



Fiscal Year 2024 Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) Non-Competing Continuation (NCC) Progress Report Instructions for FY23 Award Recipients

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Purpose

The purpose of Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) funding is to expand HIV prevention services¹ that decrease the risk of HIV transmission in geographic locations identified by [Ending the HIV Epidemic in the U.S.](#) Submission and approval of this PCHP Non-Competing Continuation (NCC) will provide funding for the next PCHP budget period (September 1, 2024-August 31, 2025). Future funding is dependent upon congressional appropriation, satisfactory progress, and a decision that continued funding is in the best interest of the federal government.

Submission and Award Information

NCC submissions will be available starting March 1, 2024, and are due in the HRSA Electronic Handbooks (EHBs) by **5 p.m. ET on April 12, 2024**. We anticipate releasing FY 2024 PCHP funding on or around the budget period start date of September 1, 2024.

¹ The Centers for Disease Control and Prevention (CDC) describes HIV prevention to include multiple strategies, such as pre- and post-exposure prophylaxis, and taking antiretroviral therapy as prescribed. HIV prevention services are part of comprehensive primary care services.

General Instructions

To find your PCHP NCC in EHBs:

- Select the **Grants tab** on the HRSA EHBs Home page to navigate to the My Grant Portfolio – List page.
- Select the **Grants Folder** for your H8H grant.
- Select the **Work on My NCC Report** link under the Submissions section.
- Locate the record titled “Noncompeting Continuation Progress Report.”

Select the **Start** link to begin working on your PCHP NCC. After you have started working on the NCC, the system will display an Edit link instead of the Start link the next time you access this page.

Include all forms and attachments identified in [Table 1: Forms and Attachments](#). Complete all forms online, including the Work Plan Update, directly in EHBs. You must upload attachments into EHBs.

We will consider NCCs that lack required information to be incomplete or non-responsive and will return them via a “Change Requested” notification in EHBs. If we do not receive your NCC by April 12, 2024, or if we receive an incomplete or non-responsive NCC, a delay in Notice of Award (NOA) issuance or a lapse in funding could occur.

We recommend that attachments not exceed **10 pages**. Do not count the standard OMB-approved forms or your indirect cost rate agreement, if applicable, in the page limit. Narrative documents submitted as attachments must be single-spaced with 12-point, easily readable font (e.g., Times New Roman, Arial, and Calibri) and one-inch margins. You may use smaller font (no less than 10 point) for tables, charts, and footnotes.

Table 1: Forms and Attachments

PCHP NCC Progress Report Section	Form or Attachment	Instructions
SF-PPR and SF-PPR-2	Form	Refer to the Basic Information section.
Budget Information: Budget Details	Form	Refer to the Budget Information section.
Budget Narrative	Attachment	Refer to the Budget Narrative section.
Work Plan Update	Form	Refer to the Work Plan Update section.
Key Contact/Principal	Form	Refer to the Key Contact/Principal section.
Attachment 1: Other Relevant Documents (if applicable)	Attachment	Refer to the Attachment 1 section.

Basic Information

The SF-PPR form displays basic information about your health center. Review and update the information as necessary.

The SF-PPR-2 form displays project information related to lobbying activities, areas affected by the project, and the point of contact. Review and update the information as necessary.

Budget Information: Budget Details Form

Information in the Budget Details Form will reflect your PCHP (H8H) award amount, inclusive of any additional funding awarded in FY 2023, and any non-federal funding supporting your H8H project.

In **Section A: Budget Summary**, verify the pre-populated Federal, Non-Federal, and Total budget numbers. The total federal funding requested must equal the Recommended Federal Budget figure that is pre-populated at the top of the Budget Information: Budget Details form. This figure should correspond with the recommended future support figure (Item 33) on the H8H NOA.

Note: You may **not** use the NCC to request changes in the total award, funding type(s), or allocation between funding types. **Funding must be requested and will be awarded proportionately for all funding types as currently funded under the Health Center Program.** You may not add new funding types.

In the Non-Federal column provide the total of the non-federal funding sources. Enter all other project costs in the non-federal column. As per [45 CFR § 75.302](#), you must document use of PCHP funds separately and distinctly from other Health Center Program funds and other federal awards.

