



Notice of Funding Opportunity (NOFO) PS22-2203: Comprehensive High-Impact HIV Prevention Programs for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

Program Development and Implementation Branch
Division of HIV Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Health Department Conference Call

October 1, 2021





Purpose of Today's Call

- Provide a high-level overview of PS22-2203: Comprehensive High-Impact HIV Prevention Programs for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color
- Discuss coordination and collaboration between health department jurisdictions and CBOs applying for funding under PS22-2203



Purpose

- The purpose of this program is to implement comprehensive high-impact HIV prevention programs to address health disparities among YMSM of color, YTG persons of color, and their partners with the goal of reducing HIV transmission and HIV-associated morbidity and mortality.
- This program aligns with the goals of the HIV National Strategic Plan, 2021-2025 (HIV Plan) and supports the goals of reducing all new HIV infections by 75% by 2025 and 90% by 2030, which complements the Ending the HIV Epidemic in the United States (EHE) initiative
- This program also supports the HIV Plan's health equity goals of addressing social determinants of health and syndemics affecting HIV-related outcomes.



Award Information

Type of Award	Cooperative Agreement
Fiscal Year Funds	2022
Approximate Annual Funding	\$11 million
Approximate Number of Awards	30
Average Award	\$350,000
Budget Period/Length	12 months
Project Period	April 1, 2022 – March 31, 2027 <ul style="list-style-type: none">• 5-year project period

*Subject to the availability of funds



Funding Categories

- **Category A: HIV prevention services for Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity.**
- **Category B: HIV prevention services for Young Transgender Persons of Color (YTG of color) and their partners regardless of age, gender, and race/ethnicity.**



ELIGIBILITY



Eligibility

- Applicants must meet all the requirements listed in the *Eligibility Information* section
- If the application is incomplete or non-responsive to the requirements listed in the *Eligibility Information* section, it will not be entered into the review process.
- Late applications will be considered non-responsive applications



Eligibility cont.

- **Applicants may provide HIV prevention services in a maximum of three (3) service areas throughout the eligible service area locations**
- **Applicants must have history of providing HIV prevention services in the applicant's proposed service area, discussed provision of services with local/state health department, and received written support from health department where HIV diagnoses are reported**
 - Example: Applicant A, located in Pittsburgh, PA is proposing to provide HIV prevention services in Philadelphia, PA (not feasible due to geographic distance between these cities)



Eligibility cont.

- **Applicants are eligible to apply for funding under one category (Category A or B)**

- **Recipients may subcontract with a maximum of two (2) organizations to provide direct services**
 - Subcontract organization(s) must:
 - ❖ Be located and provide services in the same service area or bordering service area as the application organization
 - ❖ Have history of consistently serving the proposed priority population for at least the last 24 months



Eligibility cont.

- **The following documents must be submitted for complete eligibility:**
 - Evidence of HIV Prevention or Care Services (e.g., Progress Report, Notice of Award)
 - **HD Agreement for HIV Testing/Partner Services Letter (Attachment C: Health Department Letter of Support and Prioritized HIV Testing and Partner Services Letter of Agreement and Support)**
 - One Service Agreement with a HIV Medical Care Provider
 - One Service Agreement with a PrEP Provider



Priority Populations

- **Applicants are required to select one priority population for the category of funding which they apply.**
 - 75% of the clients served must be priority populations from Category A or B
 - YMSM of Color (Category A) or YTG persons of color (Category B)
 - Priority populations must reside in these service areas

Alabama	Indiana	Nevada	Puerto Rico
Arizona	Louisiana	New Jersey	South Carolina
California	Maryland	New York	Tennessee
Florida	Michigan	North Carolina	Texas
Georgia	Mississippi	Ohio	Virginia
Illinois	Missouri	Pennsylvania	Washington, DC



COMPREHENSIVE HIGH-IMPACT HIV PREVENTION PROGRAMS



Required Program Strategies and Activities

Comprehensive HIV Prevention Core Program:

