CDC-RFA-PS18-1802:

Integrated HIV Surveillance and Prevention Programs for Health Departments

EVALUATION AND PERFORMANCE MEASUREMENT PLAN

CENTERS FOR DISEASE CONTROL AND PREVENTION

Updated: July 24, 2018

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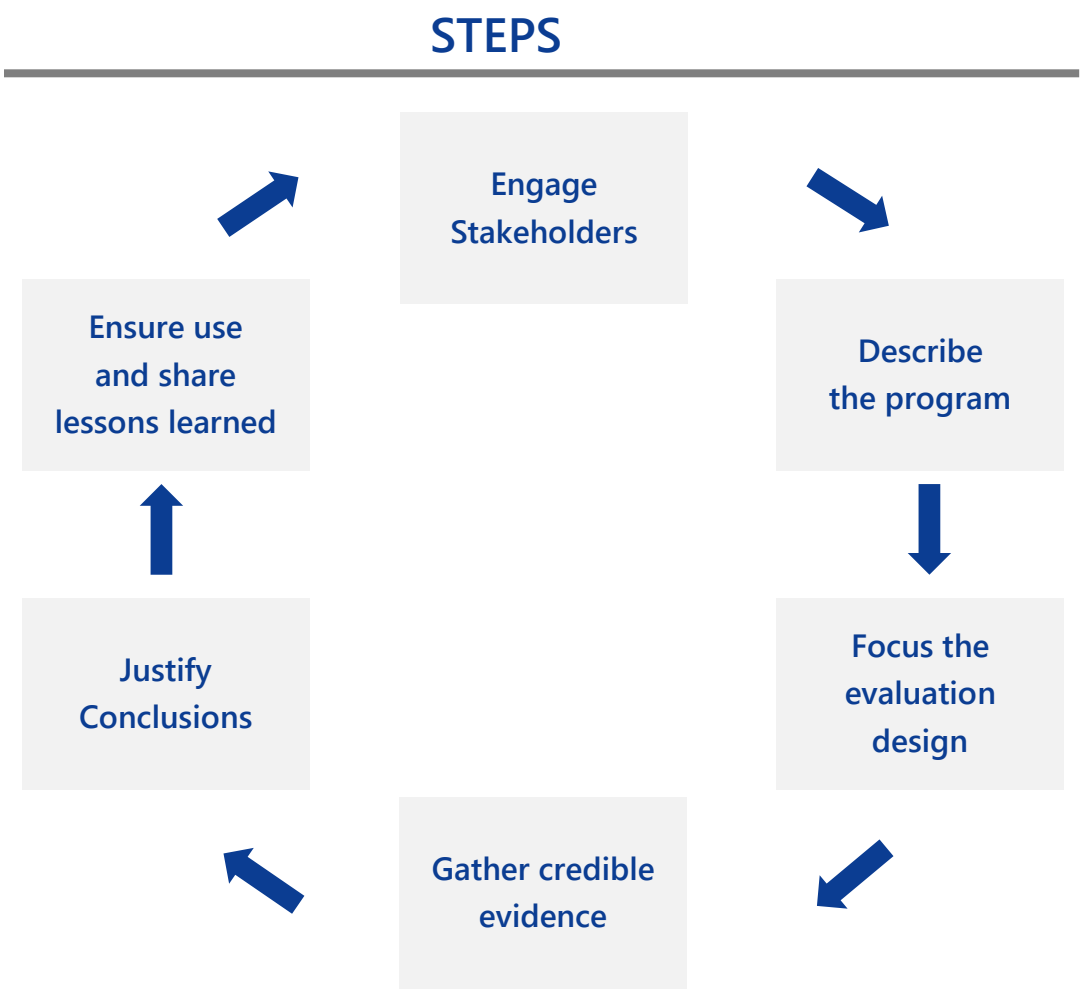
CDC-RFA-PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments: Evaluation and Performance Measurement Plan

CDC Recommended Evaluation Framework for Program Evaluation[i]

PS18-1802 Evaluation and Measurement Plan (EPMP) is based on the CDC Program Evaluation Framework. This framework outlines steps in program evaluation practice and standards for effective program evaluation.



A. Stakeholder Engagement

PS18-1802 Evaluation Workgroup is comprised of staff from the various DHAP branches (e.g., evaluation, program, surveillance, capacity building) with support from the Division of HIV/AIDS Prevention (DHAP) leadership. This workgroup is responsible for providing ongoing feedback on measurement and evaluation-related issues which include data collection and reporting. Through continual partner engagement, the PS18-1802 evaluation workgroup will work closely with health departments and national partners (e.g., CSTE, NASTAD, and UCHAPS) to reduce data collection burden and identify issues that limit health department's ability to collect and report complete and meaningful data to CDC by facilitating active communication, consultation, and providing technical assistance. Partner engagement throughout the project period will help identify key outcomes that are feasible to measure and useful to monitor progress toward achieving program goals. We will engage grantees and national partners in peer-to-peer dialogue about data collection methods, lessons learned, successes, and challenges related to the integration of HIV surveillance and prevention programs on a regular basis for effective program implementation.

B. Description of the Program

Purpose

In January 2018, CDC starts a new five-year HIV funding cycle with health departments: *Funding Opportunity Announcement (FOA) PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments - 2018 - 2022* to strengthen implementation of CDC's high-impact prevention (HIP), by further allowing health departments to align resources to better match the geographic burden of HIV infections within their jurisdictions, and improve collection and use of quality data for public health action.

The purpose of this FOA is to implement a comprehensive and integrated HIV surveillance and prevention program to prevent new infections; improve health outcomes for persons living with HIV infection, including achieving and sustaining viral suppression; and reduce related health disparities in accordance with the national prevention goals, HIV Care Continuum and CDC's HIP approach by using quality, timely, and complete surveillance and program data to guide HIV prevention efforts.

Objectives

The objectives of PS18-1802 are to:

- increase individual knowledge of HIV status
- prevent new infections among HIV-negative persons
- reduce transmission from persons living with HIV
- intensive data-to-care activities to support sustained viral suppression
- strengthen interventional surveillance and response capacity to enhance response capacity

Logic Model

The strategies and activities outlined in the PS18-1802 logic model are intended to produce the following long-term outcomes:

- reduced new HIV infections among persons at risk for HIV infection
- Increased access to care for persons living with diagnosed HIV infection
- improved health outcomes for persons living with diagnosed HIV infection, including maintaining viral suppression
- reduced HIV-related health disparities

As depicted in the FOA logic model, grantees are expected to implement a comprehensive and integrated HIV surveillance and prevention program to demonstrate measurable progress toward addressing the outputs and short-term and intermediate outcomes.

Logic Model – PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments
Part 1: Core Strategies & Activities

Strategies & Activities	Short-term Intended Outputs and Outcomes	Intermediate Intended Outcomes
HIV Prevention Goal/Priority 1: Cross-cutting surveillance core strategy		
Strategy 1	**Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response**	
Activity 1.A. HIV surveillance • Collect HIV case data, including (but not limited to) data on CD4 cell count, HIV viral load, molecular laboratory test results, vital status, and geocoding	• **1.1. Improved completeness, timeliness, and quality of HIV surveillance data (Outcome)** • **1.2. Improved monitoring of trends in HIV infection (Outcome)** • 1.3. Increased use of surveillance and epidemiological data to guide prevention and care efforts, monitor HIV health outcomes, develop policy, allocate resources, and plan and implement services (Output) • 1.4. Increased use of geocoded data linked to census and social determinants of health datasets to guide prevention and care efforts, monitor HIV health outcomes, develop policy, allocate resources, and plan and implement services (Output) • **1.5. Increased ability to describe the geographic distribution of HIV and understand the social determinants of health in relation to HIV and HIV-related health disparities (Outcome)**	
Activity 1.B. HIV prevention program monitoring & evaluation • Collect data to monitor and evaluate HIV prevention programs	• **1.6. Improved completeness, timeliness, and quality of HIV prevention program data (Outcome)**	
HIV Prevention Goal/Priority 2: Increase individual knowledge of HIV status		
Strategy 2	**Identify persons with HIV infection and uninfected persons at risk for HIV infection**	
Activity 2.A. Conduct HIV testing	• **2.1. Increased HIV testing among persons at risk for HIV infection (Output)** • **2.2. Increased number of persons living with HIV infection who are aware of their HIV status (Outcome)**	

Logic Model – PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments Part 1: Core Strategies & Activities			
Strategies & Activities		**Short-term Intended Outputs and Outcomes**	**Intermediate Intended Outcomes**
		• 2.3. Increased identification of HIV-negative persons at risk for HIV infection (Output)	
Activity 2.B. Conduct HIV partner services		• 2.4. Increased participation in HIV partner services among persons with diagnosed HIV infection, identified through PS18-1802-funded testing (Outcome) • 2.5. Increased participation in HIV partner services among persons with diagnosed HIV infection, identified throughout the jurisdiction (Outcome) • 2.6. Increased partner elicitation through HIV partner services interviews of index patients with newly diagnosed HIV infection (Outcome) • 2.7. Increased notification and HIV testing of partners identified through HIV partner services (Output) • 2.8. Increased number of partners living with HIV infection who are aware of their HIV status (Outcome)	
		• 2.9. Improved laboratory reporting to HIV surveillance (Output)	
HIV Prevention Goal/Priority 3: Rapidly detect and interrupt HIV transmission			
Strategy 3	**Develop, maintain, and implement a plan to respond to HIV transmission clusters and outbreaks**		
Activity 3.A. Identify and investigate HIV transmission clusters and outbreaks		• 3.1. Improved early identification and investigation of HIV transmission clusters and outbreaks (Outcome)	
Activity 3.B. Rapidly respond to and intervene in HIV transmission clusters and outbreaks		• 3.2. Improved response to HIV transmission clusters and outbreaks (Outcome)	
Activity 3.C. Maintain outbreak identification and response plan		• 3.3. Improved plan and policies to respond to and contain HIV outbreaks (Outcome)	
HIV Prevention Goal/Priority 4: Reduce transmission from persons living with HIV infection			
Strategy 4	**Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)**		
Activity 4.A. Provide linkage to HIV medical care for persons with newly and previously diagnosed HIV infection identified through HIV testing and partner services		• 4.1. Increased linkage to and retention in HIV medical care among PLWH (Outcome)	• 4.5. Increased HIV viral load suppression among PLWH (Outcome)

Logic Model – PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments
Part 1: Core Strategies & Activities

Strategies & Activities	Short-term Intended Outputs and Outcomes	Intermediate Intended Outcomes
Activity 4.B. Conduct data-to-care activities • Identify persons with previously diagnosed HIV infection who are not in care through data-to-care activities • Provide linkage to, re-engagement in, and retention in HIV medical care services for persons with previously diagnosed HIV infection who are not in care identified through data-to-care activities	• 4.2. Increased use of surveillance data to support PLWH throughout the HIV care continuum (Output)	
Activity 4.C. Promote early ART initiation	• 4.3. Increased early initiation of ART among PLWH (Outcome)	
Activity 4.D. Support medication adherence	• **4.4. Increased provision of ART medication adherence support for PLWH (Output)**	
Activity 4.E. Promote and monitor HIV viral suppression		
Activity 4.F. Monitor HIV drug resistance		
Activity 4.G. Conduct risk-reduction interventions for PLWH	• **4.6. Increased provision of risk reduction interventions for PLWH (Output)** • **4.7. Increased active referral to HIV prevention services for PLWH (Output)**	• 4.8. Decreased risk behaviors among PLWH at risk of transmission (Outcome)
Activity 4.H. Actively refer PLWH to essential support services, including screening and active referral for healthcare benefits, behavioral health services, and social services	• **4.9. Increased screening and active referral of PLWH to essential support services, including healthcare benefits, behavioral health services, and social services (Output)**	
HIV Prevention Goal/Priority 5: Prevent new infections among HIV-negative persons		
Strategy 5	**Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection**	
Activity 5.A. Provide periodic HIV testing and risk screening	• 5.1. Increased periodic HIV testing and risk screening among persons at risk for HIV infection (Output)	
Activity 5.B. Provide screening for PrEP eligibility	• **5.2. Increased screening of HIV-negative persons for PrEP eligibility (Output)**	
Activity 5.C. Provide linkage to and support for PrEP	• **5.3. Increased active referral of persons eligible for PrEP to PrEP providers (Outcome)**	• 5.4. Increased linkage of persons eligible for PrEP to PrEP providers (Outcome) • 5.5. Increased prescription of PrEP to persons for whom PrEP is indicated (Outcome)
Activity 5.D. Provide risk reduction interventions for HIV-negative persons at risk for HIV infection	• **5.6. Increased provision of risk reduction interventions for HIV-negative persons at risk for HIV infection (Output)**	• 5.7. Decreased risk behaviors among HIV-negative persons at risk for HIV and other STDs (Outcome)