The amount(s) in the total column will be calculated automatically as the sum of the federal and non-federal columns. The amounts for each category in the federal and non-federal columns, as well as the totals, should align with the Budget Narrative.

In **Section B: Budget Categories**, by object class category, provide the H8H federal funding request for the upcoming budget period in the first column and the non-federal funding in the second column. Each line represents a distinct object class category that must be addressed in the Budget Narrative.

You may only claim indirect costs with an approved indirect cost rate (see details in the [Budget Narrative](#) section below).

In **Section C: Non-Federal Resources**, provide a breakdown of non-federal funds by funding source (e.g., state, local) for each funding type (CHC, MHC, HCH, PHPC). If you are a state agency, leave the "State" column blank and include State funding in the "Applicant" column. When providing Non-Federal Resources by funding source, include non-PCHP federal funds supporting the proposed project in the "Other" category.

Salary Limitation

The Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, states “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Effective January 2024, the salary rate limitation is \$221,900. Use the link under [Personnel Costs](#) to ensure your budget request reflects the most current rate.

The salary limitation reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation also applies to subrecipients under a HRSA grant. See Section 5.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. As required by law, salary rate limitations may apply in future years.

Budget Narrative

Information in the Budget Narrative will reflect **only** your H8H award amount and any non-federal funding supporting your H8H project.

You are required to upload a line-item Budget Narrative in EHBs that outlines federal and non-federal costs for the next PCHP budget period (September 1, 2024, to August 31, 2025) by object class category. This attachment should align with the budget information provided in the [Budget Information: Budget Details form](#) and your [Work Plan Update](#). In addition, provide a table of personnel to be paid with federal funds, if applicable, as shown in the example provided in the Budget Narrative on the [PCHP TA webpage](#). Your budget narrative must:

- Demonstrate that you will use PCHP funds for costs that will advance progress on the PCHP objectives.
- Include detailed calculations explaining how each line-item expense is derived (e.g., cost per unit).
- Not include [ineligible costs](#).
- Provide us with sufficient information to determine that you will use PCHP funds separately and distinctly from other Health Center Program support (e.g., H80 awards).
- Highlight changes from the current budget year.

Include the following in the Budget Narrative:

Personnel Costs: List personnel categories, such as Medical Staff or Administrative Staff, broken out by Federal and Non-Federal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Information Form (SF-424A) and Personnel Justification Table.

If personnel costs are included in your budget, you must include a Personnel Justification Table. List all direct hire personnel who will be supported with PCHP funds, and include their name (if possible), position title, percentage full-time equivalency (FTE), and annual salary. If budgeted positions are not yet filled, write TBD in place of the staff name. PCHP funds may not be used to pay the salary of an individual at a rate in excess of [Executive Level II of the Federal Executive Pay scale](#).²

Fringe Benefits: List the components of the fringe benefit rate for proposed direct hire staff. Fringe

² OPM “Rates of Pay for the Executive Schedule” link on this website has the most current salary limitation.

benefits should be directly proportional to that portion of personnel costs allocated for the PCHP project.

Travel: List expenses associated with both local and long-distance travel for consultants, direct hire personnel, and/or contractors. Detail travel costs consistent with your established travel policy and in compliance with [45 C.F.R. § 75.474](#).

Equipment: Equipment costs are limited to year one only. A budget that includes equipment costs will be considered non-responsive and will be returned via a “Change Requested” notification in EHBs.

Supplies: List supplies that support your PCHP project individually, separating items into three categories: office, medical, and educational. Include equipment that does not meet the \$5,000 threshold listed above.

Contractual Services: Clearly state the purpose of each contract, including specific deliverables. You must have an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost. List any EHR license fees for new personnel and health information technology.

Indirect Costs: Include indirect costs in your budget request only if your organization has a negotiated indirect cost rate agreement or is claiming a de minimis rate of 10 percent of modified total direct costs. If your budget includes indirect costs, upload a copy of your most recent indirect cost rate agreement as [Attachment 1: Other Relevant Documents](#) or indicate that you are using the de minimis indirect cost rate of 10 percent of modified total direct costs under the requirements detailed at [45 C.F.R. § 75.414](#).

