

SECTION A. AGENCY, PROGRAM, AND CLIENT INFORMATION

(Complete for all clients, all settings)

<p>Jurisdiction: (2-digit numeric code)</p> <p>Form ID:</p> <p>Session Date: MM/DD/YYYY</p> <p>Program Announcement:</p> <ul style="list-style-type: none"> <input type="radio"/> PS24-0047 Core <input type="radio"/> PS24-0047 EHE <input type="radio"/> PS21-2102 <input type="radio"/> PS22-2203 Category A <input type="radio"/> PS22-2203 Category B <input type="radio"/> Other CDC-funded <input type="radio"/> Other non-CDC-funded <p>If "Other CDC-funded" or "Other non-CDC funded", please specify: _____</p>	<p>Client Ethnicity:</p> <ul style="list-style-type: none"> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Declined to answer <input type="radio"/> Don't know <p>Client Race: (select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not specified <input type="checkbox"/> Declined to answer <input type="checkbox"/> Don't know <p>Client Sex: <input type="radio"/> Male <input type="radio"/> Female</p> <p>Client Sexual Orientation:</p> <ul style="list-style-type: none"> <input type="radio"/> Straight or heterosexual <input type="radio"/> Lesbian <input type="radio"/> Gay <input type="radio"/> Bisexual <input type="radio"/> Another or a different sexual orientation <input type="radio"/> Declined to answer <input type="radio"/> Don't know
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<p>Agency Name:</p> <p>Agency ID:</p> <p>CBO Agency ID:</p>	<p>In the past 5 years, has the client had:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">a. Sex with a male</td> <td><input type="radio"/> No</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> Declined</td> <td><input type="radio"/> Don't know</td> </tr> <tr> <td>b. Sex with a female</td> <td><input type="radio"/> No</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> Declined</td> <td><input type="radio"/> Don't know</td> </tr> <tr> <td>c. Injected non-prescription drugs</td> <td><input type="radio"/> No</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> Declined</td> <td><input type="radio"/> Don't know</td> </tr> </table>	a. Sex with a male	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Declined	<input type="radio"/> Don't know	b. Sex with a female	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Declined	<input type="radio"/> Don't know	c. Injected non-prescription drugs	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Declined	<input type="radio"/> Don't know
a. Sex with a male	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Declined	<input type="radio"/> Don't know												
b. Sex with a female	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Declined	<input type="radio"/> Don't know												
c. Injected non-prescription drugs	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Declined	<input type="radio"/> Don't know												

<p>Site Name:</p> <p>Site ID:</p> <p>Site Type: (see codes below)</p> <p>Site Zip Code: (5-digit only)</p> <p>Site County: (3-digit FIPS code)</p> <p>Site State: (USPS abbreviation)</p>	<p>Has the client had an HIV test previously?</p> <ul style="list-style-type: none"> <input type="radio"/> No – never tested <input type="radio"/> Yes – time of test unknown <input type="radio"/> Yes – tested >12 months ago <input type="radio"/> Yes – tested within ≤ 12 months <input type="radio"/> Don't know
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<p>Local Client ID: (required for HDs; Optional for CBOs)</p> <p>Client Year of Birth: (1800 if unknown)</p> <p>Client Zip Code: (5-digit only)</p> <p>Client County: (3-digit FIPS code)</p> <p>Client State: (USPS abbreviation)</p>	<p>Entry Point to a CDC-Funded HIV Prevention Program:</p> <ul style="list-style-type: none"> <input type="radio"/> HIV testing and follow-up services ➔➔ Go to Section B ➔➔ <input type="radio"/> Services for persons already known to be positive for HIV ➔➔ Skip to Section C ➔➔ <input type="radio"/> Services for persons already known to be negative for HIV ➔➔ Skip to Section D ➔➔ <input type="radio"/> Services for persons with unknown HIV status who did not receive HIV testing ➔➔ Skip to Section D ➔➔
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Site Types: Clinical Setting	
F01.01	Clinical - Inpatient hospital
F02.12	Clinical - TB clinic
F02.19	Clinical - Substance abuse treatment facility
F02.51	Clinical - Community health center (CHC)
F03	Clinical - Emergency department
F08	Clinical - Primary care clinic (other than CHC)
F09	Clinical - Pharmacy or other retail-based clinic
F10	Clinical - STD clinic
F12	Clinical - Correctional facility clinic
F13	Clinical - Other clinical site
F16	Clinical - Health department clinic (single/multiple service)
F18	Clinical - Syringe services program (clinic based)
F19	Clinical - PrEP services clinic
F20	Clinical - Urgent care clinic