Logic Model – PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments
Part 1: Core Strategies & Activities

Strategies & Activities	Short-term Intended Outputs and Outcomes	Intermediate Intended Outcomes
Activity 5.E. Actively refer HIV-negative persons at risk for HIV infection to essential support services, including screening and active referral for healthcare benefits, behavioral health services, and social services	• **5.8. Increased screening and active referral of HIV-negative persons at risk for HIV infection to essential support services, including healthcare benefits, behavioral health services, and social services (Output)**	
Strategy 6	**Conduct perinatal HIV prevention and surveillance activities**	
Activity 6.A. Promote universal prenatal HIV testing	• 6.1. Increased HIV screening among pregnant women (Output) • **6.2. Increased number of pregnant women who are aware of their HIV status (Outcome)**	• **6.8. Reduced perinatally acquired HIV infection (Outcome)**
Activity 6.B. Provide perinatal HIV service coordination	• **6.3. Increased provision of perinatal HIV services or service coordination among pregnant women living with diagnosed HIV and their infants (Output)** • 6.4. Improved provision or coordination of perinatal HIV services (Outcome)	
Activity 6.C. Conduct case surveillance for women with diagnosed HIV infection and their infants	• **6.5. Increased completeness, timeliness, and quality of HIV surveillance data for pediatric cases and HIV-exposed infant (Outcome)**	
Activity 6.D. Conduct perinatal HIV exposure reporting	• 6.6. Increased use of surveillance and epidemiological data to guide perinatal prevention and care efforts, monitor HIV health outcomes, develop policy, allocate resources, and plan and implement services (Output)	
Activity 6.E. Conduct fetal and infant mortality reviews	• **6.7. Increased review of cases demonstrating missed prevention opportunities (Output)**	
HIV Prevention Goal/Priority 6: Cross-cutting program core strategy		
Strategy 7	**Conduct community-level HIV prevention activities**	
Activity 7.A. Conduct condom distribution programs	• **7.1. Increased availability of condoms among persons living with or at risk for HIV infection (Outcome)**	
Activity 7.B. Coordinate and collaborate with syringe services programs		• **7.2. Increased access to syringe services programs for persons who inject drugs (Outcome)**
Activity 7.C. Conduct social marketing campaigns		• 7.3. Increased awareness among members of affected communities regarding potential risk for transmitting or acquiring HIV infection and knowledge of strategies for reducing these risks (Outcome)
Activity 7.D. Implement social media strategies		• 7.4. Reduced stigma and discrimination for persons diagnosed with HIV infection (Outcome)
Activity 7.E. Support community mobilization		

Logic Model – PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments
Part 1: Core Strategies & Activities

Strategies & Activities	Short-term Intended Outputs and Outcomes	Intermediate Intended Outcomes
HIV Prevention Goal/Priority 7 (Cross-cutting): Reduce HIV-related health inequities		

Logic Model – PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments
Part 2: Operational and Foundational Strategies & Activities

Strategies & Activities	Short-term Intended Outputs and Outcomes	Intermediate Intended Outcomes
HIV Prevention Goal/Priority 8: Cross-cutting operational and foundational strategies		
Strategy 8 **Develop partnerships to conduct integrated HIV prevention and care planning**		
Activity 8.A. Maintain HIV planning group Activity 8.B. Develop HIV prevention and care networks		• 8.1. Increased coordination of, availability of, and access to comprehensive HIV prevention, treatment, and support services (Outcome)
Strategy 9 **Implement structural strategies to support and facilitate HIV surveillance and prevention**		
Activity 9.A. Ensure data security, confidentiality, and sharing	• Outcome 9.1. Increased data security, confidentiality, and sharing	
Activity 9.B. Strengthen laws, regulations, and policies		• 9.2. Reduced systemic, legal, regulatory, organizational, operational, social, or cultural barriers to HIV surveillance, prevention, and care (Outcome)
Activity 9.C. Strengthen health information systems infrastructure		
Activity 9.D. Promote expansion of technological advances		
Strategy 10 **Conduct data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities**		
Activity 10.A. Conduct data-driven planning for HIV surveillance, prevention, and care activities	• 10.1. Increased use of data to plan, monitor, evaluate, and improve HIV surveillance and prevention programs and monitor the impact of local HIV prevention efforts (Output)	• 10.2. Increased coordination and integration of comprehensive HIV prevention and care services (Outcome) • 10.3. Improved targeting of HIV testing, prevention, and care resources, funding, and services (Outcome)

Logic Model – PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments
Part 2: Operational and Foundational Strategies & Activities

Strategies & Activities	Short-term Intended Outputs and Outcomes	Intermediate Intended Outcomes
Activity 10.B. Conduct data-driven monitoring and evaluation and use findings to continuously improve HIV surveillance and prevention activities		• 10.4. Improved targeting, prioritization, and effectiveness of funded HIV prevention activities (Outcome) • 10.5. Improved targeting of HIV programs to address HIV-related health disparities (Outcome)
Strategy 11	**Build capacity for conducting effective HIV program activities, epidemiologic science, and geocoding**	
Activity 11.A. Assess capacity-building assistance needs Activity 11.B. Develop and implement capacity-building assistance plans, including technical assistance	• 11.1. Increased capacity-building support, including technical assistance, within the jurisdiction (including CBOs and other partners) (Output) • 11.2. Increased jurisdictional capacity to conduct HIV surveillance and prevention activities (including data-to-care activities) (Output)	
Activity 11.C. Enhance epidemiologic and analytic capacity (e.g., data to care, cluster detection and investigation) and other prevention activities		• 11.3. Strengthened interventional surveillance and response capacity (Outcome)
Activity 11.D. Enhance geocoding and data linkage capacity	• 11.4. Enhanced capacity to geocode, manage, link, and integrate surveillance and other data for surveillance, prevention, and care (Output)	• 11.5. Enhanced knowledge of the influence of social determinants on risk for disease and continuum of care outcomes (Outcome)

**Note: Outputs and outcomes* in bold (hyperlinked) will be required to be measured and reported to CDC as part of the evaluation plan.

C. Focusing the Evaluation Design

Purpose of the Evaluation

The purpose of this evaluation is to monitor and evaluate the implementation of PS18-1802 activities. CDC's approach to monitoring, evaluation, accountability, and quality assurance includes the assessment of the following key components:

- progress toward achieving the intended performance objectives of the FOA
- jurisdictions' contribution to overall project performance
- effectiveness of key prevention strategies
- continuous program and system improvement
- quality of data
- accountability of funds

Monitoring and Evaluation Questions

The monitoring and evaluation (M&E) questions for each of the PS18-1802 strategies are outlined in Section D: Gathering Credible Evidence.

Primary users of the evaluation

Table 2. Primary users of the evaluation

Stakeholders	How Evaluation Findings Will Be Used
DHAP branches	Monitoring overall project and individual health departments to ensure quality and accountability of program outputs and outcomes; determine progress toward achieving the intended project period outcomes; evaluate program effectiveness; share lessons learned and best practices; improve data quality and program implementation; identify technical assistance needs; and direct oversight for program monitoring
DHAP leadership	Develop policies and guidance to guide HIV prevention efforts
Health departments	Use evaluation findings for continuous program quality improvement
Other stakeholders	Information on progress toward achieving national goals

Evaluation Methods

Evaluation methods include the collection and analysis of quantitative and qualitative data on program implementation and performance submitted by health departments to CDC; tracking of key HIV performance indicators; review of PS18-1802 Feedback Reports, Annual Performance Reports (APRs), Standards Evaluation Reports (SERs), and annual Federal Financial Reports. In addition, information from site visits and conference calls with grantees will be used to document program progress, lessons learned, and challenges/barriers. CDC evaluation and performance measurement for the PS18-1802 project will be conducted by DHAP program evaluators, epidemiologists, public health advisors, and project officers.

Evaluation Design

Refer to Section D: Gathering Credible Evidence that describes how the implementation of PS18-1802 will be monitored and evaluated across all the PS18-1802-funded health departments.

D. Gathering Credible Evidence

PS18-1802 Monitoring and Evaluation Questions, Indicators, and Data Sources

Note: Quantitative indicators and qualitative indicators are shown in the table for each strategy. CDC will work with awardees to finalize their detailed Evaluation and Performance Management Plan (EPMP), including a Data Management Plan (DMP), in accordance with CDC program guidance.
NA indicates not applicable.

Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
HIV SURVEILLANCE					
1.1: Improved completeness, timeliness, and quality of HIV surveillance data (outcome) **1.1.a:** Meet standards detailed in the Technical Guidance for HIV Surveillance Programs for case ascertainment, death ascertainment, risk factor reporting, duplicate review, geocoding, laboratory reporting, timeliness, data quality, completeness, and dissemination, assessed as required by CDC standards (outcome)		**Measure 1.1.1: Death Ascertainment** **Measure 1.1.1.a.1:** Annually link case reports with state/local death certificate data file (or NDI, if state/local death certificate data file is not available) and SSDMF to ascertain dates of deaths that occurred in the previous year and enter or import results into eHARS **Measure 1.1.1. a.2:** Annually link case reports with NDI and state/local death certificate data file to ascertain causes of deaths that occurred 2 years prior to the current year and import results in eHARS **Measure 1.1.1. a.3:** Annually link case reports to state/local death certificate data file (from 2 years ago) to identify unreported cases of HIV infection and enter or import results into eHARS **Measure 1.1.1. a.4** (Cause of Death): ≥85% of the deaths that occurred in a year have an underlying cause of death, assessed 24 months after the death year	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov	NHSS	Aggregate

Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
		Measure 1.1.2: Completeness of Case Ascertainment ≥95% of the expected number of cases for a diagnosis year are reported, assessed 12 months after the diagnosis year	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov Must be met for the population of all cases and for the subset of pediatric cases age <13 years.	NHSS	Person-level
		Measure 1.1.3: Timeliness of Case Ascertainment ≥90% of the expected number of cases for a diagnosis year are reported within six months following diagnosis, assessed 12 months after the diagnosis year			
		Measure 1.1.4: Data Quality ≥97% of cases that meet the surveillance case definition for HIV infection for a diagnosis year will have no required fields missing and pass all standard data edit checks (i.e. Person View Status Flag is "A – Active" or "W – Warning"), assessed 12 months after a diagnosis year	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov. Must be met for the population of all cases and for the subset of pediatric cases age <13 years.	NHSS	Person-level
		Measure 1.1.5: Risk Factor Ascertainment ≥80% of cases for a report year have sufficient HIV risk factor information to be classified into a known transmission category, assessed 12 months after the report year			
		Measure 1.1.6: Intrastate duplicates ≤1% of cases for a report year have duplicate case reports, assessed 12 months after the report year	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov.	NHSS	Person-level
		Measure 1.1.7: Interstate duplicate ≤2% of Routine Interstate Duplicate Review (RIDR) pairs remain unresolved at the end of each six month RIDR cycle, assessed at the end of each cycle			
		Measure 1.1.8: CD4 Reporting ≥85% of cases for a diagnosis year have a CD4 test result based on a specimen collected within one month following HIV diagnosis, assessed 12 months after the diagnosis year	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov. Must be met for the population of all cases and for the subset of pediatric cases age <13 years.	NHSS	Person-level

Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
		Measure 1.1.9: Viral Load Reporting ≥85% of cases for a diagnosis year have a viral load test result based on a specimen collected within one month following HIV diagnosis, assessed 12 months after the diagnosis year			
		Measure 1.1.10: Timeliness of Laboratory Reporting ≥85% of all labs with a specimen collection date in the diagnosis year are loaded in the surveillance system within two months of the specimen collection date, assessed at 12 months after the diagnosis year			
		Measure 1.1.11: Nucleotide Sequence ≥60% of cases for a diagnosis year have an analyzable nucleotide sequence, assessed at 12 months after the diagnosis year	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov	NHSS	Person-level
		Measure 1.1.12: Antiretroviral History ≥70% of cases for a diagnosis year have prior antiretroviral use history, assessed at 12 months after the diagnosis year			
		Measure 1.1.13: Previous Negative HIV Test **Measure 1.1.13.a:** ≥70% of cases for a diagnosis year have a known value for previous negative HIV test, assessed at 12 months after the diagnosis year **Measure 1.1.13.b:** ≥50% of cases for a diagnosis year with a previous negative HIV test have a valid date of documented negative test result, assessed at 12 months after the diagnosis year.			

Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
1.2: Improved monitoring of trends in HIV infection (outcome)		**Measure 1.2.1: Data Dissemination and Reporting** **Measure 1.2.1.a:** Publish and disseminate an HIV surveillance report annually, per CDC guidance **Measure 1.2.1.b:** Publish and disseminate at least one comprehensive Integrated HIV Epidemiologic Profile during the 5-year funding period, per CDC guidance	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov Must be met for the population of all cases and for the subset of pediatric cases age <13 years	NHSS	NA
1.3: Increased use of surveillance and epidemiological data to guide prevention and care efforts, monitor HIV health outcomes, develop policy, allocate resources, and plan and implement services (output)				**Monitored locally, data are not reported to CDC**	
1.4: Increased use of geocoded data linked to census and social determinants of health datasets to guide prevention and care efforts, monitor HIV health outcomes, develop policy, allocate resources, and plan and implement services (output)				**Monitored locally, data are not reported to CDC**	
1.5: Increased ability to describe the geographic distribution of HIV and understand the social determinants of health in relation to HIV and HIV-related health disparities (outcome)		**Measure 1.5.1:** Establish a Memorandum of Agreement (MOA) to submit geocoded data to CDC for the 5-year funding period.	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov.	APR, SER	NA
		Measure 1.5.2: On an annual basis, submit geocoded HIV data, for the HIV diagnosis year of interest, to CDC per CDC guidance			
		Measure 1.5.3: ≥90% of HIV cases are geocoded to the census tract level, assessed 12 months after the diagnosis year	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov.	NHSS	Person-level
HIV PREVENTION PROGRAM					
1.6: Improved completeness, timeliness, and quality of prevention program data (outcome)	**Question 1.6.1-1.6.3:** To what extent did grantees improve their ability to provide quality, timely, and complete data for key performance variables	**Measure 1.6.1:** Percentage of PS18-1802-funded HIV-positive test records submitted to CDC that have all required fields related to linkage to HIV medical care completed and pass all standard data checks **(NOFO Target: ≥80%)**	**Numerator:** Number of HIV-positive test records in the denominator that have all required fields related to linkage to HIV medical care completed and pass all standard data checks **Denominator:** Number of PS18-1802-funded HIV-positive test records submitted to CDC	NHM&E	Test-level

Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
		Measure 1.6.2: Percentage of PS18-1802-funded HIV-positive test records submitted to CDC that have all required fields related to interview for partner services completed and pass all standard data checks **(NOFO Target: ≥80%)**	**Numerator:** Number of HIV-positive test records in the denominator that have all required fields related to interview for partner services completed and pass all standard data checks		
			Denominator: Number of PS18-1802-funded HIV-positive test records submitted to CDC		
		Measure 1.6.3: Percentage of PS18-1802-funded HIV-positive tests classified as new diagnoses that have been verified by checking the HIV surveillance system **(NOFO Target: ≥80%)**	**Numerator:** Number of HIV-positive test records in the denominator that have been verified as new diagnoses by checking the HIV surveillance system		
			Denominator: Number of PS18-1802-funded positive HIV test records submitted to CDC that are classified as new diagnoses		

Return to Logic Model: Part 1

Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
HIV TESTING					
2.1: Increased HIV testing among persons at risk for HIV infection (output)	**Question 2.1.1:** To what extent was there an increase in HIV testing among persons at risk for HIV?	**Measure 2.1.1:** Number of PS18-1802-funded HIV tests conducted among persons at risk for HIV infection	**Count:** Number of PS18-1802-funded HIV tests conducted in which a) the test result was positive or b) the test result was negative and the person tested was determined to be at risk for HIV infection	NHM&E	Test-level
2.2: Increased number of persons living with HIV infection who are aware of their HIV status (outcome)	**Question 2.2.1-2.2.4:** To what extent was there an increase in the number of persons living with HIV infection who are aware of their HIV status?	**Measure 2.2.1:** Number of PS18-1802-funded HIV tests conducted by grantee	**Count:** Number of PS18-1802-funded HIV tests conducted	NHM&E	Test-level
		Measure 2.2.2 : Number of persons with newly diagnosed HIV infection identified through PS18-1802-funded testing **(CDC calculated target)**	**Count: TBD**		
		Measure 2.2.3: Of all PS18-1802-funded HIV tests conducted, the percentage of persons with newly diagnosed HIV infection	**Numerator:** Number of HIV tests in the denominator in which the HIV infection was newly diagnosed	NHM&E	Test-level
			Denominator: Number of PS18-1802-funded HIV tests conducted		
		Measure 2.2.4: Of all persons with newly diagnosed HIV infection, the percent provided an HIV test result **(NOFO target: ≥90%)**	**Numerator:** Number of persons in the denominator who are provided their HIV test result	NHM&E	Client-level
			Denominator: Number of persons with newly diagnosed HIV infection identified through PS18-1802-funded HIV testing		
		Measure 2.2.5: Of all persons living with HIV infection, the percentage who know their HIV-positive status **(NHAS and NOFO target: ≥90%)**	**Numerator:** Number of persons in the denominator who are living with diagnosed with HIV infection	NHSS	Person-level
			Denominator: Number of persons in the jurisdiction who are estimated to be living with HIV infection		
2.3: Increased identification of HIV-negative persons at risk for HIV infection (output)	**Question 2.3.1:** To what extent was there an increase in the identification of HIV-negative persons at risk for HIV?	**Measure 2.3.1:** Of all PS18-1802-funded HIV tests conducted that had HIV-negative results, the percentage of tests that are among persons at risk for HIV infection	**Numerator:** Of negative HIV tests in the denominator, the number in which the person tested was at risk for HIV infection	NHM&E	Test-level
			Denominator: Number of PS18-1802-funded HIV tests with negative results		
PARTNER SERVICES—PS18-1802-Funded Testing					

Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
2.4: Increased participation in HIV partner services among persons with diagnosed HIV infection, identified through PS18-1802-funded testing (outcome)	**Question 2.4.1:** To what extent was there an increase in participation in HIV partner services among persons with newly diagnosed HIV infection, identified through PS18-1802-funded testing?	**Measure 2.4.1:** Of all persons with newly diagnosed HIV infection through PS18-1802-funded HIV testing, the percentage interviewed for partner services **(NOFO target: 85%)**	**Numerator:** Number of persons in the denominator who are interviewed for partner services **Denominator:** Number of persons with newly diagnosed HIV infection identified through PS18-1802-funded HIV testing		
	Question 2.4.2: To what extent was there an increase in participation in HIV partner services among persons with previously diagnosed HIV infection identified through PS18-1802-funded HIV testing?	**Measure 2.4.2:** Of all persons with previously diagnosed HIV infection identified through PS18-1802-funded HIV testing, the percentage interviewed for partner services	**Numerator:** Number of persons in the denominator who are interviewed for partner services **Denominator:** Number of persons with previously diagnosed HIV infection identified through PS18-1802-funded HIV testing		
PARTNER SERVICES—Jurisdiction Wide					
2.5: Increased participation in HIV partner services among persons with diagnosed HIV infection, identified throughout the jurisdiction (outcome)	**Question 2.5.1:** To what extent was there an increase in in participation in HIV partner services among all persons with newly diagnosed HIV infection?	**Measure 2.5.1:** Of all persons with newly diagnosed HIV infection who are reported to surveillance, the percent who are reported to the partner services program	**Numerator:** Number of persons in the denominator who are reported to the partner services program **Denominator:** Number of persons with newly diagnosed HIV infection who are reported to surveillance in the 12-month observation period	NHM&E	Client-level
	Question 2.5.2- 2.5.3: To what extent was there an increase in expedient HIV partner services interviews among persons with newly diagnosed HIV infection?	**Measure 2.5.2:** Of all persons with newly diagnosed HIV infection who are reported to the partner services program, the percentage interviewed for partner services in ≤30 days after HIV diagnosis	**Numerator:** Number of persons in the denominator who are interviewed for partner services in ≤30 days after HIV diagnosis **Denominator:** Number of persons with newly diagnosed HIV infection who are reported to the partner services program		
		Measure 2.5.3: Of all persons with newly diagnosed acute or recent HIV infection, the percentage interviewed for partner services in ≤14 days after HIV diagnosis	**Numerator:** Number of persons in the denominator who are interviewed for partner services in ≤14 days after HIV diagnosis **Denominator:** Number of persons with newly diagnosed acute or recent HIV infection who are reported to the partner services program		

Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
	Question 2.5.4: To what extent was there an increase in participation in HIV partner services among persons with previously diagnosed HIV infection?	**Measure 2.5.4:** Of all persons with previously diagnosed HIV infection who are reported to the partner services program, the percentage interviewed for partner services	**Numerator:** Number of persons in the denominator who are interviewed for partner services		
			Denominator: Number of persons with previously diagnosed HIV infection who are reported to the partner services program		
2.6: Increased partner elicitation through HIV partner services interviews of index patients with newly diagnosed HIV infection (outcome)	**Question 2.6.1-2.6.2:** To what extent were notifiable partners elicited through HIV partner services interviews of index patients with newly diagnosed HIV infection	**Measure 2.6.1** Average number of notifiable partners named per interviewed index patient with newly diagnosed HIV infection	**Numerator:** Number of notifiable partners named by index patients with newly diagnosed HIV infection	NHM&E	Client-level
			Denominator: Number of index patients with newly diagnosed HIV infection who are interviewed for partner services		
		Measure 2.6.2: Of all persons with newly diagnosed HIV infection interviewed for partner services, the percentage who named ≥1 notifiable partner	**Numerator:** Number of persons in the denominator who named ≥1 notifiable partner		
			Denominator: Number of index patients with newly diagnosed HIV infection who interviewed for partner services		
2.7: Increased notification and HIV testing of partners identified through HIV partner services (output)	**Question 2.7.1-2.7.3:** To what extent was there an increase in notification and HIV testing of partners identified through HIV partner services?	**Measure 2.7.1:** Of all named, notifiable partners identified through HIV partner services, the percentage notified for HIV partner services	**Numerator:** Number of partners in the denominator who are notified of their potential exposure to HIV		
			Denominator: Number of named, notifiable partners identified through HIV partner services		
		Measure 2.7.2: Of all named, notifiable partners identified through HIV partner services, the percentage tested for HIV infection	**Numerator:** Number of partners in the denominator who are tested for HIV infection	NHM&E	Client-level
			Denominator: Number of named, notifiable partners identified through HIV partner services, who are not known to be HIV-positive		
		Measure 2.7.3:	**Numerator:** Number of partners in the denominator who are tested for HIV infection		

Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
		Of all notified partners identified through HIV partner services, the percentage tested for HIV infection	**Denominator:** Number of notified partners identified through HIV partner services who are not known to be HIV-positive		
2.8: Increased number of partners living with HIV infection who are aware of their HIV status (outcome)	**Question 2.8.1:** To what extent was there an increase in the number of partners living with HIV infection who are aware of their HIV status?	**Measure 2.8.1:** Of all partners identified through partner services with unknown HIV status who are tested, the percentage of partners with newly diagnosed HIV infection	**Numerator:** Number of partners in the denominator who are newly diagnosed with HIV infection		
			Denominator: Number of notified partners identified through HIV partner services, not known to be HIV-positive, who are tested for HIV infection		
DATA-TO-CARE					
2.9: Improve laboratory reporting to HIV surveillance (output)	**Question 2.9:** Did grantees meet the criteria for complete reporting of HIV-related test results?	**Measure 2.9.1:** Meet criteria for complete reporting of all HIV-related test results	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov. See details in the Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2014. HIV Surveillance Supplemental Report 2016; 21(No. 4). http://www.cdc.gov/hiv/library/reports/surveillance/ Published July 2016.	NHSS	NA

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Strategy 3: Develop, maintain, and implement plan to respond to HIV transmission clusters and outbreaks Outcomes					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
3.1: Improved early identification and investigation of HIV transmission clusters and outbreaks (outcome)		**Measure 3.1.1:** Analyze surveillance and other data using CDC-recommended approaches at least monthly to identify HIV transmission clusters and outbreaks	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov	APR, SER	NA
		Measure 3.1.2: For each cluster of concern identified through analysis of surveillance and other data, submit analysis, investigation, and intervention results to CDC quarterly after identification of cluster until investigation and intervention activities are closed			
3.2: Improved response to HIV transmission clusters and outbreaks (outcome)		**Measure 3.2.1:** Of all HIV-positive persons in transmission clusters who were not known to be virally suppressed at the time of identification as part of the cluster, percentage that achieved viral suppression within 6 months of identification as part of the cluster **(NOFO target ≥60%)**	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov	NHSS	Person-level
		Measure 3.2.2: Of all partners of transmission cluster members who were not known to be HIV positive at the time of cluster identification, percentage tested or re-tested within 6 months of identification as part of the risk network	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov	APR, SER	Aggregate
		Measure 3.2.3: Of all partners of transmission cluster members who were determined to be HIV-negative and not on PrEP, percentage referred for PrEP within 6 months of identification as part of the risk network			
3.3: Improved plan and policies to respond to and contain HIV outbreaks (outcome)		**Measure 3.3.1:** Develop and maintain a plan and capacity for cluster and outbreak detection and response	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov	APR, SER	NA

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Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
LINKAGE TO AND RETENTION IN HIV MEDICAL CARE					
Outcome 4.1: Increased linkage to and retention in HIV medical care among PLWH (outcome)		**Measure 4.1.1:** Publish linkage to care, in HIV medical care, retention in care and viral suppression results using the CDC surveillance definitions in annual reports and epidemiologic profile	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov	NHSS	Aggregate
	Question 4.1.2.-4.1.5 To what extent was there an increase in screening and provision of linkage to HIV medical care navigation services for PLWH identified through PS18-1802-funded HIV testing?	**Measure 4.1.2:** Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing, the percentage screened for linkage to HIV medical care navigation services needs (calculated by CDC)	**Numerator:** Number of persons in the denominator who are screened for linkage to HIV medical care navigation services needs	NHM&E	Client-level
			Denominator: Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing		
		Measure 4.1.3: Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for linkage to HIV medical care navigation services needs, the percentage identified as needing these services (calculated by CDC)	**Numerator:** Number of persons in the denominator who are identified as needing linkage to HIV medical care navigation services		
			Denominator: Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for linkage to HIV medical care navigation services needs		
		Measure 4.1.4: Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing linkage to HIV medical care navigation services, the percentage who are provided these services (calculated by CDC)	**Numerator:** Number of persons in the denominator who are provided or actively referred to linkage to HIV medical care navigation services		
			Denominator: Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing linkage to HIV medical care navigation services		
	Question 4.1.2.-4.1.5 To what extent was there an increase in linkage of persons with newly diagnosed HIV infection to HIV medical care?	**Measure 4.1.5:** Of all person with newly diagnosed HIV infection identified throughout the jurisdiction, the percentage linked to HIV medical care in ≤ 30 days of diagnosis **(NHAS and NOFO target: ≥85%)**	**Numerator:** Number of persons in the denominator who are linked to HIV medical care in ≤ 30 days after HIV diagnosis	NHSS	Person-level
			Denominator: Number of newly diagnosed HIV infection cases reported to surveillance in a diagnosis year		

Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
		Measure 4.1.6: Of all persons with newly diagnosed HIV infection identified through PS18-1802-funded HIV testing, the percentage linked to HIV medical care in ≤ 30 days after HIV diagnosis **(NHAS and NOFO target: ≥85%)**	**Numerator:** Number of persons in the denominator who are linked to HIV medical care in ≤ 30 days after HIV diagnosis	NHM&E	Client-level
			Denominator: Number of persons with newly diagnosed HIV infection identified through PS18-1802-funded HIV testing		
		Measure 4.1.7: Of all persons with newly diagnosed acute HIV infection identified through PS18-1802-funded HIV testing, the percentage linked to HIV medical care in ≤ 14 days after HIV diagnosis	**Numerator:** Number of persons in the denominator who are linked to HIV medical care in ≤ 14 days after HIV diagnosis		
			Denominator: Number of persons with newly diagnosed acute HIV infection identified through PS18-1802-funded HIV testing		
		Measure 4.1.8: Of all partners with newly diagnosed HIV infection identified through partner services, the percentage linked to HIV medical care in ≤ 30 days after HIV diagnosis	**Numerator:** Number of partners in the denominator who are linked to HIV medical care in ≤ 30 days after HIV diagnosis		
			Denominator: Number of partners with newly diagnosed HIV infection identified through partner services		
		Measure 4.1.9: Of all partners with newly diagnosed with acute or recent HIV infection identified through partner services, the percentage linked to HIV medical care in ≤14 days after HIV diagnosis	**Numerator:** Number of partners in the denominator who are linked to HIV medical care in ≤ 14 days after HIV diagnosis		
			Denominator: Number of partners with newly diagnosed acute or recent HIV infection identified through partner services		
	Question 4.1.7.-4.1.8 To what extent was there an increase in linkage of persons with previously diagnosed HIV infection to HIV medical care?	**Measure 4.1.10:** Of all persons with previously diagnosed HIV infection identified through PS18-1802-funded HIV testing, the percentage linked to HIV medical care in ≤ 30 days after last HIV test	**Numerator:** Number of persons in the denominator who are linked to HIV medical care in ≤ 30 days after last HIV test	NHM&E	Client-level
			Denominator: Number of persons with previously diagnosed HIV infection identified through PS18-1802-funded HIV testing		
		Measure 4.1.11: Of all persons with previously diagnosed HIV infection who are interviewed for partner services and determined to be not in care, the percent who are linked to HIV medical care in ≤ 30 days of report to partner services	**Numerator:** Number of persons in the denominator who are linked to HIV medical care in ≤ 30 days of report to partner services		
			Denominator: Number of persons with previously diagnosed HIV infection who are determined to be not in care at the time of partner services interview		

Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
	Question 4.1.9-4.1.10: Does the use of NHSS and other data sources increase linkage or re-engagement of not-in-care PLWH in HIV medical care?	**Measure 4.1.12:** For PLWH identified through data-to-care activities, percentage of presumptively not-in-care PLWH with an investigation initiated during a specified time period, who were confirmed to be not in care within 60 days after the investigation was initiated	**Numerator:** Number of PLWH in the denominator who were confirmed to be not in care within 60 days after the investigation was initiated	NHSS	Client-level
			Denominator: Number of PLWH identified through data-to-care activities as presumptively not in care who had an investigation initiated during a specified time period		
		Measure 4.1.13: For PLWH identified through data-to-care activities, percentage of PLWH confirmed during a specified time period to be not in care, who were linked to HIV medical care within 30 days after being confirmed to be not in care	**Numerator:** Number of PLWH in the denominator who were linked to HIV medical care within 30 days after being confirmed to be not in care		
			Denominator: Number of presumptively not-in-care PLWH identified through data-to-care activities who were confirmed during a specified time period to be not in care		
	Question 4.1.11-4.1.12 To what extent was there an increase in PLWH in HIV medical care?	**Measure 4.1.14:** Of all persons living with diagnosed HIV infection, the percentage in HIV medical care	**Numerator:** Number of PLWH with evidence of an HIV medical care visit (e.g. ≥1 CD4 or VL test result) within a 12-month measurement period in the 12-month observation period		
			Denominator: Number of persons living with HIV infection (same as numerator 2.1.4)		
		Measure 4.1.15: Of all persons living with diagnosed HIV infection, the percentage retained in HIV medical care **(NOFO target: ≥90%)**	**Numerator:** Number of PLWH with ≥ 2 CD4 or VL (or genotype) test results based on specimens collected at least 3 months apart in the 12-month observation period		
			Denominator: Number of PLWH who have lived with diagnosed HIV infection for at least 12 months by the end of the reporting period		
4.2 Increased use of surveillance data to support PLWH throughout the HIV care continuum (output)				**Monitored locally, data are not reported to CDC**	
TREATMENT AND ADHERENCE SUPPORT					
4.3: Increased early initiation of ART among PLWH (outcome)				**Monitored locally, data are not reported to CDC**	
4.4: Increased provision of ART medication adherence support for PLWH (output)	**Question 4.4.1-4.4.3:** To what extent was there an increase in screening for and provision of ART medication	**Measure 4.4.1:** Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing, the percentage	**Numerator:** Number of persons in the denominator who are screened for ART medication adherence support service needs	NHM&E	Client-level

Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
	adherence support services for PLWH who are in need of these services?	screened for ART medication adherence support service needs (calculated by CDC)	**Denominator:** Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing		
		Measure 4.4.2: Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for ART medication adherence support service needs, the percentage identified as needing these services (calculated by CDC)	**Numerator:** Number of persons in the denominator who are identified as needing ART medication adherence support services		
			Denominator: Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for ART medication adherence support service needs		
		Measure 4.4.3: Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing ART medication adherence support services, the percentage who are provided these services	**Numerator:** Number of persons in the denominator who are provided or actively referred to ART medication adherence support services		
			Denominator: Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing ART medication adherence support services		
VIRAL SUPPRESSION					
Outcome 4.5: Increased HIV viral load suppression among PLWH (outcome)	**Question 4.5.1:** To what extent was there an increase in HIV viral load suppression among persons living with diagnosed HIV infection?	**Measure 4.5.1:** Of all persons living with diagnosed HIV infection, the percentage virally suppressed **(FOA target: ≥80%)**	**Numerator:** Number of persons in the denominator who are virally suppressed	NHSS	Client-Level
			Denominator: Number of persons living with diagnosed HIV in the jurisdiction		
	Question 4.5.2: Does using HIV surveillance data increase viral suppression among not-in-care PLWH who are linked to or re-engaged in HIV medical care?	**Measure 4.5.2:** For PLWH identified through data-to-care activities, percentage of PLWH linked to HIV medical care during a specified time period, who achieved HIV viral suppression within six months (180 days) after being linked to care	**Numerator:** Number of PLWH in the denominator who achieve HIV viral suppression within six months (180 days) after being linked to care		
			Denominator: Number of confirmed not-in-care PLWH identified through data-to-care activities who were linked to HIV medical care during a specified time period		
Risk Reduction and Support Services—HIV-Positive Persons					
4.6: Increased provision of risk reduction	**Question 4.6.1-4.C.3:** To what extent was there an increase in screening for and	**Measure 4.6.1:** Of all persons living with diagnosed HIV infection identified through PS18-1802-	**Numerator:** Number of persons in the denominator who are screened for risk reduction intervention needs	NHM&E	Client-level

Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
interventions for PLWH (output)	provision of risk reduction interventions for PLWH	funded HIV testing, the percentage screened for risk reduction intervention needs (calculated by CDC)	**Denominator:** Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing		
		Measure 4.6.2: Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for risk reduction intervention, the percentage who are identified as needing an intervention (calculated by CDC)	**Numerator:** Number of persons in the denominator who are identified as needing risk reduction intervention		
			Denominator: Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for risk reduction intervention needs		
		Measure 4.6.3: Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing risk reduction intervention, the percentage provided an intervention **(NOFO Target: 85%)**	**Numerator:** Number of persons in the denominator who are provided or actively referred for risk reduction intervention		
			Denominator: Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for and identified as needing risk reduction intervention		
4.7: Increased referral to HIV prevention services for PLWH (output)	**Question 4.7.1:** To what extent was there an increase in referral to any HIV prevention services for persons with diagnosed HIV infection?	**Measure 4.7.1:** Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing, percentage referred to any HIV prevention services **(GPRA and NOFO target: ≥80%)**	**Numerator:** Number of persons in the denominator who are provided or actively referred for any HIV prevention service	NHM&E	Client-level
			Denominator: Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing any HIV prevention service		
4.8: Decreased risk behaviors among PLWH at risk of transmission (outcome)				**Monitored locally, data are not reported to CDC**	
4.9: Increased screening and active referral of PLWH to essential support services, including healthcare benefits, behavioral health, and social services (output)	**Question 4.9.1-4.9.3:** To what extent was there an increase in screenings and active referrals of PLWH to essential support services, including healthcare benefits, behavioral health, and social services?	**Measure 4.9.1:** Of all persons living with diagnosed HIV infection, the percentage screened for essential support services, including healthcare benefits, behavioral health, and social services (calculated by CDC)	**Numerator:** Number of persons in the denominator who are screened for essential support services, including healthcare benefits, behavioral health, and social services	NHM&E	Client-level
			Denominator: Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing		

Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
		Measure 4.9.2: Of all persons living with diagnosed HIV infection who are screened for essential support services, including healthcare benefits, behavioral health, and social services, the percentage who are identified as needing one or more of these services (calculated by CDC)	**Numerator:** Number of persons in the denominator who are identified as needing essential support services, including healthcare benefits, and/or social services **Denominator:** Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for essential support services, including healthcare benefits, behavioral health, and social services		
		Measure 4.9.3: Of all persons living with diagnosed HIV infection who are screened and identified as needing essential support services, including healthcare benefits, behavioral health, and social services, the percentage who are actively referred for one or more of these services	**Numerator:** Number of persons in the denominator who are provided or actively referred for essential support services, including healthcare benefits , and/or social services **Denominator:** Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing essential support services, including healthcare benefits, behavioral health, and/or social services	NHM&E	Client-level

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Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
5.1: Increased periodic HIV testing and risk screening among persons at risk for HIV infection (output)				**Monitored locally, data are not reported to CDC**	
PrEP					
5.2: Increased screening of HIV-negative persons for PrEP eligibility (output)	**Question 5.2.1-5.2.4:** To what extent was there an increase in screening of HIV-negative persons for PrEP eligibility?	**Measure 5.2.1:** Of all at risk HIV-negative persons identified through PS18-1802-funded HIV testing and not already on PrEP at the time of testing, the percentage screened for PrEP eligibility	**Numerator:** Number of persons in the denominator who are screened for PrEP eligibility	NHM&E	Client-level
			Denominator: Number of at risk HIV-negative persons not currently on PrEP at the time of PS18-1802-funded HIV testing		
		Measure 5.2.2: Of all at risk HIV-negative persons, identified through PS18-1802-funded HIV testing, not already on PrEP at the time of HIV testing and screened for PrEP, the percentage identified as eligible for PrEP	**Numerator:** Number of persons in the denominator who are eligible for PrEP		
			Denominator: Number of at risk HIV-negative persons not currently on PrEP at the time of PS18-1802-funded HIV testing who are screened for PrEP eligibility		
		Measure 5.2.3: Of all HIV-negative partners identified through partner services and not already on PrEP, the percentage screened for PrEP eligibility	**Numerator:** Number of partners in the denominator who are screened for PrEP eligibility		
			Denominator: Number of HIV-negative partners not currently on PrEP at the time of partner services contact		
		Measure 5.2.4: Of all HIV-negative partners, identified through partner services, not already on PrEP at the time of partner services contact and screened for PrEP, the percentage identified as eligible for PrEP	**Numerator:** Number of partners in the denominator who are eligible for PrEP		
			Denominator: Number of HIV-negative partners not currently on PrEP at the time of partner services contact who are screened for PrEP eligibility		
5.3: Increased referral of persons eligible for PrEP to PrEP providers (outcome)	**Question 5.3.1:** To what extent was there an increase in referrals of PrEP-eligible at risk HIV-negative persons for PrEP?	**Measure 5.3.1** Of all at risk HIV-negative persons identified through PS18-1802-funded HIV testing, who are screened and identified as eligible for PrEP, the percentage referred for PrEP	**Numerator:** Number of persons in the denominator who are referred for PrEP	NHM&E	Client-level
			Denominator: Number of at risk HIV-negative persons screened and identified as eligible for PrEP through PS18-1802-funded HIV testing		
	Question 5.3.2: To what extent was there an increase in referrals of PrEP-eligible partners for PrEP?	**Measure 5.3.2** Of all HIV-negative partners identified through partners, who are screened and	**Numerator:** Number of persons in the denominator who are referred for PrEP		

Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
		identified as eligible for PrEP, the percentage referred for PrEP	**Denominator:** Number of HIV-negative partners screened and identified as eligible for PrEP through partner services		
5.4: Increased linkage of persons eligible for PrEP to PrEP providers (outcome)				**Monitored locally, data are not reported to CDC**	
5.5: Increased prescription of PrEP to persons for whom PrEP is indicated (outcome)					
Risk Reduction and Support Services—HIV Negative Persons					
5.6: Increased provision of risk reduction interventions for HIV-negative persons at risk for HIV infection (output)	**Question 5.6.1-5.6.3:** To what extent was there an increase in screening for and provision of risk reduction interventions for HIV-negative persons at risk for HIV infection and other STDs	**Measure 5.6.1:** Of all HIV-negative persons at risk for HIV infection, the percentage screened for risk reduction intervention needs	**Numerator:** Number of persons in the denominator who are screened for risk reduction intervention needs	NHM&E	Client-level
			Denominator: Number of HIV-negative persons identified through PS18-1802-funded HIV testing who are at risk for HIV infection		
		Measure 5.6.2: Of all HIV-negative persons at risk for HIV infection who are screened for risk reduction intervention, the percentage identified as needing an intervention	**Numerator:** Number of persons in the denominator identified as needing risk reduction intervention		
			Denominator: Number of HIV-negative persons identified through PS18-1802-funded HIV testing who are screened for risk reduction intervention needs		
		Measure 5.6.3: Of all HIV-negative persons at risk for HIV infection who are screened and identified as needing risk reduction intervention, the percentage provided an intervention **(NOFO Target: ≥85%)**	**Numerator:** Number of persons in the denominator who are provided or actively referred for risk reduction intervention	NHM&E	Client-level
			Denominator: Number of HIV-negative persons identified through PS18-1802-funded HIV testing who are screened for and identified as needing risk reduction intervention		
5.7: Decreased risk behaviors among HIV-negative persons at risk for HIV infection and other STDs (outcome)				**Monitored locally, data are not reported to CDC**	
5.8: Increased screening and active referral of HIV-negative persons at risk for HIV infection to essential support services, including healthcare benefits,	**Question 5.8.1-5.8.3:** To what extent was there an increase in screening and active referral of HIV-negative persons at risk for HIV infection to essential support services, including healthcare benefits,	**Measure 5.8.1:** Of all HIV-negative persons at risk for HIV infection, the percentage screened for essential support services, including healthcare benefits, behavioral health, and social services	**Numerator:** Number of persons in the denominator who are screened for essential support services, healthcare benefits, behavioral health, and social services	NHM&E	Client-level
			Denominator: Number of HIV-negative persons identified through PS18-1802-funded HIV testing who are at risk for HIV infection		

Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
behavioral health, and social services (output)	behavioral health, and social services?	**Measure 5.8.2:** Of all HIV-negative persons at risk for HIV infection who are screened for essential support services, including healthcare benefits, behavioral health, and social services, the percentage identified as needing one or more of these services	**Numerator:** Number of persons in the denominator who are identified as needing essential support services, healthcare benefits, behavioral health, and/or and social services		
			Denominator: Number of HIV-negative persons identified through PS18-1802-funded HIV testing who are at risk for HIV infection and screened for essential support services, healthcare benefits, behavioral health, and social services		
		Measure 5.8.3: Of all HIV-negative persons at risk for HIV infection who are screened and identified as needing essential support services, including healthcare benefits, behavioral health, and social services, the percentage who are actively referred to one or more of these services	**Numerator:** Number of persons in the denominator who are provided or activity referred for essential support services, healthcare benefits, behavioral health, and/or social services		
			Denominator: Number of HIV-negative persons identified through PS18-1802-funded HIV testing who are at risk for HIV infection and screened and identified as needing essential support services, healthcare benefits, behavioral health, and/or social services		

Return to Logic Model: Part 1

Strategy 6: Conduct perinatal HIV prevention and surveillance activities					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
PRENATAL HIV SCREENING AND REFERRAL					
6.1: Increased HIV screening among pregnant women (output)				**Monitored locally, data are not reported to CDC**	
6.2: Increased number of pregnant women who are aware of their HIV status (outcome)	**Question 6.2.1:** To what extent was there an increase in the number of pregnant women living with HIV infection who are aware of their HIV status?	**Measure 6.2.1:** Of all pregnant women with newly diagnosed HIV infection identified through PS18-1802-funded HIV testing, the percent provided an HIV test result	**Numerator:** Number of pregnant women in the denominator who are provided their HIV test result **Denominator:** Number of pregnant women with newly diagnosed HIV infection identified through PS18-1802-funded HIV testing	NHM&E	Client-level
6.3: Increased provision of perinatal HIV services or service coordination among pregnant women living with diagnosed HIV and their infants (output)	**Question 6.3.1-6.3.2:** To what extent was there an increase in screening and active referral to prenatal HIV care among pregnant women living with diagnosed HIV infection?	**Measure 6.3.1:** Of all pregnant women identified through PS18-1802-funded HIV testing as newly diagnosed with HIV infection, the percentage screened for prenatal HIV care	**Numerator:** Number of pregnant women in denominator who are screened for prenatal HIV care **Denominator:** Number of pregnant women identified through PS18-1802-funded HIV testing with newly diagnosed with HIV infection	NHM&E	Client-level
		Measure 6.3.2: Of all pregnant women with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing prenatal HIV care, the percentage referred for prenatal HIV care	**Numerator:** Number of pregnant women in denominator who are referred for prenatal HIV care **Denominator:** Number of pregnant women identified through PS18-1802-funded HIV testing with newly diagnosed HIV infection screened for and identified as needing prenatal HIV care	NHM&E	Client-level
6.4. Improved provision or coordination of perinatal HIV services (outcome)				**Monitored locally, data are not reported to CDC**	
PERINATAL HIV CASES AND DATA					
6.5: Improved completeness, timeliness, and quality of HIV surveillance data for pediatric cases and HIV-exposed infants (outcome)		**Measure 6.5.1: Birth Ascertainment** Annually link women with diagnosed HIV infection reported to surveillance to the state/local birth certificate data file to identify all perinatally exposed infants and infants with HIV infection not reported to surveillance, and enter results into eHARS	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov	NHSS	Person-level