Note: If you carry out all or a portion of their project through a subaward (as defined in [45 CFR part 75.2](#)), you must document your determination that, at the time such a subaward is made, the subrecipient has met all the Health Center Program requirements. See Chapter 12: Contracts and Subawards of the [Health Center Program Compliance Manual](#) for additional information.

Ineligible Costs

PCHP funds may only be used for allowable costs. PCHP funds may not be used for the following:

- Costs already paid for by other Health Center Program funds (e.g., H80);
- Purchase or upgrade of an electronic health record (EHR) that is not certified to the latest standards of the Office of the National Coordinator for Health Information Technology Certification Program;
- Equipment, including moveable items that are non-expendable, tangible personal property having a useful life of more than 1 year and a per-unit acquisition cost of \$5,000 or more;
- New construction activities, including additions or expansions;
- Minor A/R projects;
- Installation of trailers and pre-fabricated modular units;
- Facility or land purchases;
- Purchase of vehicles to transport patients or health center personnel (mobile units are allowed);
- Needles and syringes for illegal drug injection; or
- Devices solely used for illegal drug injection (e.g., cookers).

We recommend use of the [HHS Grants Policy Statement](#) to develop an appropriate budget.

Work Plan Update

You will use this part of the form to document progress on activities included in your current PCHP work plan, note updates to activities, and describe new activities to support achievement of the PCHP objectives:

- Increase the number of patients counseled and tested for HIV.
- Increase the number of patients prescribed PrEP.
- Increase the percentage of patients newly diagnosed with HIV who are linked to care and treatment within 30 days of diagnosis.

Your Work Plan Update Form will pre-populate the Focus Area, Activity, and Activity Selection Rationale from your approved FY 2023 PCHP Application Work Plan. Prepopulated information is not editable. Contact your program contact if the work plan that you previously submitted does not match the Work Plan Update in EHBs. Refer to the [example work plan](#) for example uses of PCHP funding.

You will review and complete the following fields for each [activity](#) on the Work Plan Update Form in EHBs:

- Activity Progress
 - Indicate the implementation status (i.e., Not yet started; Partially implemented; Fully implemented; Will not fully implement; or New).
- Activity Progress Update
 - Describe progress to date and anticipated progress through the end of the current budget period (through August 31, 2024).
 - If you plan to adjust an activity, provide activity revisions..
 - For each activity that you mark as ‘Will not fully implement,’ explain the reason the activity will not be fully implemented.
 - For each activity marked as ‘New’, explain the reason for adding the activity.
- Lessons Learned
 - Describe successes and lessons learned.

As needed, add activities using the “Add Activity” button located at the top of the screen, above the Work Plan Update table. You must include at least two activities, but no more than five, for each of the four focus areas. You will complete the following fields for each new activity:

- Focus Area
 - Select a Focus Area using the pre-populated list of Focus Areas. At least one focus area is required.
- Activity
 - Select from the [pre-populated list](#) or write in your own “other” activity.
- Activity Selection Rationale
 - Describe how each newly selected activity addresses an unmet need or barrier to achieving increases in HIV testing, PrEP prescribing, and/or linkage to HIV care and treatment. Do not use a generic rationale throughout your work plan.
- Activity Progress Update
 - Provide a reason for adding each new activity (e.g., new activity for year 3 based on lessons learned in year 2 regarding outreach to and enrollment of new LGBTQ+ patients).

Activities Consistent with Budget

You will use this part of the form to document activity, budget, and/or equipment changes from the original approved work plan.

- If you select 'Yes' to an activity, budget, or equipment change, you must describe the activity change, and
- You must indicate 'Yes' or 'No' to submitting a prior approval request, if applicable

Barriers

You will use this part of the form to document any barriers or issues encountered in implementing the approved PCHP activities by:

- Answering a question about whether you anticipate any issues or barriers in use of the funding and/or implementing the planned activities consistent with your approved FY 2023 PCHP Application.
- Describing issues or barriers, if any.