- **Prioritized HIV Testing**
- **Status Neutral High-Impact HIV Prevention for Priority Populations**
 - Prevention Services for Persons at Increased Risk for Acquiring HIV
 - Prevention and Medication Adherence Support Services for Persons with HIV
- **Status Neutral Prevention & Essential Support Services**

Operational Program:

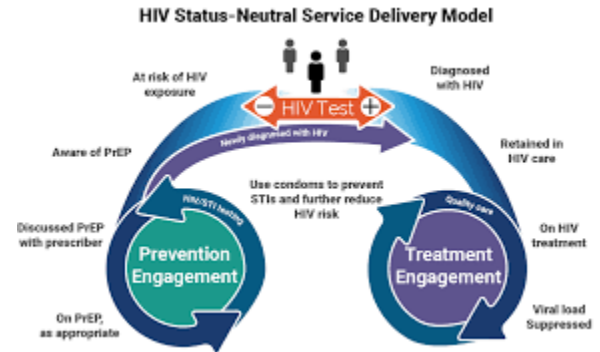
- **Program Promotion, Outreach, and Recruitment (Safe Space)**
- **Community Engagement Group (CEG)**
- **HIV Planning Group (HPG)**

At least 75% of funding should be used to support the Comprehensive HIV Prevention Core Program activities and up to 25% of funding may be allocated to support the Operational Program activities.

Status Neutral High-Impact HIV Prevention

■ Prevention Services Regardless of HIV Status

- Prevention and Essential Support Services
- Integrated STI and viral hepatitis screenings
- HIP behavioral interventions (Optional)
- Medication Adherence Support
- Partner Services
- Condom Distribution



■ Prevention Services for Persons at Increased Risk for Acquiring HIV

- PrEP and nPEP Services

■ Prevention Services for Persons with HIV

- Linkage/Re-engagement to HIV medical care



PS22-2203
Comprehensive HIV
Prevention Core Program





Ending the HIV Epidemic in the US Initiative



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.





EHE – DIAGNOSE PILLAR





PRIORITIZED HIV TESTING



Comprehensive HIV Prevention Core Program

Prioritized HIV Testing (EHE Diagnose Pillar)

- **Applicants are required to develop a new or enhance an existing prioritized HIV testing program**
 - Program should be aimed at reaching persons who are at greatest risk for acquiring HIV and who are unaware of their HIV status
 - Use the latest HIV testing technology available, when feasible
 - Organizations must identify a variety of settings where prioritized HIV testing will be conducted
 - Consider the use and implementation of Social Network Strategy (SNS) as a mechanism to recruit the priority population, if feasible
 - Engage in repeat testing activities for individuals who report engaging in high-risk behaviors since their last HIV test
 - Primarily serve members of the proposed priority population





Comprehensive HIV Prevention Core Program

Prioritized HIV Testing cont.



■ Performance Measure – HIV Testing:

- Establish annual HIV testing objectives for the priority population using local jurisdictional data and/or agency historical data
- Organizations applying for funding under **Category A (YMSM of color)** must identify a ***minimum of eight (8)*** new HIV diagnoses annually
- Organizations applying for funding under **Category B (YTG persons of color)** must identify a ***minimum of six (6)*** new HIV diagnoses annually
- **At least 75%** of HIV testing should be conducted among priority populations
- CDC may allow an organization the flexibility to adjust annual HIV testing objectives throughout the 5-year project period, upon discussion and approval with the CDC/DHP assigned Project Officer.



Comprehensive HIV Prevention Core Program

Prioritized HIV Testing cont.



- **Examples for Prioritized HIV testing venues, not limited to:**
 - Onsite testing within the organization
 - Venue-based testing (e.g., Retail Pharmacy, Substance Use Treatment Centers, Clubs/Bars, etc.)
 - Mobile/field testing
 - Self-Testing
 - If self-testing is utilized, organizations are required to provide specific protocols, in conjunction with the local or state health department, which includes recruitment processes, follow-up, and linkage procedures



Comprehensive HIV Prevention Core Program

Prioritized HIV Testing cont.



