



Fiscal Year 2022 Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP)

Award Recipient Presentation

Post-Award Briefing Transcript | August 31, 2022

Slide 1 – Title Slide

Jeanine Baez

Good afternoon, everyone, and good morning to those out on the west coast! Thank you for joining today's webinar of the FY 2022 PCHP Post-Award Briefing. While we wait for others to join the call, can you please respond to the polling question that's being posted?

[silence 00:00:15 – 00:01:25]

Again, good afternoon, everyone! As you can see we have one polling question up. Can you please respond to the polling questions as we wait for other participants to join our call?

[silence 00:01:38 – 11:01:46]

Thank you for everyone that responded. At this time, I would like to turn it over to Kirsten Argueta, our Division Director of our PHCP team, Kirsten –

Kirsten Argueta

Hello, everyone! Thank you so much, Jeanine. And welcome, we are so pleased and excited to invite you all, the hopefully the 64 health centers supported by HRSA funding that very recently received a supplemental award under the fiscal year 2022 Primary Care HIV Prevention, which is a part of, a, as you probably know, a larger White House initiative called Ending the HIV Epidemic Initiative in the U.S.

Again, just thrilled to have you here. We are looking forward to working with you and supporting the great efforts that we know you all will be engaged in over the next several years to implement and really make a difference in impacting the epidemic.

And, so, today, as Jeanine mentioned, I'm the Director for our Office of Health Center Investment Oversight and executive leadership for our PCHP investment team. You'll learn a little more about us later. I just wanted to assure you that we have a fantastic team of folks here in the Bureau of Primary Health Care and lots of great colleagues who are on the phone with us today.



In addition, I wanted to share that you will have the ability to ask questions of, work with, and receive support for technical assistance with your projects from our PCHP investment team. It's a little bit of a different model than you might've been used to in the past than as one-to-one individual project officer assignment.

As you know, our Bureau of Primary Health Care has undergone a significant reorganization. And our office now currently works with supplemental awards rather than the entire gamut of awards.

As a result of that, too, we are experimenting and working with different ways of working with you as health centers, which includes some one-to-many opportunities, not unlike today's session.

So, again, just want to welcome you. You actually comprise the third cohort of health centers to receive PCHP funding. These awards began in fiscal year 20. So, we are excited to add you to the group of health centers that currently receive those awards and look forward to the great work that you'll be doing.

And with that, I'm going to turn the session over to my colleague Travis Brookes. Travis –

Travis Brookes

Awesome, thanks, Kirsten! All right – good afternoon, everyone! My name is Travis Brookes. I'm an Investment Oversight Advisor on BPHC's primary care HIV prevention investment team.

Also, with me today is Commander Gary Koller, who will step in on the second half of this presentation.

So, first, I want to thank you all for joining this briefing for award recipients of the fiscal year 2022 Ending the HIV Epidemic – Primary Care HIV Prevention funding opportunity also commonly referred to as PCHP. At the end of this presentation, a question and answer session will follow today's presentation. You may submit your questions through the Q&A pod throughout the presentation. But, please note that the chat function has been disabled and all phone lines have been muted for the presentation portion.

Today's session is being recorded for the purposes of note taking and developing a frequently asked questions webpage. We will alert participating health centers via email once the FAQs and today's slide presentation are posted on BPHC's PCHP webpage, which will be in approximately one to two weeks.

Next slide, please.

Slide 2 - Agenda



Travis Brookes

This presentation will provide you with helpful information to implement your PCHP award. In this presentation, Gary and I will provide:

- A brief overview of the PCHP award, including a reminder of the funding objectives
- Discuss your next steps
- Provide HIV-related technical assistance resources to support your success

And end by, again, answering any questions you may have.

Next slide, please.

Slide 3 – Award Summary

Travis Brookes

Okay, cool – let's get started. Next slide, please, again.

Slide 4 – Ending the HIV Epidemic in the U.S.

Travis Brookes

PCHP funding will support the health centers' role in Ending the HIV Epidemic in the U.S.

As you can see here, the goal of the Ending the HIV Epidemic initiative, also known as EHE, is to reduce the number of new HIV diagnoses by 75% by 2025, and by 90% by 2030. As this graphic shows, the initiative has four strategies:

- Diagnose
- Treat
- Prevent and
- Respond.