Point-in-Time Impact Assessment

You will use this part of the form to indicate the degree to which PCHP supported activities to date are achieving the funding objectives or project requirements as stated in the Notice of Funding Opportunity. A response to each question is required. Narrative comments are optional.

Training and Technical Assistance

You will use this part of the form to document training and technical assistance (T/TA) related to the FY23 PCHP award that you have used to date. A response selection is required.

- If applicable, identify the type of T/TA by selecting one or more choices.

You may also indicate your interest in receiving information about available T/TA resources related to this project.

Key Contact/Principal

The 'Key Contact/Principal' form provides an opportunity to add, update, delete, or change the key contact information. You must enter at least one key contact to complete the form. The form also has a 'Biographical Sketch' section, which is optional, and allows you to upload relevant documents of the key contacts.

1. Key Contacts/Principal Information

You will use this part of the form to add, update, delete, or change the key contact information. The system allows you to add any number of contacts (no max limit). You must enter at least one contact to complete the form.

Add New Key Contact

- Select 'Key Contact/Principal' from the left menu or select the 'Update' link for 'Key Contact/Principal' form from the 'NCC Progress Report - Status Overview' page.

- Select the 'Add' button from the 'Key Contact/Principal' form.
- Select key contact by selecting the radio button option and selecting 'Add Selected Person' button to add the key contact to the form. Alternatively, choose to add a new key contact by selecting the 'Add New Key Contact/Principal' button.
- Fill all the required fields and select the 'Save and Continue' button to navigate to the 'Key Contact/Principal – Add Confirm' page.
- Select the 'Confirm' button to add the key contact to the form.
- Select the 'Save' button on the 'Key Contact/Principal' page. A success message is displayed at the top of the page.

Update or Delete Key Contacts

- Select the Update dropdown menu under Options.
- Select Update to make any necessary updates, or Delete to remove a contact.
- Select the 'Save' button on the 'Key Contact/Principal' page. A success message is displayed at the top of the page.

2. Biographical Sketch

You may use this optional part of the form to attach files to the 'Biographical Sketch' section.

- Select on the 'Attach File' button.
- Select 'Choose File' button to select the file you wish to upload.
- Enter a description of the document in the comment box.
- Select the 'Upload' button.
- Select 'Save'. A success message is displayed at the top of the page.

Attachment 1: Other Relevant Documents

If applicable, upload an indirect cost rate agreement or other relevant documents to support the proposed project as Attachment 1 in the Appendices section in EHBs. If you propose to use PCHP funds to support participation in a syringe services program (SSP), you are required to submit supporting documentation. For information, on required documentation, see the Health Center Program Compliance [Frequently Asked Questions](#).

Technical Assistance Contacts

ASSISTANCE NEEDED	CONTACT
General Technical Assistance	The PCHP TA webpage includes example forms, a technical assistance webinar recording, and other resources.
Budget/Fiscal Questions	Doris Layne-Sheffield Office of Financial Assistance and Management Division of Grant Management Operations Health Center Branch (301) 945-9881 DLayne-Sheffield@hrsa.gov
PCHP NCC Progress Report Requirements Questions	BPHC Contact Form Submit a Web Request at BPHC Contact Form <ul style="list-style-type: none"> • Under <i>Funding</i>, select Non-competing Continuation (NCC) Progress Reports • Select <i>Primary Care HIV Prevention (PCHP)</i>
HRSA EHBs Submission Assistance	Health Center Program Support 877-464-4772 Contact Health Center Program Support at BPHC Contact Form

Appendix A: Example Uses of PCHP Funding

The following list of example uses of funding is organized by focus area and is the same as the list of activity options presented in the Work Plan Update. All PCHP-supported activities must be conducted in alignment with your scope of project.