Site Types: Non-Clinical Setting	
F04.05	Non-clinical - HIV testing site
F06.02	Non-clinical - School/ educational facility
F06.03	Non-clinical - Church/ mosque/ synagogue/temple
F06.04	Non-clinical - Shelter/ transitional housing
F06.05	Non-clinical - Commercial facility
F06.07	Non-clinical - Bar/club/adult entertainment
F06.08	Non-clinical - Public area
F06.12	Non-clinical - Individual residence
F07	Non-clinical - Correctional facility
F14	Non-clinical - Health department field visit or other site
F22	Non-clinical - Syringe services program - fixed site
F21	Non-clinical - PrEP services site
F88	Non-clinical - Other community site
Site Types: Mobile Units	
F41	Mobile unit - Non-syringe services program
F42	Mobile unit - Syringe services program

SECTION B. HIV TESTING AND FINAL TEST INFORMATION

(Complete for clients receiving HIV testing, all settings)

HIV testing strategy used to provide current test:

- Routine opt-out screening in health care sites
- Non-routine opt-out testing in health care sites
- Non-routine opt-out testing in non-health care sites
- Partner notification and testing
- Outreach testing
- Self-testing – Rapid testing
- Self-testing – Mail-in testing
- Other testing strategy
- Don't know

What was the final test result for the current test?

- Preliminary positive
- Negative
- Invalid
- Positive
- Discordant
- Result unavailable

→ → If "Negative," or "Discordant," "Invalid," or "Result unavailable," skip to question "Was the current HIV test result provided to client"? → →

Surveillance or Other Data Checks for Persons with Diagnosed HIV

If client is diagnosed with HIV, was it a new or previous diagnosis?

- New diagnosis, verified
- Previous diagnosis
- New diagnosis, not verified
- Unable to determine

If "previous diagnosis" or "unable to determine," has the client seen a medical care provider in the past six months for HIV treatment?

- No
- Yes
- Declined to answer
- Don't know

eHARS State Number:

eHARS City/County Number:

Was the current HIV test result provided to client? No Yes Yes, client obtained the result from another agency

Is the current HIV test a follow-up to confirm a self-test result? No Yes Don't know

SECTION C. SERVICES FOR PERSONS DIAGNOSED WITH HIV

(Complete for all clients with HIV, all settings)

Did the client need any of the following services: linkage to/reengagement in HIV care, prescription for antiretroviral treatment, or HIV partner services?

- No
- Yes
- Don't know

→ → If "No," skip to Section D → →

Linkage to or Re-engagement in HIV Medical Care

Was the client provided navigation or other linkage services to facilitate linkage to or re-engagement in HIV medical care?

- No
- Yes
- Don't know

Did the client attend an HIV medical care appointment after session date?

- No
- Yes – confirmed
- Yes – client/patient self-report
- Don't know

If "Yes," date attended: MM/DD/YYYY

Antiretroviral Treatment (ART)

Did the client receive a prescription for HIV antiretroviral treatment (ART) after session date?

- No
- Yes – confirmed
- Yes – client/patient self-report
- Don't know

If "Yes," how long after session date did the client receive an ART prescription?

- ≤ 7 days
- 31-60 days
- ≥91 days
- 8-30 days
- 61-90 days
- Don't know

HIV Partner Services (PS)

Was the client's contact information provided to the health department for HIV Partner Services?

- No
- Yes
- Don't know

Was the client interviewed for HIV Partner Services?

- No
- Yes
- Don't know

If "Yes," date of interview: MM/DD/YYYY

SECTION D. INTEGRATED TESTING AND DIAGNOSIS OF CO-INFECTIONS

(Complete for clients tested for HIV during this session, all settings)

Was the client tested for co-infections?

- No Yes Don't know

➔ ➔ IF "No" or "Don't know," Skip to Section E ➔ ➔

If 'Yes,' indicate which infection the client was tested for, the results of the tests (optional), and referral or treatment for those with a diagnosis (optional)