■ Integrated Screening Activities

- Applicant organizations **should have or establish** the capacity to implement various integrated screening activities (e.g., screening for STIs, viral hepatitis, and/or TB), in conjunction with HIV testing.
- Applicant organizations **that do not have** the capacity to implement various integrated screening activities (e.g., screening for STIs, viral hepatitis, and/or TB), in conjunction with HIV testing, will be required to refer clients for integrated screening at the time of HIV testing



Comprehensive HIV Prevention Core Program

Prioritized HIV Testing cont.



■ Federally Qualified Health Centers (FQHC)

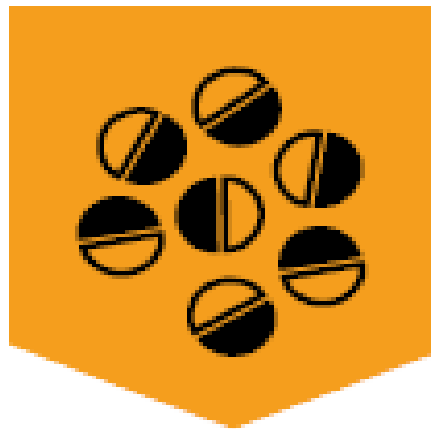
- May choose to implement routine HIV testing within their clinic setting if located in a geographic service area with high HIV disease burden and provide services to the priority population
 - Majority of the testing must be conducted in an outreach setting
 - Up to 25% of HIV testing can be conducted as routine, opt-out HIV testing



PREVENTION SERVICES FOR PERSONS AT INCREASED RISK FOR ACQUIRING HIV



EHE – PREVENT PILLAR





Comprehensive HIV Prevention Core Program

Prevention Services for Persons at Increased Risk for HIV (EHE PREVENT Pillar)



- **Applicant organizations will be required to:**
 - Assess and refer persons with a non-reactive HIV test result who are at increased-risk for acquiring HIV to PrEP and nPEP services (screen, refer, link, prescribe)
 - Support the awareness of, uptake, and efforts to increase access to PrEP and nPEP services
 - Establish or use existing resources to identify and/or develop a referral network for PrEP and nPEP providers (e.g., preplocator.org, PrEP Warm lines, TelePrEP, or existing resources within the jurisdiction)
 - Coordinate a navigation plan to ensure clients are appropriately referred and linked to PrEP and nPEP services

Please note that organizations may not use PS22-2203 funding to purchase PrEP and nPEP medications



Comprehensive HIV Prevention Core Program

Prevention Services for Persons at Increased Risk for HIV cont.

- **Performance Measure – PrEP:**
 - Provide and/or refer **at least 90%** of YMSM of color and YTG persons of color to PrEP services within 30 days for clinical evaluation
- **Applicant organizations will also be expected to:**
 - Refer 100% of clients with qualifying STI to Partner Services
 - Refer/Provide clients to medication adherence support for PrEP
 - Screen, provide, or refer clients to prevention and essential support services
 - Refer/Provide clients to comprehensive SSP (in accordance w/jurisdiction)
 - Refer/Provide clients to HIP interventions (optional)
- **Applicants must submit a Linkage to PrEP Provider Plan with application**
- **Submit at least one (1) service agreement with PrEP services provider**





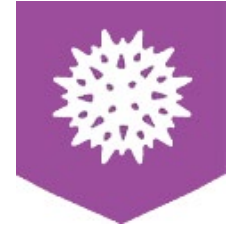
PREVENTION SERVICES FOR PERSONS WITH HIV

EHE – TREAT PILLAR





Comprehensive HIV Prevention Core Program Prevention Services for Persons with HIV (EHE TREAT Pillar)



▪ **Recipient organizations will be required to:**

- **Link** persons with newly diagnosed HIV to HIV medical care and ART initiation immediately, but not greater than 30 days of diagnosis
- **Re-engage** previously diagnosed persons with HIV into HIV medical care when it is determined that the individuals are not currently in HIV medical care, immediately but not greater than 30 days
- Support state and/or local health departments with Data-to-Care efforts by linking persons out of care to HIV medical care

Please note that organizations may not use PS22-2203 funding to purchase ART medications



Comprehensive HIV Prevention Core Program Prevention Services for Persons with HIV cont.