Next slide, please.

Slide 5 – Award Purpose and Summary

Travis Brookes



The purpose of PCHP funding is to expand HIV prevention services that decrease the risk of HIV transmission in the 57 geographic locations targeted in the EHE initiative.

On August 23, 2022, HRSA awarded 20 million to 64, \$20 million to 64 health centers, to expand HIV prevention and care services, bringing the total number of PCHP-funded health centers to 366. You can access a list of award recipients and their award amounts, up to \$325,000, on BPHC's PCHP webpage.

These latest PCHP awards build upon the initial 195 health centers awarded in March 2020, and an additional 107 health centers awarded in September 2021 to support EHE.

HRSA issued these PCHP awards under the grant number H8H. This is separate from your H80 award and will help you document use of PCHP funds separately from other Health Center Program funds and other federal award funds. Instructions to add H8H to your grant folder in the Electronic Handbooks are available on the PCHP technical assistance webpage.

Next slide, please.

Slide 6 – Funding Objectives and Activity Focus Areas

Travis Brookes

PCHP projects are expected to support progress on three objectives:

- Increase the number of patients counseled and tested for HIV.
- Increase the number of patients prescribed PrEP or pre-exposure prophylaxis. And
- Increase the number of patients linked to HIV care and treatment within 30 days of diagnosis.

I do want to make one note that this last bullet, increase the number of patients, does not match the metric in UDS, which is actually to increase the percentage of individuals newly diagnosed with HIV who are linked to treatment within 30 days of diagnosis. So, please just take note of that.

You, the health center, will advance progress on the PCHP objectives by implementing activities within four focus areas that were included in work plans, in the work plans you submitted with your application, that being:

- PrEP Prescribing
- Outreach



- Testing and
- Workforce Development.

Next slide, please.

Slide 7 – Next Steps

Travis Brookes

So now, I'll discuss your next steps with the PCHP award. Next slide, please.

Slide 8 – Next Steps: Overview

Travis Brookes

So, here you'll see that with next steps you'll need to be reviewing your PCHP application. Reviewing your PCHP Notice of Award or NOA. Address any program conditions and budget guidance. And submit scope adjustments or change in scope requests. On these next slides, I'll provide some more information regarding your Notice of Award.

Next slide, please.

Slide 9 – Notice of Award (NoA)

Travis Brookes

The NOA lists the terms of your award that describes your responsibilities of PCHP funding. Your NOA may include budget conditions on your award. The Grants Management Specialist, or GMS, may contact you with instructions for addressing any budget conditions. All budget conditions must be addressed within 30 days of award. The NoA lists three reporting requirements that will require your response at the end of each budget period or at the end of the project period, which is August 31, 2025. Please review your NoA for more information about these reporting requirements.

The NoA also provides contact information for your program and GMS, Grants Management Specialist, contact. Please note that it is best you use the BPHC Contact Form to email your program contact on the PCHP investment team. We will provide a link to the BPHC Contact Form later on in this presentation and also in the chat.

Next slide, please.



Slide 10 – Re-Budgeting

Travis Brookes

So, let's now talk about re-budgeting. You may re-budget PCHP funding without prior approval provided the proposed use of funds supports the PCHP purpose and objectives.

For example, to increase PrEP prescriptions, a health center may switch from the original plan to hire a 0.5 FTE nurse practitioner to hiring a 0.5 FTE pharmacist provided the pharmacist can support increasing the number of patients prescribed PrEP. The health center does not need prior approval to make this change. Prior approval is required for any equipment purchases that were not previously approved. As a reminder, equipment costs may not exceed \$150,000 per year.

Also, I want to provide a reminder that carryover, I also want to provide a reminder about carryover. This program falls under the expanded authority with limited exclusions. This means that under most circumstances you do not need to request carryover of unobligated balances. Please contact the GMS listed on your Notice of Award, or NoA, for questions about allowable costs or expanded authority.

And please see Appendix A in the PCHP Notice of Funding Opportunity for example uses of funding.

Next slide, please.