Strategy 6: Conduct perinatal HIV prevention and surveillance activities					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
6.5.a: Meet standards detailed in the *Technical Guidance for HIV Surveillance Programs* for pediatric surveillance and Perinatal HIV Exposure Reporting(PHER), assessed as required by CDC standards (outcome)		**Measure 6.5.2: Perinatal HIV Exposure Reporting (PHER)** ≥85% of HIV-exposed infants for a birth year have HIV infection status determined by 18 months of age	See the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov This measure only applies to areas conducting Perinatal HIV Exposure Reporting (PHER)		
6.6: Increased use of surveillance and epidemiological data to guide perinatal prevention and care efforts, monitor HIV health outcomes, develop policy, allocate resources, and plan and implement services (output)				**Monitored locally, data are not reported to CDC**	
6.7: Increased review of cases demonstrating missed prevention opportunities (output)		**Measure 6.7.1:** Number of cases reviewed to demonstrate missed prevention opportunities	**Count:** Number of cases reviewed to demonstrate missed prevention opportunities	Fetal and Infant Mortality Review (FIMR)	NA
6.8: Reduced perinatally-acquired HIV infection (outcome)		**Measure 6.8.1:** Number of perinatally-acquired HIV infections among persons born in the jurisdiction, by year of birth	**Count:** Number of perinatally-acquired HIV infections among persons born in the jurisdiction, by year of birth	NHSS	Person-level

Return to Logic Model: Part 1

Strategy 7: Conduct community-level HIV prevention activities					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
7.1: Increased availability of condoms among persons living with or at risk for HIV infection (outcome)	**Question 7.1.1:** How many condoms were distributed to persons living with or at risk for HIV infection?	**Measure 7.1.1:** Number of condoms distributed to persons living with or at risk for HIV infection	**Count:** Number of condoms distributed to persons living with or at risk for HIV infection	NHM&E	Aggregate
7.2: Increased access to syringe service programs for persons who inject drugs (outcome)	**Question 7.2.1:** How many syringe service programs are operating in the jurisdiction?	**Measure 7.2.1:** Number of syringe service programs operating in the jurisdiction	**Count:** Number of syringe service programs operating in the jurisdiction	APR, EOY	NA
7.3: Increased awareness among members of affected communities regarding potential risk for transmitting or acquiring HIV infection and strategies for reducing these risks (outcome)				Qualitative	
7.4: Reduced stigma and discrimination for persons with diagnosed HIV infection (outcome)					

Strategy 8: Develop partnerships to conduct integrated HIV prevention and care planning		
Output or Outcome	**Data Source**	**Data Type**
Outcome 8.1: Increased coordination of, availability of, and access to comprehensive HIV prevention, treatment, and support services	Qualitative	

Strategy 9: Implement structural strategies to support and facilitate HIV surveillance and prevention					
Output or Outcome	**M&E Question**	**Measures/Indicators[1]**	**Specifications**	**Data Source**	**Data Type**
9.1: Increased data security, confidentiality, and sharing (outcome)		**Measure 9.1.1:** Full compliance with NCHHSTP Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011): http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf	See requirements in the NCHHSTP Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011): http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf	APR, EOY	NA
9.2: Reduced systemic, legal, regulatory, policy, organizational, operational, social, or cultural barriers to HIV surveillance, prevention, and care (outcome)				Qualitative	

Return to Logic Model: Part 2

Strategy 10: Conduct data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities					
Output or Outcome	**M&E Question**	**Measures/Indicators**	**Specifications**	**Data Source**	**Data Type**
10.1: Increased use of data to plan, monitor, evaluate, and improve HIV surveillance and prevention programs and monitor the impact of local HIV prevention efforts (output)	**Question 10.1.1:** To what extent did grantees use data to plan, monitor, evaluate, and improve HIV surveillance and prevention programs and monitor the impact of an integrated local HIV prevention efforts?	**Measure 10.1.1:** Produce a continuum of care analysis using national standards and publish in annual reports and epidemiologic profile.	See guidance available in the National HIV Surveillance System - Technical Guidance, May 2017 available at https://partner.cdc.gov.	NHSS	NA
10.2: Increased coordination and integration of comprehensive HIV prevention and care services (outcome)				Qualitative	
10.3: Improved targeting of HIV testing, prevention and care resources, funding, and services (outcome)	**Question 10.3.1:** To what extent did the grantees improve targeting of HIV testing, prevention and care resources, funding, and services?	**Measure 10.3.1:** Of all HIV PS18-1802-funded HIV tests conducted, the percentage of tests that were among persons at risk for HIV infection	**Numerator:** Number of test in the denominator in which a) the test result was positive or b) the test result was negative and the person tested was determined to be at risk for HIV infection **Denominator:** Number of PS18-1802 funded test conducted	NHM&E	Client-level
10.4: Improved targeting, prioritization, and effectiveness of funded HIV prevention activities (outcome)				Qualitative	
10.5: Improved targeting of HIV programs to address HIV-related health disparities (outcome)				**Monitored locally, data are not reported to CDC**	

Strategy 11: Build capacity for conducting effective HIV program activities, epidemiologic science, and geocoding		
Output or Outcome	**Data Source**	**Data Type**
Output 11.A: Increased capacity building support and TA provided within the jurisdiction (including CBOs and other partners)	Qualitative	
Output 11.B: Increased jurisdictional capacity to conduct HIV surveillance activities (including D2C activities) and provide HIV prevention services		
Output 11.C: Enhanced capacity to geocode, manage, link, and integrate surveillance and other data for surveillance, prevention, and care		
Outcome 11.1: Strengthened interventional surveillance and response capacity	**Monitored locally, data are not reported to CDC**	
Outcome 11.2: Enhanced knowledge of the influence of social determinants on risk for disease and continuum of care outcomes		

Return to Logic Model: Part 2

Data Collection

*Data submission deadlines and reporting time periods may change based on feasibility of reporting and CDC program guidelines

Table 3. Data Collection – Project Period: January 1, 2018 - December 31, 2022				
Data Source	**Data Provider**	**Data Submission Method**	**Description**	**Data Submission Frequency**
National HIV Surveillance System (NHSS)	Surveillance	Enhanced HIV/AIDS Reporting System (eHARS)	Database of states' HIV case surveillance data. It is used to collect de-identified quantitative data on persons who have been diagnosed with HIV infection.	Monthly
Standards Evaluation Report (SER) including Laboratory Survey	Surveillance	Epi/PHA	Used to report national HIV surveillance system (NHSS) outcome results.	Annual
National HIV Prevention Programs Monitoring and Evaluation (NHM&E)	Evaluation	EvaluationWeb®	Web-based data collection and management system providing CDC and grantees with real time access to HIV program data. It is used to collect de-identified client-level and aggregate-level data on HIV testing and partner services.	Biannual
Annual Performance Report (APR)	Prevention and Surveillance	GrantSolutions	Used to collect qualitative program narratives on required FOA activities. Serves as yearly continuation application.	Annual
End of Year Report (EOY) Performance Report	Prevention	GrantSolutions	Used to document grantees' progress on FOA program requirements over 12 months.	Annual

Data Management Plan (DMP)

Table 4. Data Management Plan	
Data Processing	HIV surveillance data are entered into eHARS by the health departments and transferred to CDC monthly. CDC processes the monthly transfers. The data undergoes national processing procedures specified by the National HIV Surveillance System (NHSS), including de-duplication according to CDC standards. NHM&E data are entered or uploaded into EvaluationWeb® by the health departments. Data are processed by Luther Consulting. CDC processes the SQL files into SAS datasets. The structure of the SAS datasets are finalized for analysis according to CDC standards.
Data quality assurance (QA) procedures	The data quality assurance process helps to evaluate the strengths, limitations, and interpretability of the HIV data received from health departments to answer national and local M&E questions. Standardized data cleaning and processing rules are applied to NHSS and NHM&E data. Data quality limitations are documented and addressed with health departments through integrated data quality conference calls with representation from various branches. Following each call, summary notes are generated outlining corrective actions and next steps for addressing data issues.
Provisions for data security	PS18-1802 funding requires full compliance with the National Center for HIV/AIDS Viral Hepatitis, TB , and STD Prevention (NCHHSTP) Data Security and Confidentially Guidelines (http://www.cdc.gov/nchhstp/programintegration/Data-Security.htm), including plans for FOA partner(s) or subcontractor(s) compliance.
Mechanisms for providing access to and sharing data	
Provisions for storage and backup of data	
Provisions for protection of privacy and confidentiality	
Plans for long-term preservation and archiving of data	
Standards to ensure all released data have appropriate documentation	

E. Justifying Conclusions

Analytical Methods

Overview

The M&E questions are focused on descriptive analyses of quantitative indicators and synthesis of qualitative information analyses that are timely for program monitoring and of particular interest to grantees, DHAP leadership, epidemiologists, public health advisors, and project officers. The analytic process includes the following:

- Obtaining data from various sources
- Data processing and indicator calculation, where necessary
- Coding qualitative data
- Descriptive analyses of quantitative and qualitative results
- Reporting

Quantitative Data Analysis

Quantitative data analysis will be conducted to provide a summary of the indicators. Indicators will be summarized and described for all jurisdictions (combined) and by jurisdiction by year. Progress on surveillance process and outcome standards, including laboratory reporting data will be reported using standard evaluation report and code provided by CDC. The progress towards achieving FOA objectives and outcomes will be described in the feedback reports provided to the grantees, semi-annually.

Analyses will be conducted semi-annually and at the end of each calendar year. Results for selected indicators will be stratified by demographic and other variables including year, test settings, and jurisdiction. For each indicator, descriptive graphics (e.g., line graphs, column charts, scatter plots, etc., with relevant stratifications) will be generated. Trend analysis will be conducted after three years of data are finalized. CDC will pay particular attention to creating graphics that readily display important messages about program progress or areas that need improvements.

The data sources support additional analytic activities to evaluate patterns and associations in the indicators. Analyses that may be of interest include:

- Trends/changes in indicators over time
- Differences in indicators by age/race/ethnicity and/or target population

Qualitative Data Analysis

Thematic and content analyses will provide explanatory information related to local program implementation and variations in program planning/implementation that complement the quantitative data analyses (answers the “why” and “how” questions). System-level M&E questions can only be answered by considering all types of data collected and integrating the quantitative and qualitative information in a meaningful way.

Below are some examples of how the qualitative information can complement quantitative analysis:

- Successes and challenges associated with specific interventions or strategies and with progress in outputs among the most impacted populations
- Transferrable ideas, best practices, or lessons learned
- How did grantees enhance/optimize the following:
    - Program collaboration
    - Collaboration with other federal partners/agencies at the local/regional level
    - Capacity building assistance
    - Development and use of local data system
    - Use of surveillance data to better target services

Synthesis of Findings[ii]

In addition to descriptive analyses, statistical analyses, critical synthesis/triangulation, and predictive models may support additional/supplemental analyses using these data will be considered.

Interpretation of Findings

DHAP will work collaboratively with partners to interpret findings from the data. Data quality will be assessed prior to conducting analyses, by variable or data element. Exclusion of data based upon quality and completeness limitations will be applied if necessary. The impact of exclusions on the analytical results will also be explored and reported.

F. Ensuring Use and Sharing Lessons Learned

Findings will be reviewed regularly to identify challenges encountered by jurisdictions, identify capacity-building assistance needs and actions needed to improve overall project performance, compare methods and outcomes across awardees to identify promising practices for dissemination among awardees during the project period, demonstrate the value of the FOA (e.g., improved public health outcomes, effectiveness of key prevention strategies and activities), and contribute to the evidence base for FOA strategies and activities.