- **Recipient organizations will be required to:**
 - Develop a navigation program that engages clients during the time between the reactive HIV test and the client’s first HIV medical care appointment
 - Employ at least one (1) trained HIV Navigator within the agency to help facilitate the coordination of the organization’s linkage to HIV Medical Care plan activities
- **Submit at least (1) service agreement with HIV medical care provider**
- **Applicants must submit a Linkage to HIV Medical Care Provider Plan with application**



Comprehensive HIV Prevention Core Program Prevention Services for Persons with HIV cont.



▪ **Linkage to HIV Medical Care Activities**

- Applicants may opt to implement a CDC approved Linkage to HIV Medical Care strategy listed below or utilize the organization's existing Linkage to HIV medical care program
 - Anti-Retroviral Treatment and Access to Services (ARTAS)
 - HIV Navigation Services – STEPS to Care
 - Stay Connected (Clinics Only)



Comprehensive HIV Prevention Core Program Prevention Services for Persons with HIV cont.



- **Applicant organizations will be required to:**
 - Implement medication adherence interventions to further strengthen their high-impact HIV prevention program to achieve viral suppression
 - Submit a service agreement upon award, if the organization will be referring for any of the medication adherence services

- **Medication Adherence Strategies:**
 - CBO's existing medication adherence support program
 - Partnership for Health (Medication Adherence)
 - Stay Connected

EHE – RESPOND PILLAR





Comprehensive HIV Prevention Core Program Respond



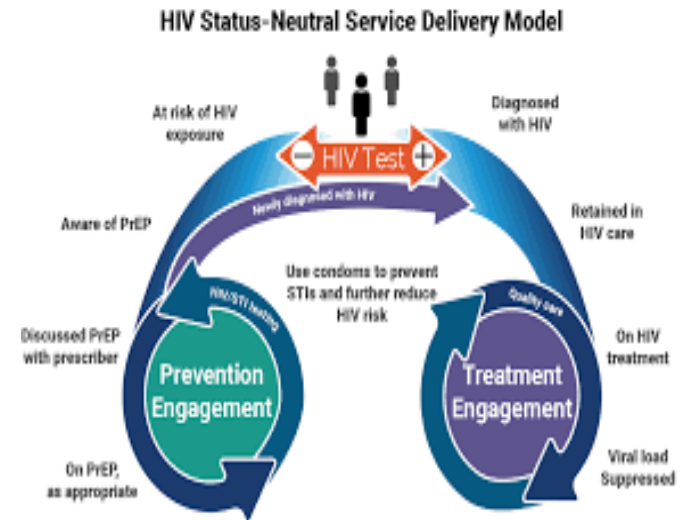
- **Applicant organizations should be prepared to assist the state and local health departments in responding to HIV clusters and outbreaks. Such activities may include, but are not limited to:**
 - Tailoring other strategies and activities included in this NOFO (e.g., HIV testing efforts, PrEP awareness, referral to Partner Services) to support cluster response
 - Supporting state and/or local health departments with Data-to-Care efforts, to include data sharing for improved program outcomes
 - Support health department efforts with cluster response efforts for interrupting HIV transmission, as requested and practical
 - Establishing a MOU with health department(s) in support of HIV cluster response activities, including data sharing and Partner Services referrals



Status Neutral High-Impact HIV Prevention for Priority Populations

Status Neutral High-Impact HIV Prevention

- Applicant organizations are required to provide the following Prevention Services Regardless of HIV Status
 - Prevention and Essential Support Services
 - Integrated STI and viral hepatitis screenings
 - Medication Adherence Support
 - Partner Services
 - Condom Distribution
 - HIP behavioral interventions (Optional)