Slide 11 – Ineligible Costs

Travis Brookes

This slide lists a few examples of how PCHP funding cannot be used. You may not use PCHP funding for:

- Costs supported by other Health Center Program funding or
- Purchase or lease vehicles
 - But, mobile units are allowed, which HIV prevention personnel and PrEP prescribing physicians can use to deliver services where they are needed the most.
- Construction costs are not allowed
- Nor are costs for minor alterations and renovations.

The terms of your award provide a more complete list of ineligible costs.



So, this is, this right now concludes my half of this presentation. I'd like to now hand the second half over to my colleague, Gary.

Gary Koller

[distorted audio]

Thank you very much, Travis. Hello, everybody! My name is Commander Gary Koller and I'm a nurse, nurse practitioner for the United States Public Health Service.

At this time, I'm going to continue with the slides and continue with slide 12. Next slide, please.

Slide 12 – Scope Adjustments and Changes in Scope

Gary Koller

[distorted audio]

In this next slide discusses Scope Adjustments and Change in Scope. A Scope Adjustment or Change in Scope may be necessary to implement your project. HRSA must approve all scope changes before implementation. Scope changes are not permitted through your H8H grant. So, if you need to make a change, you must submit a separate Scope Adjustment or Change in Scope request to update your Form 5A, 5B, or 5C of your H80 grant. General guidance is available on Scope of Project Resources webpage listed here on the slide. As a reminder, HIV prevention services are a part of general primary medical care on Form 5A.

Contact the PCHP investment team via the BPHC Contact Form if you have any questions about scope as it relates to your PCHP project.

Next slide, please.

Slide 13 –Reporting (1/2)

Gary Koller

[distorted audio]



Health centers that receive the fiscal year 2022 PCHP funding will provide a semi-annual progress report updates. These will include updates on project status, progress on activities, and a brief summary of any barriers while implementing your project.

Also, you are required to submit a non-competing continuation report or an NCC to trigger Year 2 and Year 3 funding. The first NCC report will require a Year 2 budget and an update to Year 2 work plan. Then, the second NCC report will require a Year 3 budget and an update to Year 3 work plan. These updated work plans will identify progress on activities submitted in your PCHP application and include any new activities.

Health centers will continue to submit their UDS data. And the progress on your PCHP objectives will only be tracked through your UDS data reports.

Next slide, please.

Slide 14 – Reporting (2/2)

Gary Koller

[distorted audio]

This chart is a simple breakdown of the Semi-annual Progress Report updates and NCC Progress Reports by years. A Semi-annual Report will document progress from the start of the project period through their submission date for all three years of the funding period.

Next slide, please.

Slide 15 - Semi-Annual and Non-Competing Continuation (NCC) Progress Reporting Timeline

Gary Koller

[distorted audio]

This chart lists the dates when the Semi-Annual Progress Report submissions are due. For example, the first Semi-Annual Progress Report opens in EHBs on January 1 and is due by January 15 of 2023. This is followed by the second Semi-Annual Progress Report period which is between September 1 and September 15 of 2023. The due dates are the same for the following Semi-Annual Progress Reports in years 2024 and 2025.



Also, included on this chart is the time when the first NCC Report submission is due. The first NCC report opens on March 10 and is due by April 14 of 2023. A second NCC submission is due around March to April of 2024 and a specific date will be posted when it becomes available.

TA webinars to support your conclusions in the Semi-Annual Progress Reports and NCC Reports will be scheduled and announced in advance of your first reporting deadlines. Look for these dates in the upcoming HRSA Primary Health Care Digest, posted to, could be posted to the PCHP webpage, and in reminder emails from the PCHP investment team.

Next slide, please.

Slide 16 – Funding Beyond Year 3

Gary Koller

[distorted audio]

HRSA will use the health center's performance on the PCHP objectives to make decisions about funding at the end of the third year of PCHP funding period including increased, level, reduced, or no funding beyond Year 3 period. As I mentioned in the reporting slide, progress on the three objectives will be measured through calendar years 2022, 2023, and 2024 UDS data.

Additional funding is dependent upon availability of appropriated funds for the purpose in subsequent fiscal years, satisfactory recipient performance, and the decision that continued funding is in the best interest of the federal government.

