnosed HIV   + Increase persons receiving PrEP/nPEP | Reduced new HIV infections |