PrEP Prescribing

- Support PrEP access through care coordination that will help patients obtain PrEP medication through [patient assistance programs](#) (e.g., [Ready, Set, PrEP](#)) and the [340B Drug Discount Program](#).
- Purchase Food and Drug Administration (FDA)-approved PrEP medications for patient use to facilitate same-day PrEP initiation.³
- Enhance workflows and use of technology, including EHR enhancements and [tele-PrEP](#), to improve PrEP access and adherence, support for the appropriate transition from PEP to PrEP, evaluation for co-occurring conditions, and necessary monitoring and follow up.
- Support PrEP adherence through care integration and coordination support that address co-existent behavioral health conditions and health-related social needs.
- Revise policies and procedures to better ensure a culturally competent, welcoming environment to engage all patients, including people who can benefit from PrEP.
- Support PrEP access and adherence through such strategies as using a PrEP navigator to provide care coordination to patients at risk for acquiring HIV, providing patient education and counseling, and collaborating with community-based organizations working with people who can benefit from PrEP, giving particular priority to supporting persons identified as part of the risk network of any identified HIV clusters and outbreaks.
- Leverage partnerships with [Health Center Controlled Networks](#) and the [Health Information Technology NTTAP](#) to support data-driven quality improvement of PrEP and other prevention services through such strategies as strengthening information exchange with community-based organizations implementing PrEP and health departments regarding referrals and re-engaging patients in care, and using pharmacy data on PrEP prescriptions filled to promote adherence.
- Leverage partnerships, including those with [NTTAPs](#), to build health center capacity to identify patients in need of PrEP.
- Purchase systems and/or contract for services to provide virtual care, such as those that increase patient engagement and self-management, home monitoring of symptoms and medication adherence, 24-hour access, and synchronous and asynchronous patient visits.
- Purchase for patient use home oral HIV test kits and home specimen kits for laboratory testing to support adherence to PrEP follow-up test recommendations.
- Update health center emergency operation plans to ensure continuity of PrEP access during emergencies (e.g., natural disasters, public health emergencies).
- Enhance the use of telehealth to deliver HIV prevention services, such as [tele-PrEP](#), including by establishing contracts to provide peer coaching, receiving referred patients from HIV-testing sites, integrating with HIV home testing, embedding live streaming consulting into the EHR, and leveraging the technical assistance available through HRSA-funded [Telehealth Resource Centers](#) and the [Health Information Technology NTTAP](#).

³ Kamis K, Scott K, Gardner E, et al. 859. Same-Day HIV Pre-exposure Prophylaxis (PrEP) Initiation During Drop-in STD Clinic Appointments Is a Safe, Feasible, and Effective Method to Engage Patients at Risk for HIV in PrEP Care. *Open Forum Infect Dis.* 2018;5(Suppl 1):S20. Published 2018 Nov 26.

- Enhance the EHR to facilitate reporting, including to UDS, of PrEP prescription, follow-up testing, and adherence.
- Enhance the EHR to support or improve health information exchange with clinical and community-based partners, such as health departments and pharmacies for prescription fill information (i.e., [RxFill](#)).

Outreach

- Organize and participate in community health fair events to attract and enroll community members; raise awareness of HIV, PrEP, and [post-exposure prophylaxis \(PEP\)](#); and how to reduce HIV infection risk.
- Engage new patients by providing outreach and HIV prevention education and services at community locations throughout the service area, accurately reflecting such activities on current scope of project Form 5C: Other Activities/Locations.
- Leverage and coordinate partnerships with health departments, RWHAP-funding organizations, and other community and faith-based organizations (e.g., emergency departments, emergency medical services, police departments, corrections departments, opioid treatment programs, housing programs) to increase referrals received for HIV prevention services.
- Collaborate with health departments, RWHAP-funded organizations, and other community and faith-based organizations to respond to identified cluster or outbreaks of HIV by providing outreach, education, and services to persons in the identified clusters or outbreaks and people vulnerable to HIV acquisition in their networks.
- Create status-neutral systems of care in which people receiving HIV testing can rapidly access PrEP or SSP services upon receiving an HIV negative test result and can quickly be linked to HIV care and treatment upon receiving an HIV positive diagnosis by coordinating with health departments, RWHAP-funded organizations, HIV testing centers, and other community and faith-based organizations.
- Coordinate with health departments and other community and faith-based organizations to develop and enhance joint social media campaigns to reach individuals at risk for HIV infection.
- Provide training and education to patients, families, and communities on the availability of evidence-based resources and strategies to prevent HIV and related conditions, including mental health conditions, substance use disorders, viral hepatitis, endocarditis, and sexually transmitted infections.
- Strengthen partnerships to ensure use of culturally-appropriate approaches to engage communities at risk for HIV, including partnerships with NTTAPs, opioid treatment programs, medication-assisted treatment providers, organizations providing counseling and behavioral therapy, [SSPs](#) (consistent with applicable federal and state law, including but not limited to federal restrictions on use of grant funds), housing programs, faith-based organizations, and community centers.
- Participate in [SSPs](#) (consistent with applicable federal and state law, including but not limited to federal restrictions on use of grant funds) and [condom distribution programs](#) to increase access to interventions to reduce HIV transmission, to the extent legally permissible.
- To develop data collection and reporting processes that foster real-time use of clinical data, leverage strategic partnerships with [Health Center Controlled Networks](#) and the [Health Information Technology NTTAP](#) to reduce risk of co-occurring conditions such as substance use disorders and mental health conditions, sexually transmitted infections, viral hepatitis, and other infectious diseases, among patients living with HIV.