If funding continued beyond Year 3, the H8H award may be supplemented to sync with your H80 budget period and include funding made available under the H80 award.

Next slide, please.

Slide 17 – Technical Assistance Resources

Kirsten Argueta

Gary?

Gary Koller



[distorted audio]

Yes, ma'am.

Kirsten Argueta

Hi! It's Kirsten. Apologize for interrupting. We're having some problems, a little bit of problem hearing you. Maybe the head phones – can you just try to wiggle them?

Gary Koller

[distorted audio]

Speak louder?

Kirsten Argueta

Well, it's still, it's kind of coming across mechanically a little bit. Maybe try wiggling your connection or, see if that does it.

Gary Koller

[distorted audio]

What about now?

Kirsten Argueta

Aah, that may be okay.

Gary Koller

[distorted audio]

Sorry about that, is this better?

Kirsten Argueta

I, I think it will do. Thank you!

Gary Koller

[distorted audio]



Okay. Apologize everybody.

Okay, so technical assistance resources. In addition to technical assistance resources listed on the PCHP technical assistance webpage, we have a few resources that the health center might find helpful as you implement your PCHP project.

Next slide, please.

Slide 18 – BPHC's PCHP Investment Team

Gary Koller

[distorted audio]

Starting in September of 2021, the BPHC PCHP investment team was created to oversee and monitor the PCHP awards. The PCHP investment team has implemented this role in a very dynamic approach.

First, the 1-to-Many approach assists the PCHP investment team in delivering webinar briefings with live Q&As, sending email and webpage updates, and implementing Communities of Practice in the near future.

The PCHP investment team is –

One second, please, I'm going to switch headphones.

It's slide 18.

Continuing with slide 18, starting in September of 2021, BPHC PCHP investment team was created to oversee and monitor the PCHP award. The PCHP investment team was, implemented this role in a very dynamic approach.

First, the "1-to-Many" approach assisted the PCHP investment team in developing webinar briefings with live Q&As, sending emails and webpage updates, and implementing the Community of Practice in the near future.

The PCHP investment team is achieving the "1-to-1" approach by reviewing progress reports, assessing non-competing continuation reports, and responding to BPHC Contact Form inquiries.



Also, the PCHP investment team is involved in various “Behind the Scenes” activities. These activities include developing training and technical assistance strategies, using data analysis and reporting, and working with internal and external partners such as HRSA and CDC collaboration.

Next slide, please.

Slide 19 – Technical Assistance Partners (1/2)

Gary Koller

[distorted audio]

HRSA-funded strategic partners provide health centers with a range of training and technical assistance on HIV. National training and technical assistance organizations such as Fenway and HITEQ Center help health centers improve operational and clinical outcomes.

In support of Ending the HIV Epidemic in the U.S., Fenway offers technical assistance on HIV prevention and PrEP. This includes expanding and disseminating a PrEP action kit, a readiness assessment tool, and a train-the-trainer tool kit. Fenway also offered a distance learning series which covered topics such as pharmacy and finance, PrEP at home, and PrEP and the electronic health record.

The HITEQ Center offers training and shares best practices on integrated health record, and health information technology or health IT systems to improve HIV prevention and treatment in primary care. This includes the National HIV Clinical Quality Measures Map by States, which highlights HIV data reporting and outcomes by each state and emphasizes the initiative’s geographic locations. HITEQ is also currently holding a “Hear from Your Peers” webinar series.

Kirsten Argueta

Gary?

Gary Koller

[distorted audio]

Next slide –

Yes?



Kirsten Argueta

So, sorry. It's still a little bit difficult. I know we are near the end of our presentation. But, Gary, if I, if you, if I may?

Gary Koller

[distorted audio]

Yes, you can.

Kirsten Argueta

Let me go ahead and take over and I'll just complete the rest of the presentation portion. I'm sorry.

Gary Koller

[distorted audio]

Oh, I'm very sorry. I had – this is a first.

Kirsten Argueta

Quite all right. Quite, all right.

Okay, let me pop my camera on.

Gary Koller

[distorted audio]

Thank you, Kirsten, I apologize.