Comprehensive HIV Prevention Core Program

Status Neutral – Prevention and Essential Support Services

- **Recipient organizations will be required to:**
 - Provide and/or refer **at least 90%** of priority populations to prevention and essential support services, based on the identified needs
 - Develop and implement a process for providing and/or referring priority populations to prevention and essential support services
 - Applicants should submit **at least two (2)** established MOA/MOU or service agreement (internal and/or external to organization) with a prevention and essential support services provider with the application





Comprehensive HIV Prevention Core Program

Status Neutral – Integrated Screening & Partner Services Referrals

Integrated Screenings

- **Applicant organizations will be required to:**
 - **Have or establish** the capacity to implement various integrated screening activities (e.g., screening for STIs, viral hepatitis, and/or TB)
 - **Utilize up to 5%** of total funding requested to implement, strengthen, or enhance screening activities
 - Support collaboration with the STI, viral hepatitis, and/or TB prevention programs
 - Ensure clients who test positive are linked to medical care for evaluation and treatment



Partner Services

- **Applicant organizations will be required to:**
 - **Refer 100%** of persons newly diagnosed with HIV or qualifying STI to Partner Services
 - Ensure that clients who test positive for HIV or qualifying STIs are referred immediately, but not greater than 30 days after diagnosis, in accordance with CDC recommendations and state and local requirements



Comprehensive HIV Prevention Core Program

Status Neutral – Condom Distribution



▪ Applicant organizations will be required to:

- Implement condom distribution as a structural intervention to increase access to and use of condoms for **ALL** clients
- Ensure that effective condom distribution programs adhere to the following principles
 - provide condoms free of charge
 - implement social marketing efforts to promote condom use
 - conduct both promotion and distribution activities





Comprehensive HIV Prevention Core Program Status Neutral – HIP Behavioral Interventions



- **Applicant organizations may opt to implement health education and risk reduction behavioral interventions to support recruitment, outreach, and engagement in HIV services**

Risk Reduction Behavioral Intervention for persons with HIV (PWH)	Risk Reduction Behavioral Intervention for Persons at risk for acquiring HIV
<ul style="list-style-type: none">• Taking Care of Me video• PROMISE• TWIST	<ul style="list-style-type: none">• d-Up!• Safe in the City video• Sin Buscar Excusas• PROMISE• TWIST

Visit <https://effectiveinterventions.cdc.gov/> for additional information on these approved CDC supported risk-reduction behavioral interventions.

PS22-2203

Operational Program Activities





Operational Program Activities – Program Promotion, Outreach, and Recruitment

- **Applicant organizations will be required to:**
 - Utilize recruitment and retention strategies based on experienced entry into social networks (e.g., House and Ball events, house parties, texting groups, social media networks, dating websites, and mobile applications)
 - Utilize the Internet and other media-based approaches to promote awareness of the HIV prevention programs
 - Deliver strategic, culturally and linguistically-appropriate, community-based program marketing campaigns to increase public awareness of services available via the proposed program
 - Prioritize existing social marketing efforts that can be tailored to their jurisdiction's specific requirements from CDC's Let's Stop HIV Together portfolio of social marketing campaigns



Operational Program Activities – Safe Space

- **Applicant organizations must designate a dedicated physical safe space that is culturally, linguistically, and age-appropriate located either within the organization or off-site within close-proximity.**

The safe space should:

- function as a primary point of entry and recruitment for project activities, provide HIV/STI risk reduction skills, and empower priority population(s)
- must ensure the safety of all persons employed and those served by the recipient must be an integral element of the recipient organization’s mission, values, and activities
- supported by policies and procedures on discrimination and harassment that support inclusive, affirming, and non-judgmental HIV prevention services



Operational Program Activities – Safe Space (cont.)