- To support data driven quality improvement, leverage and coordinate strategic partnerships with [Health Center Controlled Networks](#) and the [Health Information Technology NTTAP](#) through activities such as enhancing electronic patient engagement and achieving cost efficiencies through care integration.
- Update health center website and social media feeds to disseminate [resources](#) that will increase community knowledge of the impact of COVID-19 and monkeypox on patients with and at risk for HIV.

Testing

- Enhance workflows to support [universal HIV testing](#) (i.e., an opt-out screening protocol) by enhancing clinical decision support, EHR forms and reports, and data extraction from health information exchanges.
- Establish workflows to support rapid access to HIV testing and referrals for rapid linkage to other services such as PrEP or ART depending on test results, including those that facilitate access through any service, such as behavioral health, oral health, and women’s health.
- Enhance the EHR to support HIV testing by including domains to record HIV risk factors, post-hospitalization or emergency department follow up, and history of related co-occurring conditions, including infectious diseases and substance use disorders.
- Enhance test result reporting workflows, care coordination, and supporting enabling services to link individuals newly diagnosed with HIV to appropriate care and treatment.
- Enhance test result reporting workflows to report increases in HIV diagnoses or other concerns about HIV clusters and outbreaks to the appropriate public health authorities.
- Support rapid access to HIV testing as part of a collaborative response to identified HIV clusters or outbreaks through established and enhanced mechanisms (e.g., opt-out screening, HIV home tests or home specimen collection kits, mobile testing, or new testing sites at locations frequented and trusted by members of the communities affected by the cluster or outbreak).
- Increase use of clinical decision support and enhanced workflows to facilitate risk-based HIV testing and to provide appropriate follow-up HIV testing and other recommended laboratory tests for patients using PrEP and patients who previously tested negative for HIV who are at risk for acquiring HIV.
- Increase use of clinical decision support to screen for common co-occurring conditions including sexually transmitted infections, viral hepatitis, endocarditis, mental health conditions, and substance use disorders, and provide appropriate care as indicated, such as education and counseling, vaccination, and treatment, and referral to specialty behavioral health services.
- Purchase HIV tests and other tests for commonly co-occurring sexually transmitted infections, and tests for serum creatinine for patient use to ensure safe use of PrEP.
- Purchase and provide to health center patients home oral HIV tests or [home specimen collection kits to be mailed to laboratories](#) used to test for HIV and related conditions, and integrate HIV home testing with PrEP services, where feasible (see the [BPHC Bulletin on HIV self-testing](#), for more information).
- Enhance the EHR with clinical decision support to facilitate the consistent use of [clinical guidelines](#) on HIV testing, prevention, referral, and treatment, as well as appropriate management of PrEP.
- Promote use of home HIV testing through national, state, and/or local programs.

- Leverage strategic partnerships, including those with [NTTAPs](#), to enhance health center capacity to identify patients in need of HIV testing.