Kirsten Argueta

Hey, things always happen – things out of our control.

So, again, thank you to everyone for your patience. And we will make sure that we provide the transcript as needed in addition to frequently asked questions afterwards.

So to continue, make sure we are on –

If you could go to the next slide, please.



Slide 20 – Technical Assistance Partners (2/2)

Kirsten Argueta

So, in addition to the technical assistance partners Gary just told you about, we also have all HRSA-funded primary care associations, also known as PCAs, there to help support PCHP implementation.

In addition to that, the PCAs for the seven identified rural states that received funding to support increasing HIV prevention efforts in those states are there also to, again, to assist further with your projects. They can assist with the substantial rural HIV burden to help increase health center capacity, reduce social stigma, support needs assessments and data collection, promote promising practices and increase access and use of PrEP.

We encourage you to connect with your state primary care association if you are interested and in need of any of those areas of technical assistance.

Also, our AIDS Education and Training Centers, or AETCs, provide practice transformation activities to advance HIV testing, prevention, linkage, pardon me, linkage to and retention to care, practice transformation coaching to advance routine HIV testing, PrEP, and clinical treatment guidelines. AETCs also assist in TA to support expanding models of integrated team-based care.

Look for an announcement about new webinars and resources in the weekly HRSA Primary Health Care Digest.

And, the PCHP investment team will be sending you periodic updates about this and other topics of interest that will support you with your project implementation.

Next slide, please.

Slide 21 – HHS HIV Resources

Kirsten Argueta

I also do want to make mention the PCHP team is working collaboratively now with our partners within BPHC and with our HIV/AIDs Bureau to provide a webinar series that we'll be looking forward to in late October, possibly early November, dates to be determined, to essentially bring all of these technical assistance partners together in a webinar for health centers in those geographic areas in order to give



you an opportunity as a health center to talk directly with those TA partners and see what's the best fit in terms of your needs. So, more information on that to come.

HRSA developed HIV-specific technical assistance resources for health centers. One resource that may be of particular interest is the HRSA PrEP line, which provides advice on prescribing PrEP, laboratory protocols, and follow-up testing. You can find the link to the HRSA PrEP line on the HIV Resources for Health Centers webpage listed on this slide.

Additionally, there is the HRSA clearinghouse for Ending the HIV Epidemic, which contains a wealth of resources, webinars, and information sheets on various aspects of HIV prevention.

I also encourage you to read more about Ending the HIV Epidemic in the U.S. on HRSA's website or on HIV.gov, and familiarize yourself with the Ready, Set, PrEP Program, which can support your patients' access to PrEP.

Next slide, please.

Slide 22 – Contact Information

Kirsten Argueta

This slide lists the relevant points of contact if you have questions about your PCHP award.

You will use the BPHC Contact Form to contact the PCHP investment team if you encounter implementation or other challenges that may affect your ability to demonstrate progress on the PCHP objectives. This is that same team I mentioned at the very beginning of the webinar who is there behind the scenes to support you in, in the team-based approach.

And for a budget condition and budgeting questions, you'll contact your Grants Management Specialist listed on the Notice of Award.

If you need EHBs support, call the number listed here or complete the BPHC Contact Form and those questions will be routed to the appropriate place.

The PCHP technical assistance webpage includes the NOFO instructions and other post-award resources as well.

Next slide, please.



Slide 23 – Questions

Kirsten Argueta

And that is the end of our presentation. We do want to move now into answering questions that are submitted via the Q&A pod feature. We are joined today by other members of the PCHP investment team, as well as colleagues from the Office of Federal Assistance Management, and colleagues from BPHC's Office of Policy and Program Development.

As a reminder, you may continue to submit questions throughout the time period. We have another half an hour should you have a lot of questions. And we will take as many as we can today. If we're unable to answer your question, please do submit that question to us via the BPHC Contact Form and we'll be sure to get back to you promptly.

And thank you for watching this presentation today and for your commitment to ending the HIV epidemic in America!

And we will shift now to questions.