- Applicant organizations are required to identify and address at least two social determinants of health (SDH) within the safe space important to priority population(s)



Community Engagement Group (CEG)/ Consumer Advisory Board (CAB)

- **Recipient organizations will be required to:**
 - Establish a CEG to assist with programmatic decision-making (e.g., program recruitment, planning, implementation, and evaluation)
 - Host CEG meetings at least twice per year in the form of focus groups, surveys, interviews, community assessments, pop-up events, Town Hall gatherings, etc.
 - Maintain participation on the CEG of **at least 75%** of the PS22-2203 program priority population. Remaining members must have experience working in HIV prevention and/or care and a history of working with the priority population
- **A strong pre-existing CAB within the agency may be used in lieu of the CEG.**



HIV Planning Groups (HPG)

- **Recipient organizations are required to:**
 - Participate in the jurisdiction's HIV Planning process, as defined by the local and/or state health department jurisdiction and in alignment with the Jurisdictional HIV Prevention Plan (e.g., Integrated HIV Prevention and Care Plan, Ending the HIV Epidemic Plan, Getting to Zero Plan), or other applicable documents provided by the local and/or state health department
 - Provide an update to the HPG on the final PS22-2203 approved program. The update may be provided at an HPG meeting or via written report. Coordination should be made with the HPG to determine how the update shall be provided



COLLABORATIONS



Collaborations – HIV Medical Care, PrEP, and Essential Support Services Providers

- **Submit at least one established Service Agreement with an HIV Medical Care provider AND PrEP Provider**
 - Internal or external to the organization

- **Submit at least two established MOAs/MOUs with Prevention and Essential Support Service provider(s)**
 - Internal or external to the organization



Collaborations – Health Departments

- **Recipients are required to coordinate and collaborate with state and local health departments to:**
 - Refer persons diagnosed with HIV or qualifying STIs to Partner Services, provided in accordance with local and/or state regulations
 - Utilize or engage with an existing referral network of PrEP and nPEP clinical service providers to support referral of persons at increased risk for HIV to these providers (e.g., preplocator.org, PrEP Warm lines, TelePrEP, or existing resources in the jurisdiction)
 - Participate in the state and/or local HIV Planning Group (HPG) process as defined by the local or state health department jurisdiction



Collaborations – Health Departments cont.

- **Applicants are required to coordinate and collaborate with state and local health departments to:**
 - Support the integration of HIV prevention activities with STI, adolescent and school-based health, viral hepatitis, and TB screening and prevention services, whenever feasible and appropriate
 - Meet with Health Department representative for the completion of Attachment C: Health Department Letter of Support and Prioritized HIV Testing and Partner Services Letter of Agreement and Support



APPLICATION REVIEW AND SELECTION PROCESS



Application Review and Selection Process

■ Phase I: Eligibility Review

- CDC Office of Grants Services (OGS) reviews all applications for eligibility and completeness

■ Phase II: Objective Review (OR) Panels

- Applications will be reviewed and scored by an independent review panel assigned by CDC and evaluated based on the scoring criteria included in the NOFO

■ Phase III: Pre-Decisional Site Visits (PDSV)

- February 2022 (tentative)
- Receipt of a PDSV **does not** guarantee funding



Application Review and Selection Process cont.

■ Phase III: Pre-Decisional Site Visits (PDSV)

- February 2022 (tentative)
- Applicants can receive a maximum PDSV score of 350 points
 - If the program proposed fails to score at least 250 points during the PDSV, the applicant will not be considered for funding
- Health Departments will be asked to complete the Health Department Input form
- Health Departments will receive notification of organizations that will receive a PDSV in their jurisdiction
- Receipt of a PDSV **does not** guarantee funding



Important Information

- **Attachment C: Health Department Letter of Support/Prioritized HIV Testing and Partner Services Letter of Agreement and Support** must be endorsed by the health department jurisdiction in which the applicant intends to provide services and be submitted as part of the application packet
- **Application Due Date:** November 19, 2021 at 11:59 pm EST



Website & Contact Information

- **PS22-2203 Website**

- <https://www.cdc.gov/hiv/funding/announcements/PS22-2203/index.html>
- Frequently Asked Questions (FAQs)
- Check the website regularly for updates

- **PS22-2203 Email: CBOFOA@cdc.gov**

- Responses will be provided within 72 business hours



THANK YOU!

CBOFOA@CDC.GOV

<https://www.cdc.gov/hiv/funding/announcements/PS22-2203/index.html>

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