Workforce Development

- Support training for providers and staff in accessing available resources to help patients access PrEP.
- Provide professional development about [PrEP prescribing practices and guidelines](#) and addressing barriers to PrEP, such as follow up for required testing and stigma, to increase PrEP initiation, patient engagement, and self-management.
- Provide education and training regarding response to HIV clusters and outbreaks. Build partnerships with health departments, RWHAP-funding organizations, and other agencies that would be involved in cluster and outbreak response
- Support the preparation of licensed and pre-license professionals and paraprofessionals to provide HIV prevention services through such activities as peer mentorship; learning collaboratives; targeted recruiting; developing, implementing, and evaluating experiential training; coordinating student and post-graduate rotations, residencies, and/or fellowships; and building academic partnerships.
- Enhance strategic partnerships, including those [with AIDS Education and Training Centers, RWHAP-funded organizations, PCAs, and NTTAPs](#), to support provider and staff professional development through such activities as education, clinical consultation, peer coaching, learning collaboratives, and other technical assistance.
- Enhance strategic partnerships, including those with [NTTAPs](#), to support provider and staff professional development related to topics such as culturally-affirming care and developmentally-appropriate care.
- Conduct provider stigma assessments to better focus training and education activities and reduce the impact of stigma during HIV prevention service provision.
- Integrate trauma-informed care practices at all levels of the organization to improve HIV testing and prevention services, including PrEP and SSP activities.
- Develop mentorship and internships opportunities with local universities, nursing, pharmacy, and medical schools as a way to train the next generation of professionals on HIV prevention work and increase capacity at the organization to provide HIV prevention services.
- Support providers to serve as on-hand consultants at the point of care for other health center providers and staff in topics essential to HIV prevention services (e.g., diagnosing and treating common co-occurring conditions such as substance use disorders and mental health conditions, sexually transmitted infections, and viral hepatitis; risk reduction counseling; patient engagement; and care coordination).
- Support training and accredited continuing education for providers and staff in taking sexual health histories; supporting patients' behavior changes to reduce risk; maximizing the success of PrEP; and implementing [effective HIV prevention interventions](#), including testing, PrEP, PEP, diagnosis, and linkage to treatment.
- Support SSPs by supporting training and accredited continuing education for leadership, providers, and staff on the allowed activities, such as providing comprehensive primary care services including testing for HIV, sexually transmitted infections, and vital hepatitis; provision of PrEP and PEP; substance use disorder and mental health services; immunizations including hepatitis A and B; and increasing access to these services through peer counseling, care management, and transportation.

- Create a welcoming environment by supporting training and accredited continuing education for leadership, providers, and staff that addresses stigma, trauma, cultural competence, patient health literacy, and financial and other barriers that may impede access to needed HIV prevention services.
- Support training and accredited continuing education for health center personnel, including physicians, nurses, assistants, pharmacy staff, community health workers, patient advocates, and other personnel on [guidelines](#) for HIV testing and delivering test results to patients.
- Hire primary care providers and clinical pharmacists who can deliver HIV prevention services, including follow-up HIV testing, prescribing PrEP and PEP, co-occurring condition management, and HIV treatment.
- Hire primary care and/or enabling service providers to support the delivery of integrated primary and HIV care services, linkage to treatment, and care coordination necessary for persons who test positive for HIV, including internal and external referrals for appropriate treatment.
- Support culturally appropriate and trauma-informed HIV prevention services by hiring and/or contracting with enabling services providers such as outreach and enrollment specialists, care coordinators, patient educators, and translators.
- Contract with a practice transformation facilitator to implement evidence-based prevention and treatment strategies within an integrated HIV-primary care model by redefining roles, creating new roles, and modifying workflows.
- Build new and enhance existing care coordination infrastructures, including infrastructure to support the delivery of virtual care, to help address barriers to HIV prevention and treatment services, and the identification and management of co-occurring conditions, including viral hepatitis, sexually transmitted infections, bacterial and fungal infections associated with injection drug use (e.g., endocarditis, cellulitis), and mental health and substance use disorder services.
- Follow and educate staff on the principles and standards in the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action](#) to strengthen participation in cybersecurity information sharing and analysis systems that protect patients' clinical information, and provide necessary training to personnel to ensure robust and consistent security of patients' health information.