Question & Answer (Q&A)

Kimberly Litton-Belcher

Hello, my name is Lieutenant Commander Shay Litton-Belcher. I'll turn my camera on here briefly just so you guys, if you've emailed me or we've interacted with you previous. I'm also a member of the PCHP team. I know it's nice – oh, I'm sorry my camera wasn't on. I know it's nice sometimes to see a face with a name.

I'll be asking some of your questions out loud just so everybody can benefit from getting those answers. So, please feel free. This is your time. If you've had some questions, chances are the other health centers have, too. So, please go ahead and shoot your questions over. I'll read them aloud so, again, everybody can have a chance to hear that question and get the answer.

If you send a more specific, just kind of a question just for your health center, I'll probably let you know that we might address that one more in person just privately to you since it might just be specific for you or if we need to research something a little more. I'll let you know. But, otherwise, we will just keep answering these questions live. All right.



So, I'll get to the first question I have so far, which says,

Do we need to partner with an additional organization that was not disclosed in our original application?

I'll send this one to Kirsten. So, would you like to answer this question for them?

Kirsten Argueta

Sure, Shay, thank you!

Do you need permission to partner with another organization that wasn't mentioned in your original application?

For the most part, I would say probably not. This is a great question, though, I think to go ahead and send to the BPHC Contact Form where we can get a little more information from you.

Partnering with organizations, of course, is encouraged particularly if you have a Ryan White organization in your area or other like organizations that provide services either treatment and care services or others that would basically support the work that you're, you're doing with your project.

One thing to be mindful of is if there, if it would in any way change your scope of project. So, if by partnering, you mean contracting for some level of services or providing formal referral arrangements, for example, to another organization, just be mindful that that may require a change in your scope of project. If that is the case, again, we ask you to contact us through the BPHC Contact Form and we can walk you through that. It will mean a scope change to your H80 project. That is your H80 larger grant is essentially what contains your entire scope of project not within your H8H supplemental PCHP award.

Okay, thank you!

Kimberly Litton-Belcher

Great! I am very surprised I'm not seeing any more questions. Either you guys have it all figured out or you guys just haven't thought of any yet. When we've done this before, we've gotten a lot of questions. But I do want you guys to feel free to send any, any of those questions in. I promise, we don't bite.

We just have a – we're here for you. This is your chance. Like if you have been wondering how this all works out, we're here to answer these questions for you. I also would love, want to let you know that



afterwards, I'm notorious for this whenever I'm in training or watching a webinar. I never think of the questions on the spot and I think of them afterwards. We want to let you guys know that you can always send it to our contact form which we'll drop links if you've noticed those already. You can always send it into our contact form and then we will get back with you quickly so we can address those.

All right; I've got some questions coming in. Yay!

All right, so, I, my first question that I've received is,

This is probably a silly question, which I would take that out 'cause there are none.

But in general, besides the reports, what are the main requirements that need to be met for this grant?

Excellent question! That is not silly. I promise you half of the people are wondering the exact same question.

Who would like to take this question?

Kirsten Argueta

I'm happy to take this one.

Kimberly Litton-Belcher

Okay.

Kirsten Argueta

So, very important question. Essentially, the, in receiving the award, you are signing up to meet the requirements of the award which in specifically, have to do with the three objectives that Travis discussed earlier. And so, and the way that those will be measured is through your annual UDS submissions. So, in other words, by the end of Year 3, and these are considered three-year awards that will be reviewed annually. By the end of Year 3, the expectation is that you will have increased your number of patients tested for HIV, increased the number of PrEP prescriptions, or I'm sorry, rather number of patients prescribed PrEP over that period of time as well as increasing the proportion of folks who newly test positive for HIV within the year that are connected to treatment and care within 30 days. So, those are the three big ones.



Of course, there are other, the typical grants management, grants policy related requirements that are common to your H80 award. So, those will, should not be unfamiliar to you.

In terms of other reports, so you know, I think I may be catching one other question up in this one as well.

Reporting. In addition to annual UDS reports, you'll also be required to submit two progress reports that will be made available for you in EHB. One of our slides showed you briefly what that schedule will look like. So, again, we'll get that posted on the web for you so that you'll know well in advance when those are available to you to begin working on. Most of them, I believe, have a 15-day window in which for you to work on and submit those reports, with an opportunity, if needed, to communicate with a member of the PCHP team if there are questions.