Data will be used to produce annual surveillance reports, annual reports and feedback reports on describing program accomplishments related to this FOA, fact sheets, and other supplemental monitoring and evaluation reports focusing on specific area. Results may also be reported at national conferences, online, and in professional journals.

Examples of PS18-1802 planned reports include:

- **HIV Surveillance Report**
    - Purpose: Provides an overview on the current epidemiology of HIV disease in the United States and dependent areas. This report will be used to monitor progress toward meeting the FOA performance standards for CDC-funded health departments at the national level.
    - Frequency: Annually (2018 – 2022)
    - Data reporting period: 2018 – 2022

    - Dissemination: Public, PS18-1802 grantees, epidemiologists, public health advisors, project officers, and DHAP leadership
- **HIV Monitoring Report (Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data - United States and 6 Dependent Areas):**
    - Purpose: Measures progress toward achieving National HIV/AIDS Strategy (NHAS) objectives and HIV-related national objectives in Healthy People 2020. This report will be used to monitor progress toward meeting the FOA performance standards for CDC-funded health departments at the national level.
    - Frequency: Annually (2018 – 2022)
    - Data reporting period: 2018 – 2022
    - Dissemination: Public, PS18-1802 grantees, Project Officers, and DHAP leadership
- **PS18-1802 Feedback Reports (formerly referred as Rapid Feedback Reports)**
    - Purpose: Describe program achievements and progress toward meeting the FOA performance standards and provide information on how the health departments compare to national prevention goals and to other health departments. These grantee focused reports are intended to promote accountability for both CDC and health departments.
    - Frequency: Produced semi-annually during the PS18-1802 project period.
    - Dissemination: Disseminated within three months after the NHM&E data submission deadline to PS18-1802 funded grantees, DHAP leadership, and Project Officers.
- **PS18-1802 Annual Monitoring and Evaluation Report, including Standard Evaluation Report**
    - Purpose: Monitor and evaluate program achievement and progress toward meeting the FOA performance standards for CDC-funded health departments at the national level. This report includes descriptive reporting of PS18-1802 process and outcome indicators.
    - Frequency: Annually (2018 – 2022)
    - Data reporting period: 2018 – 2022
    - Dissemination: Public, PS18-1802 grantees, PEB Leadership, DHAP leadership, epidemiologists, public health advisors, and project officers
- **PS18-1802 Supplemental Reports, Slide Sets, and Fact Sheets**
    - Purpose: To provide an overview of key PS18-1802 program component (e.g., linkage to HIV medical care, interview for partner services, or impact of funding shifts), fact sheets or DHAP Updates will be developed integrating quantitative and qualitative data.
    - Frequency: Quarterly (or periodically)
    - Dissemination: Public, PS18-1802 grantees, DHAP leadership, epidemiologists, public health advisors, and project officers
- **Final PS18-1802 Evaluation Report**
    - Purpose: This report presents the estimates for HIV testing, continuum of care, comprehensive prevention with positives, condom distribution, risk reduction interventions, surveillance outcomes and process standards, and other selected program activities.
    - Frequency: At end of FOA (December 2022), this report will present from 2018 through 2022 project period.

Includes descriptive reporting of process and outcome indicators as well as contextual data associated with the HIV epidemic. Where appropriate, statistical tests will be used to assess change in outcomes over time (e.g., trend analysis).

- Dissemination: PS18-1802 funded grantees, DHAP leadership, epidemiologists, public health advisors, and project officers

G. Glossary

Appendix B. CDC Defined Terms	
Term	**Definition**
Active referral	This involves efforts beyond passive referral, in which the individual is only given contact information for the service(s) and is left to make their own contact. There are varying types of *active* referral. Active referral may include but is not limited to activities for the client such as: making appointments, providing transportation, using a case manager or peer navigator to help with access to services, providing the organization to which the client is referred with information collected about the client (including the professional assessment of the client's needs), a "warm hand-off" – such as a 'live' three way conversation (individual/organization making the referral, individual/organization receiving the referral, and the client) – in person or by telephone – in which the client is introduced, and providing explanations about what has already been done to assist the client and reason for referral.
Acute HIV infection	This term refers to the interval between the appearance of detectable HIV RNA and the first detection of anti-HIV antibodies. It is identified when a screening test that detects HIV antigen or antibody is reactive/positive, a supplemental test that detects only IgG antibody is nonreactive/negative, and a NAAT test for HIV viral RNA is reactive/positive. Its duration is variable and depends on the characteristics of the test being used for screening and the supplemental test being used to document infection. "Alternatively, acute HIV infection may be identified when a screening test is nonreactive/negative for HIV antibody, and a NAAT test for HIV RNA is reactive/positive (i.e., in the absence of a result from a supplemental test that detects only IgG antibody)." For further discussion, see: *CDC (2104). Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations.* http://www.cdc.gov/hiv/pdf/HIVtestingAlgorithmRecommendation-Final.pdf
Analyzable nucleotide sequence	A nucleotide sequence (the genetic code for a person's HIV strain) that includes valid information that can be analyzed and interpreted.
Anti-retroviral therapy (ART) medication adherence support services	Any intervention that is client-centered and provides support and assistance to HIV-diagnosed persons to improve medication adherence to ART. ART adherence interventions may involve any of the following elements: an educational/behavioral/motivational component, personal adherence counseling, skills-building, tools for better medication management and ongoing support, and/or treatment delivery methods or monitoring devices to facilitate adherence. These programs may be implemented by HIV/AIDS service/health-care providers or pharmacists. A list of evidence based ART adherence interventions may be found at: https://effectiveinterventions.cdc.gov
Behavioral health	Behavioral health is a general term that encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and the provision of treatments and services for substance misuse, addiction, substance use disorders, mental illness, and/or mental disorders.

Appendix B. CDC Defined Terms	
Term	**Definition**
Capacity Building	Activities that strengthen the core competencies of an organization and contribute to its ability to develop and implement an effective HIV prevention intervention and sustain the infrastructure and resource base necessary to support and maintain the intervention.
Condom distribution	The means by which condoms are transferred, disseminated, or delivered from a community resource (e.g., health department, community-based organization, or health care organization).
Data to Care (D2C) activities	Data to Care (D2C) is a public health strategy that uses HIV surveillance and other data to support the HIV Care Continuum by identifying persons living with HIV who are in need of HIV medical care and services and facilitating linkage to these services. Example applications include (but may not be limited to) identifying persons living with HIV who are: 1) Not in HIV medical care, and providing linkage to care or re-engagement in care services, 2) In HIV medical care, but have sustained high HIV viral load, and provide needed care and social support services or 3) pregnant women or mothers and their exposed infants who may need coordinated services (perinatal HIV services coordination). Additional information is available at https://effectiveinterventions.cdc.gov
Duplicate case reports	A person with more than one state-assigned case number in the surveillance database. This does not include cases where a person was exposed to HIV as an infant, but then became infected with HIV later in life. These people should have two state-assigned case numbers.
Employment assistance services	Programs that provide employment assistance, such as skills assessment, vocational training, employment referrals, job placement, and resume building support. Programs that provide employment assistance including vocational trainings, employment referrals, job placement, skills assessment, resume building support etc.
Essential support services	A service or intervention aimed at reducing risk for transmitting or acquiring HIV infection by modifying a factor (e.g., housing, transportation, employment assistance, and education) or combination of factors that can contribute to risk (e.g., healthcare benefits, behavioral health (see definition for behavioral health), and other medical and social services.
Geocoded data	Data that result from the computational process of transforming a description of a location (textual information on addresses) to a location on the Earth's surface (spatial representation in numerical coordinates).
Healthcare benefits services	Programs that help uninsured or under-insured clients enroll in public or private healthcare benefit programs. Services may include, but are not limited to outreach and education on available health benefit options (e.g., private insurance, health maintenance organizations, Medicaid, Medicare, medication assistance programs), eligibility assessment, and assistance with enrollment. Programs that help uninsured clients enroll in public or private healthcare benefits. Services may include outreach and education on available insurance options, eligibility assessment, enrollment etc.

Appendix B. CDC Defined Terms	
Term	**Definition**
HIV screening	A testing strategy that involves testing persons with no signs or symptoms of HIV infection, regardless of whether they have a recognized behavioral risk for HIV infection. A testing strategy that involves testing persons regardless of whether they have a recognized behavioral risk or symptoms of disease infection. This might be accomplished by testing all persons in a defined population or by selecting persons with specific population-level characteristics (e.g., demographic, geographic area).
HIV surveillance case definition	Public health surveillance requires specific case definitions. The definition of a diagnosis of HIV infection for surveillance purposes has changed over time. Reports of diagnoses of HIV infection must satisfy laboratory and clinical criteria included in the Revised Surveillance Case Definition for HIV Infection — United States, 2014, available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6303a1.htm. The case definition will continue to be updated, as needed, to ensure the most accurate monitoring of HIV disease.
HIV test event	An HIV test event refers to a sequence of one or more individual tests conducted to determine a person's HIV status. A test event may consist of a single individual test (e.g., one point-of-care rapid test or one laboratory-based test) or more than one individual tests (e.g., one point-of-care rapid test followed by a laboratory-based supplemental test to determine a final result). A test event may involve more than one face-to-face interaction over more than one day. In EvaluationWeb, a test event is associated with a single unique HIV test form identification number.
HIV transmission clusters	A group of HIV-infected persons (diagnosed and undiagnosed) who have a direct or indirect epidemiological connection related to HIV transmission. A transmission cluster can be detected through multiple mechanisms, including analysis of molecular HIV surveillance data or case surveillance data.
HIV-negative person	A person who has a negative test result based on the most recent HIV test conducted.
Housing services	Programs that help clients find adequate temporary or long-term housing (e.g., providing assistance with finding temporary shelter or housing, finding rental housing, home-buying, assessing eligibility for and making referrals to HUD/HOPWA programs).
In HIV medical care (prevention programs)	Evidence that a client/patient has seen a medical care provider at least once in the past 6 months for HIV treatment
In HIV medical care (surveillance)	Evidence of an HIV medical care visit (e.g. ≥1 CD4 or VL test result) within a 12-month measurement period.
Interviewed for partner services	Indicates whether or not a client was interviewed for the purpose of HIV partner services by health department specialists or non-health department providers trained and authorized to conduct partner services interviews on behalf of the health department. Non-health department providers include public health providers who are 1) collecting data on behalf of the health department and 2) provide information to the health department for partner services follow-up. Interviews conducted by providers other than health department specialists are counted only if they can be verified (i.e., interview results are documented in writing and reported to the health department).

