

**PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the U.S.
Logic Model**

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Component A: Ending the HIV Epidemic Initiative (EHE) - Core			
<p>Diagnose</p> <ul style="list-style-type: none"> Expand or implement routine opt-out HIV screening in healthcare and other institutional settings in high prevalence communities Develop locally-tailored HIV testing programs to reach persons in non-healthcare settings Increase at least yearly re-screening of persons at elevated risk for HIV per CDC testing guidelines, in healthcare and non-healthcare settings 	<ul style="list-style-type: none"> Increased routine opt-out HIV screenings in healthcare and other institutional settings Increased local availability of and accessibility to HIV testing services Increased HIV screening and re-screening among persons at elevated risk for HIV 	<ul style="list-style-type: none"> Increased knowledge of HIV status Reduced new HIV diagnoses 	<p>Reduced new HIV infections</p>
<p>Treat</p> <ul style="list-style-type: none"> Ensure rapid linkage to HIV medical care and antiretroviral therapy (ART) initiation for all persons with newly diagnosed HIV Support re-engagement and retention in HIV medical care and treatment adherence, especially for persons who are not recipients of Ryan White HIV/AIDS Programs 	<ul style="list-style-type: none"> Increased rapid linkage to HIV medical care Increased early initiation of ART Increased immediate re-engagement to HIV prevention and treatment services for PWH who have disengaged from care Increased support to providers for linking, retaining, and re-engaging persons with HIV (PWH) to care and treatment 	<ul style="list-style-type: none"> Increased receipt of HIV medical care among persons with HIV Increase viral suppression among persons living with diagnosed HIV 	
<p>Prevent</p> <ul style="list-style-type: none"> Accelerate efforts to increase pre-exposure prophylaxis (PrEP) use, particularly for populations with the highest rates of new HIV diagnoses and low PrEP use among those with indications for PrEP Increase availability, use, and access to and quality of comprehensive syringe services programs (SSPs) 	<ul style="list-style-type: none"> Increased screening for PrEP indications among HIV-negative clients Increased referral and rapid linkage of persons with indications for PrEP Increased access to SSPs 	<ul style="list-style-type: none"> Increased PrEP prescriptions among persons with indications PrEP Increased knowledge about the services and evidence-base of SSPs in communities Increased quality of evidence-based SSP service delivery 	
<p>Respond</p> <ul style="list-style-type: none"> Develop partnerships, processes, data systems, and policies to facilitate robust, real-time cluster detection and response Investigate and intervene in networks with active transmission Identify and address gaps in programs and services revealed by cluster detection and response 	<ul style="list-style-type: none"> Increased health department and community engagement for cluster detection and response Improved surveillance data for real-time cluster detection and response Improved policies and funding mechanisms to respond to and contain HIV clusters and outbreaks 	<ul style="list-style-type: none"> Improved response to HIV transmission clusters and outbreaks 	
Component B: HIV Incidence Surveillance			
<ul style="list-style-type: none"> Work with stakeholders (e.g., community, laboratories, and providers) to identify best practices for implementing a recency-based incidence surveillance Conduct recency-based HIV incidence surveillance in selected jurisdictions Review incidence results from a CD4 depletion model and a recency-based assay model 	<ul style="list-style-type: none"> Improved coordination with stakeholders including community, laboratory, and clinical providers to develop recency-based incidence surveillance Increased capacity to collect recency-based assays from all persons aged 13 years and older with a new HIV diagnosis 	<ul style="list-style-type: none"> Estimate HIV incidence in selected jurisdictions using a recency-based assay Review HIV incidence using a CD4 depletion model and a recency-based assay model. 	

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Component C: Scaling up HIV prevention services in STD clinics			
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Increased knowledge of HIV status • Increase viral suppression among persons living with diagnosed HIV • Increase persons receiving PrEP/nPEP. 	<p>Reduced new HIV infections</p>