In terms of intensity of those reports, essentially what you're, what you're addressing is the overall status of progress. How far along are you, you know relative to your entire proposed project? It also asks you for narrative to describe what you've accomplished up until that point in time. And each report, by the way, will be cumulative. So, you'll be going back from the moment of award, which is your start date is actually tomorrow, September 1, through the date of that particular progress report is what you'll be providing information about. It will break it down by the four major focus areas. So, you'll be able to describe what those, what you have accomplished in terms of your proposed activities for each of the major focus areas. It will ask you about have there been any, have you experienced any significant barriers or challenges in implementing your project and if so, what are those? There will also be an opportunity to describe any significant changes to your work plan and, and/or budget, if a budget, if there is a budget implication with that as well.

In addition, there is also, you'll have two non-competing continuation reports that you'll be submitting over the three-year period of time. Again, those dates are on the chart that we showed earlier. The second date, which will be happening later in Year 2 is a date to be determined still. But that generally gives you three weeks to four weeks' time to prepare essentially a brief, again brief progress report as well as the budget for your upcoming budget year and I believe an opportunity to, again, update anything on the work plan. That is, the non-competing continuation is what triggers your next budget period award. So, also, very important. And I think that covers the reports, semi-annual, non-competing continuation, and your annual UDS.



And again, we'll be available and provide resources for you and here to answer your questions as those times come.

Let's see. Did I manage to cover a bunch of questions at once there, Shay?

Kimberly Litton-Belcher

I think you did, which was great! I, we also have a question to make it more general,

If a SAC application is due in a couple of weeks, should they exclude the award and relate it to other revenue from their SAC budget application regarding the PCHP?

Kirsten Argueta

Hmm, that is a good question in terms of timing?

Kimberly Litton-Belcher

Mm, hmm –

Kirsten Argueta

So, I may call on a friend here or two to see if folks have any insight or information about that. I, I think it will be important to look at the time frame in the SAC guidance, the instructions to just ensure that this award falls within the time period during which you are expected to include and mention all federal resources.

Let's see. Let me just turn to either colleagues in grants management and/or possibly policy and program development if you have anything further to share on that?

Christie Walker

Hi, this is Christie! No, I would probably have to do more research and find that out to talk to one of the H80 project officers.

Kirsten Argueta

Yeah, so, let me actually say, if you would, please, the person that submitted that question, please go ahead and contact us through the BPHC Contact Form and let us do a little bit more research on that and we'll make sure to get back to you with a good answer.



Kimberly Litton-Belcher

Great! Okay.

What is the difference between the UDS measure for HIV linkage and the reports for PCHP?

Kirsten Argueta

Okay, good question. So, the progress reports are almost entirely qualitative data that you'll be providing. So, you'll be providing mostly narrative descriptions of what you've achieved so far towards the work plan that was approved.

UDS, on the other hand, is quantitative data and so you'll be addressing in your UDS along, at, at the same time that you submit your annual UDS, there are several questions related to those objectives and again, in terms of testing, PrEP access, and linkage to care. And so you'll see those where they ask you about number of patients and number of visits. So, you'll submit quantitative responses at the time that you submit your annual UDS report for those. That's the main difference.

Kimberly Litton-Belcher

Great!

Are, so we did get a question about if we could share the response to the SAC question with everyone.

So addressing the FAQs, is that maybe something we could put in the FAQs?

Kirsten Argueta

I think we could certainly do that. There's a couple of ways we can do that and perhaps it would be helpful to, too, to send out a blast email to the 64 health centers that are hopefully all on the call today. So, we'll make sure to get that answer shared with the whole cohort.

Kimberly Litton-Belcher

Great, great! These are excellent questions that we're getting here.

Our next question is,

what activities will require a Change in Scope?



Kirsten Argueta

I think that's a good question. It will depend on what is in your proposed application. So, we have our colleagues and I, we've flagged parts of applications where we see that there may be a Change in Scope required. So, may have some heads up on that to help assist. However, there may be, so again there may be some changes required in your scope to address whether or not certain services are provided directly, you know, that column one on your Form 5A services versus providing a certain service by contract, column two, or by formal referral arrangement. So, mostly those are the areas.