Appendix B. CDC Defined Terms	
Term	**Definition**
Linkage to care (surveillance)	A person is considered to be linked to HIV medical care if there is ≥1 CD4 or viral load test result based on a specimen collected ≤ 1 month following initial diagnosis. See definition in the Continuum of HIV Case: Guidance for Local Analyses Updates, September 2016, available at https: partner.cdc.gov.
Linkage to HIV medical care within 30 days of diagnosis (prevention program)	This occurs when a patient is seen by a health care provider (e.g., physician, a physician's assistant, or nurse practitioner) to receive medical care for his/her HIV infection, usually within a specified time. Linkage to medical care can include specific referral to care service immediately after diagnosis and follow-up until the person is linked to long-term case management. Linkage may be based on HIV-related laboratory tests or other methods of verification. Services may include evaluation of immune system function and screening, treatment, and prevention of opportunistic infections.
Linkage to PrEP provider	The process through which a person at risk for becoming infected with HIV is helped to access a healthcare provider who offers evaluation and management of pre-exposure prophylaxis (PrEP). This is often an active process (e.g., providing transportation, accompanying the person to the appointment, having multiple contacts with the person to support them in accessing the PrEP provider). Linked to a PrEP provider refers to the outcome of the referral or linkage of a PrEP eligible person to a PrEP provider, as indicated by the person's attendance of the first appointment.
Linked to HIV medical care	This term refers to the outcome resulting from referral or linkage of a person living with HIV (PLWH) to HIV medical care. A PLWH is considered to be linked to HIV medical care if they are seen by a healthcare provider (e.g., physician, physician assistant, nurse practitioner) after HIV diagnosis for evaluation and management of their HIV infection. Determination of linkage status may be based on report from a healthcare provider, medical record review, review of other records or databases, reported HIV-related laboratory tests, filling of a prescription for anti-retroviral medication, or client/patient self-report. Linked to HIV medical care refers to the outcome that results from referral or linkage of a patient to care, as indicated by the patient's attendance at the first HIV care appointment. Services during the visit may include evaluation of immune system function and screening, treatment, and prevention of opportunistic infections. For definitions of linkage and linked, consult: https://effectiveinterventions.cdc.gov
Insurance navigation and enrollment services	Programs that help uninsured clients enroll in public or private healthcare insurance. Services may include outreach and education on available insurance options, eligibility assessment, enrollment etc.
Medication adherence support services	CDC-supported medication adherence interventions that improve medication adherence and/or viral load among HIV patients who have been prescribed (antiretroviral treatment). These include: HEART, Partnership for Health (Medication adherence), Peer Support, and SMART Couples.
Mental health services	Programs that are provided by a mental health professional. Services may include psychiatric assessment, consultation, treatment, psychotherapy, crisis intervention etc. See definition of behavioral health for more information

Appendix B. CDC Defined Terms	
Term	**Definition**
Newly diagnosed HIV infection	HIV infection in a person who: (1) does not self-report having previously tested positive for HIV; (2) has not been previously reported to the surveillance system as being infected with HIV; and 3) has no previous evidence of HIV infection in other records or databases.
Newly identified HIV-positive partner	A partner who a) has not previously been reported to the health department as being infected with HIV, b) has not been identified via record review as being previously positive, c) does not self-report having previously tested positive for HIV infection, and d) tested positive for HIV by the health departments or providers.
Notifiable partners	Notifiable partners are named partners that can be located and are determined to be eligible for notification of potential exposure. Partners out of jurisdiction, deceased, known to be previously diagnosed with HIV infection, or for which there is a risk of domestic violence are not considered notifiable.
Not-in-care (NIC)	Refers to a person living with HIV (PLWH) who has never been linked to HIV medical care (never in care) or was previously in HIV medical care but has not attended an HIV medical care appointment in a specified period of time (out of care). The length of time used to determine whether a PLWH is out of care may vary among jurisdictions.
Partner services	Partner services are a broad array of services that should be offered to persons with HIV infection, syphilis, gonorrhea, or chlamydial infection and their partners. A critical function of partner services is partner notification, a process through which infected persons are interviewed to elicit information about their partners, who can then be confidentially notified of their possible exposure or potential risk. Other functions of partner services include behavioral risk-reduction counseling; testing for HIV and other sexually transmitted infections (STIs); hepatitis testing and vaccination; treatment or linkage to medical care for HIV, STIs, and hepatitis; and linkage or referral to other services (e.g., pre-exposure prophylaxis [PrEP] and post-exposure prophylaxis [PEP]; risk-reduction interventions; case management; health benefits navigation; mental health and substance use treatment; transportation and housing services; other social and legal services).
Partners named	Partners named are sexual and injection drug using partners the index patient has had during the interview period, for which the index patient can provide identifying information (e.g., an actual name, an alias, or enough descriptive information that he/she can reasonably be considered identifiable) and sufficient information that he/she can reasonably be considered locatable. This is equivalent to the term "partners initiated" used in the STD Program Operations Guide. This does not include any associates that the partner may name. The amount of information that deems a partner locatable is defined by the jurisdiction (this may include a specific e-mail address or chat room communication).
Partners notified	Denotes sexual or drug using partners notified by health department staff through health department referral, referral after notification attempt by an index patient fails (i.e., contract referral), or referral by the index patient and health department staff together (i.e., dual referral). A sex or drug-injection partner who has been notified of his or her possible exposure to HIV or other sexually transmitted infections (STIs).

Appendix B. CDC Defined Terms	
Term	**Definition**
Persons at risk for HIV infection	Groups or populations can be described as "vulnerable" or "key" or "groups [populations] at risk" if they are subject to societal pressures or social circumstances or engage in behaviors that make them vulnerable to HIV.
Pre-exposure prophylaxis (PrEP)	The use of antiretroviral medication by persons who are not infected with HIV, but are at substantial risk for infection, to reduce their risk for becoming infected.
PrEP eligibility	Refers to a person's status with regard to whether or not he or she meets appropriate criteria for using pre-exposure prophylaxis (PrEP); specifically, whether or not he or she is HIV-negative and at substantial risk for HIV, as defined by CDC in its guidelines for PrEP (*U.S. Public Health Service (2014). Pre-exposure Prophylaxis for HIV Prevention in the United States - 2013: A Clinical Practice Guideline.* http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf)
PrEP provider	A healthcare professional (e.g., physician, advanced practice nurse, physician assistant) who conducts evaluations for pre-exposure prophylaxis (PrEP) eligibility and clinical appropriateness, prescribes PrEP, and provides comprehensive management of persons taking PrEP. PrEP providers are peers, volunteers, and staff members of clinics, health departments, and community-based organizations. Patient navigators may be lay persons, paraprofessionals, or medical professionals (e.g., RNs, LPNs).
PrEP screening	The process of conducting an initial assessment regarding a person's eligibility for pre-exposure prophylaxis (PrEP) (i.e., HIV testing and behavioral risk screening) and determining whether or not a more thorough evaluation is warranted. For further discussion on PrEP screening, see: *U.S. Public Health Service (2014). Pre-exposure Prophylaxis for HIV Prevention in the United States - 2013: A Clinical Practice Guideline.* http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf
Prescribed PrEP	Refers to a person who has been adequately evaluated and received a prescription for pre-exposure prophylaxis (PrEP). http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf
Prevalence	The total number of cases of a disease or behavior in a given population at a particular point in time. HIV prevalence refers to persons living with HIV, regardless of time of infection or diagnosis date. Prevalence does not give an indication of how long a person has had a disease. Another measure is an estimate of persons at risk for infection because of certain behaviors at a point in time.
Prevention services for HIV-negative persons	A broad array of services for HIV-negative persons living at risk for HIV infection to help them reduce their risk for acquiring HIV infection. These include services to help HIV-negative persons with the following: 1) periodic HIV testing and risk screening; 2) screening for PrEP eligibility; 3) linkage to and support for PrEP; 4) adopting and maintaining safer behaviors to reduce their risk for HIV transmission (e.g., risk reduction interventions); and 5) essential support services to address factors that affect their ability to access and remain in care and to achieve and maintain viral suppression (e.g., healthcare benefits, behavioral health, and social services). See definitions for essential support services, healthcare benefits, behavioral health, and social services

Appendix B. CDC Defined Terms	
Term	**Definition**
Prevention services for HIV-positive persons	A broad array of services for persons living with HIV (PLWH) to help them reduce their risk for transmitting HIV. These include services to help PLWH with the following: 1) linkage to, re-engagement in, and retention in HIV medical care (e.g., linkage and navigation services); 2) achieving and maintaining viral suppression (e.g., early ART initiation, ART medication adherence support services, monitor HIV viral suppression, and monitor HIV drug resistance); 3) adopting and maintaining safer behaviors to reduce their risk for HIV transmission (e.g., HIV risk reduction interventions); and 4) essential support services to address factors that affect their ability to access and remain in care (e.g., healthcare benefits, behavioral health, and social services). See definitions for essential support services, health care benefits, behavioral health, and social services
Previously diagnosed HIV infection	HIV infection in a person who 1) self-reports having previously tested positive for HIV or 2) has been previously reported to the health department surveillance system as being infected with HIV, or 3) has previous evidence of HIV infection in medical or other records or other databases.
Post-exposure prophylaxis (PEP)	Short-term antiretroviral prophylactic treatment provided to the client immediately (as soon as possible, but no more than 72 hours after exposure) to reduce the likelihood of HIV infection after potential exposure.
Re-engagement in HIV medical care	The process through which persons living with HIV (PLWH), who have previously received medical care for their HIV infection but are no longer receiving care, are helped to re-enter HIV medical care. This is often an active process (e.g., providing transportation, accompanying the PLWH to the appointment, having multiple contacts with the PLWH to support them in re-entering medical care). Determination of re-engagement status may be based on report from a healthcare provider, medical record review, review of other records or databases, reported HIV-related laboratory tests, filling of a prescription for anti-retroviral medication, or client/patient self-report.
Referral	Directing clients to a service in person or through telephone, written, or other form of communication. Generally, a one-time event. Referral may be made formally from one clinical provider to another, within a case management system by professional case managers, informally through support staff, or as part of an outreach service program.
Referral to PrEP provider	Referral to PrEP providers is a process involving the provision of information on who the providers are, what documents referred person should take with them, how to get to the providers' agency, and what to expect from the referral process. It is important that the agency that provides PrEP screening services tracks the referral and provides the necessary follow-up to verify the person attended the first appointment with the PrEP provider. A person can be referred to a PrEP provider internally (to another unit or person within the same agency) or externally (e.g. a CBO may screen and identify eligible persons, and then refer them to a healthcare provider that offers PrEP services).

Appendix B. CDC Defined Terms	
Term	**Definition**
Retention in care	A person is considered to have been retained in continuous HIV medical care during the specified 12-month period if he or she had ≥2 CD4 or VL test results based on specimens collected at least 3 months apart in that 12-month observation period. A nucleotide sequence test result may also be used to indicate a care event. See definition in the Continuum of HIV Case: Guidance for Local Analyses Updates, September 2016, available at https: partner.cdc.gov.
Risk Behaviors	Behaviors that can directly expose persons to HIV or transmit HIV, if the virus is present (e.g., sex without a condom, sharing unclean needles). Risk behaviors are actual behaviors by which HIV can be transmitted, and a single instance of the behavior can result in transmission.
Risk reduction intervention	In the context of HIV prevention, a risk reduction intervention is a specific activity (or set of related activities) intended to reduce the risk for HIV transmission or acquisition. HIV risk reduction interventions may be structural, biomedical (e.g., treatment as prevention, pre-exposure prophylaxis [PrEP], post-exposure prophylaxis [PEP]) or behavioral (e.g., improve medication adherence for ART or PrEP, encourage linkage or re-engagement to HIV medical care, and promote HIV testing and PrEP screening and uptake), have protocols outlining steps for implementation, and have distinct process and outcome objectives. Examples of risk reduction interventions may be found at https://effectiveinterventions.cdc.gov
Social Services	Social services includes housing, transportation, domestic violence intervention, and employment.
Substance misuse treatment and services	Drug and alcohol misuse treatment and support programs/services. See definition of behavioral health for more details.
Transportation services	The client received referral to agencies providing transportation assistance (e.g., through direct transportation services, vouchers or tokens) for transportation to and from HIV prevention and medical care appointments.
Viral suppression	A person is considered to have a suppressed viral load if the most recent test result during the specified 12-month observation period was <200 copies/mL. See definition in the Continuum of HIV Case: Guidance for Local Analyses Updates, September 2016, available at https: partner.cdc.gov.

[i] Centers for Disease Control and Prevention (1999). ***Framework for Program Evaluation in Public Health***. MMWR, 48(RR-11): 1-40. Available at: ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4811.pdf

[ii] World Health Organization. OVERVIEW OF TRIANGULATION METHODOLOGY: Synthesis of multiple data sources for evaluation and decision-making in HIV epidemics based on initial experiences. Available at: http://www.searo.who.int/LinkFiles/Facts_and_Figures_08Tri-Resource_Guide_Generalized.pdf.