	Tested? (Skip to next item if "No" to testing)	If tested, what was the test result? (Skip to next item if "Negative" or "Don't know" test results)	If positive, was the client referred to/provided treatment?
Syphilis	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> New Positive <input type="radio"/> Negative <input type="radio"/> Don't know	<input type="radio"/> Referred <input type="radio"/> Provided treatment <input type="radio"/> No action
Gonorrhea	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know	<input type="radio"/> Referred <input type="radio"/> Provided treatment <input type="radio"/> No action
Chlamydia	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know	<input type="radio"/> Referred <input type="radio"/> Provided treatment <input type="radio"/> No action
Hepatitis C	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know	<input type="radio"/> Referred <input type="radio"/> Provided treatment <input type="radio"/> No action
Hepatitis B	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know	<input type="radio"/> Referred <input type="radio"/> Provided treatment <input type="radio"/> No action
TB	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know	<input type="radio"/> Referred <input type="radio"/> Provided treatment <input type="radio"/> No action
Mpx	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know	<input type="radio"/> Referred <input type="radio"/> Provided treatment <input type="radio"/> No action
Other*	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know	<input type="radio"/> Referred <input type="radio"/> Provided treatment <input type="radio"/> No action

* If "Other," specify what the other infection or condition the client was tested for: _____

SECTION E. PrEP/PEP SERVICES

PrEP SERVICES

PrEP AWARENESS AND USE (Complete for all clients, all settings)

Has the client ever heard of PrEP before today?	<input type="radio"/> No	<input type="radio"/> Yes
Was the client provided education/information on PrEP?	<input type="radio"/> No	<input type="radio"/> Yes
Has the client ever used PrEP?	<input type="radio"/> No - Never used PrEP (Skip to PrEP Screening)	<input type="radio"/> Yes - Used PrEP >12 months ago (Skip to PrEP Screening)
	<input type="radio"/> Yes - Used PrEP within ≤12 months	<input type="radio"/> Yes - Used PrEP within ≤12 months
Is the client currently taking PrEP?	<input type="radio"/> No	<input type="radio"/> Yes (Skip to PEP Services)

PrEP SCREENING AND FOLLOW-UP SERVICES (Complete for HIV-negative clients, all settings)

Client can benefit from or interested in PrEP?	<input type="radio"/> No (Skip to PEP Services)	<input type="radio"/> Yes - Self-interest	<input type="radio"/> Yes - Provider recommendation
Was the client referred to a PrEP provider?	<input type="radio"/> No	<input type="radio"/> Yes - Referral accepted	<input type="radio"/> Yes - Referral offer declined
Was the client provided navigation or linkage services to a PrEP provider?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't know <input type="radio"/> Not needed
Was the client linked to a PrEP provider?	<input type="radio"/> No	<input type="radio"/> Yes	
Was the client prescribed PrEP?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Not eligible

PEP SERVICES

PEP AWARENESS (Complete for all clients, all settings)

Has the client ever heard of PEP before today?	<input type="radio"/> No	<input type="radio"/> Yes
Was the client provided education/information on PEP?	<input type="radio"/> No	<input type="radio"/> Yes

PEP SCREENING AND FOLLOW-UP SERVICES (Complete for HIV-negative clients, all settings)

Client can benefit from PEP?	<input type="radio"/> No (Skip to Section F)	<input type="radio"/> Yes
Was the client prescribed PEP? (OPTIONAL)	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> Not eligible

SECTION F. ESSENTIAL SUPPORT SERVICES

(Complete for all clients, all settings)

Was the client screened for, referred to, or provided one or more of the essential support services listed below?

- No – Services were not available at this agency
- No – Services were available, but client was not offered any service (e.g., because services were limited to PWH only)
- No – Services were available, but client refused all services
- Yes – Client received one or more services (screening, referral, or assistance)

} → → If “No,” skip to END → →

If ‘Yes’ to the above question, indicate which services the client was screened for, referred to a provider, or provided the needed services.