Also, I think we earlier may have mentioned in a slide other activities. So, for example, if you have proposed to do a certain number of events, community events or to provide information and staff a pride event or you know, pride parade. Those may be areas you'll want to mention under other activities if you don't already have something similar listed. So, those are examples.

One thing to note, I think we mentioned earlier in the presentation is that HIV care in terms of prevention and treatment for the most part falls under general comprehensive medical care. So, for the big picture, that is already in your scope of project. So, you won't have to, there is no HIV prevention services that you'll add to your scope of project, for the most part, it's already covered under that general category.

Kimberly Litton-Belcher

Great! So, I do not have a, any other questions that are open right now. So, if you have any other questions you were thinking about sending in, please feel free. As I've said, these are great questions. And you are definitely asking questions for some of your other health centers out there 'cause I'm sure they've had the same ones.

Kirsten Argueta

And Travis has posted the slide presentation. Hopefully, folks can all see that in the chat room. If not, please ping us through the Q&A pod.

We have a question. Oops, sorry, Shay, I'm taking your job.

Kimberly Litton-Belcher

Oh, no, no! We are all a team here.



When can we expect the NGA?

Kirsten Argueta

Christie or Penny? Would you be –

Christie Walker

Hi, this is Christie! The Notices of Award was already released. If you don't see it in the award history please contact your Grants Management Specialist for assistance but the NoAs went out over a week ago.

Kirsten Argueta

Yeah, I think if, I may have this, hopefully, I have this correct, but I believe those went out on around Tuesday of last week, the 23rd.

Christie Walker

That sounds about right.

Kirsten Argueta

Is that correct? Okay.

Kimberly Litton-Belcher

Okay, and I see a question here that,

there is something wrong with the Zoom screen. They weren't able to get the slides.

Kirsten Argueta

Hmm.

Kimberly Litton-Belcher

We will make sure that you are able to get them if that's a problem and you haven't been able to, we'll make sure that those are available to all of you. I apologize for that. But we will, we will definitely, they will be posted on the website as well so you'll have, you'll definitely have that available to you.



Kirsten Argueta

And –

Kimberly Litton-Belcher

Go ahead. You win!

Kirsten Argueta

Sorry, I'm reading ahead. I apologize. So, most likely rather than posting this recording, which we know we've had some technical difficulties in terms of the sound, we will post again FAQs that relate to you know key points made during today's presentation. And we will look at, again, because folks may have missed some of the presentation portion, we'll look at probably posting some version of a script that was used today so that you'll, so you don't miss any key points presented on it.

Kimberly Litton-Belcher

Absolutely! All right, so I'm not seeing any more questions that have come in. We do have some additional things we definitely want to clarify, we want to get your responses to at the end.

But, I will turn it back over to Kirsten for some closing remarks.

Kirsten Argueta

Okay, well, I want to thank everyone for your time today.

We know how busy you are serving folks at your health centers. And just very excited that you have signed on, for really ensuring that folks in your communities receive the services that they need.

We know that HIV prevention work may be new to some of you. And so, again, we want to make sure that you get the resources you need from the start.

You know we've heard from prior health center cohorts about some of those challenges, in particular things like workforce. We know that's a real concern across the board for all health centers, the ability to hire folks, you know, post, sort of post COVID pandemic.



We also have heard frequently stigma is of course an ongoing issue and it's probably why we are here today you know distributing money to really support making sure that we're, that you're reaching out to the folks that are at highest risk and most in need of HIV prevention services.

And, and there is to some degree a portion of your awards may also support treatment and care. But please note that the bulk of the, the award is primarily to focus on providing PrEP access.

So, again, thank you very much! PCHP team is here to support you.

Jeanine, is there anything else you would like to follow with? And I think we do have some polling questions I'll let you introduce.

Jeanine Baez

Yes, I just want to say thank you again for participating in the FY 2022 PCHP Post-Award Briefing. We are asking all PCHP awardees to stick around for a few extra minutes to answer the following polling questions you see on your screen. Again, we would like to express, thank you so much for your time and consideration and we look forward to working with you in the future.