Essential Support Service Type	Screening and Identification of Needs (* Skip to next item if “Not Screened”, or “Screened- No need identified”)			If “Screened - Need Identified,” Referral or Provision of Needed Services			
Mental Health Services	<input type="radio"/> Not screened*	<input type="radio"/> Screened – No need identified*	<input type="radio"/> Screened – Need identified	<input type="radio"/> Not offered	<input type="radio"/> Offered but declined	<input type="radio"/> Referred to a provider	<input type="radio"/> Provided needed service
Substance Use Services	<input type="radio"/> Not screened*	<input type="radio"/> Screened – No need identified*	<input type="radio"/> Screened – Need identified	<input type="radio"/> Not offered	<input type="radio"/> Offered but declined	<input type="radio"/> Referred to a provider	<input type="radio"/> Provided needed service
Housing Services	<input type="radio"/> Not screened*	<input type="radio"/> Screened – No need identified*	<input type="radio"/> Screened – Need identified	<input type="radio"/> Not offered	<input type="radio"/> Offered but declined	<input type="radio"/> Referred to provider	<input type="radio"/> Provided needed service
Health Benefits or Insurance Navigation	<input type="radio"/> Not screened*	<input type="radio"/> Screened – No need identified*	<input type="radio"/> Screened – Need identified	<input type="radio"/> Not offered	<input type="radio"/> Offered but declined	<input type="radio"/> Referred to a provider	<input type="radio"/> Provided needed service
Social Services	<input type="radio"/> Not screened*	<input type="radio"/> Screened – No need identified*	<input type="radio"/> Screened – Need identified	<input type="radio"/> Not offered	<input type="radio"/> Offered but declined	<input type="radio"/> Referred to a provider	<input type="radio"/> Provided needed service
Harm Reduction/ Syringe Services	<input type="radio"/> Not screened*	<input type="radio"/> Screened – No need identified*	<input type="radio"/> Screened – Need identified	<input type="radio"/> Not offered	<input type="radio"/> Offered but declined	<input type="radio"/> Referred to a provider	<input type="radio"/> Provided needed service

END OF CLIENT-LEVEL DATA REQUIREMENTS

(Jurisdiction-Level Aggregate Data Requirements for HDs on Next Page)

JURISDICTION-LEVEL AGGREGATE DATA REQUIREMENTS

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#	AGGREGATE MEASURE OR QUALITATIVE QUESTION	STRATIFICATION
Strategy 1: Diagnose		
HIV Testing at PS-24-0047 Funded Facility to Conduct Routine Screening		
1	# of people seen during the prior 12-month service period at a health care facility conducting routine opt-out HIV screening who were eligible for a routine opt-out HIV test	Age, race and ethnicity, sex, sexual orientation, pop group, facility name
2	# of people eligible for a routine opt-out HIV test seen during the 12-month service period at a health care facility conducting routine opt-out HIV screening who were screened for HIV	Age, race and ethnicity, sex, sexual orientation, pop group, facility name
Partner Services in PS-24-0047 Supported Jurisdiction (Not NOFO Specific)		(Measures apply to Strategies 1- 3)
3	# of index patients with newly or previously diagnosed HIV contacted by PS program who were interviewed for PS within 30 days and anytime frame after diagnosis	No stratification
4	# of notifiable partners named who were notified of their exposure to HIV	No stratification
5	# of tested partners who were newly or previously diagnosed with HIV infection	No stratification
6	# of partners with newly diagnosed HIV or partners with previously diagnosed HIV not in care who were linked to care within 30 days and anytime frame after contact by PS program	No stratification
7	# of partners without HIV (HIV-negative) and not on PrEP who were referred to a PrEP provider	No stratification
PS-24-0047 Funded HIV Self-Testing		
8	# of PS-24-0047 funded HIV self-test kits distributed	Rapid tests (required) vs. mail-in home specimen collection (optional)
9	# of people who received at least one HIV self-test kit	Age, race and ethnicity, sex, sexual orientation, pop group,
10	# of people who received at least one HIV self-test kit who were diagnosed with HIV	Age, race and ethnicity, sex, sexual orientation, pop group,
11	# of people with newly diagnosed HIV or people with previously diagnosed HIV not in care identified through self-testing who were linked to care within 30 days and anytime frame after diagnosis	Age, race and ethnicity, sex, sexual orientation, pop group,
Strategy 2: Treat		
PS-24-0047 Supported Linkage, Reengagement, Treatment, and Support Services for PWH*		
Strategy 3: Prevent		
PS-24-0047 Funded Condom Distribution		
12	# of PS-24-0047-funded condoms distributed	N/A
Harm Reduction or Syringe Services in PS-24-0047 Supported Jurisdictions*		
13	# of syringe services programs (SSPs) operating in the jurisdiction – Supported by PS-24-0047	Fixed vs. Mobile
Overall PS-24-0047 Program: Success Stories by Strategy/Activity and Focused Local Evaluations		
14	Describe your success stories on selected program strategies/activities, including story title/headline, a summary, issues or challenges encountered, intervention or solution implemented, result or impact achieved, and sustainability plan.	
15	If your jurisdiction conducts focused local evaluation, please provide a brief description of the program or strategy evaluated, the evaluation timeline, target population, evaluation methods, and key findings (including aggregate data tables to support your findings).	

*** TEB plans to conduct small scale evaluation activities on SSPs and other innovative activities and strategies with selected jurisdictions that have the capacity to monitor them as part of focused local evaluation efforts.**