CITY OF AUSTIN
AUSTIN PUBLIC HEALTH SOCIAL SERVICES
SOLICITATION RFA #001 - Ending the HIV Epidemic - 2021

FORM C
RFA SCOPE OF WORK

I. Introduction

In February 2019, the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) along with several other agencies came together to present the Ending the HIV Epidemic: A Plan for America. The mission of the Ending the HIV Epidemic (EHE) initiative is to provide agencies a broader approach to addressing HIV in their communities than what exists in services authorized by the Ryan White HIV/AIDS Program (RWHAP) legislation. The funding allows recipients to be innovative and creative as new ways are designed to use these grant funds to end the HIV epidemic in their jurisdictions.

This national EHE initiative centers on addressing enduring disparities across HIV care continuum outcomes among priority populations, for which the current care system is not adequately designed to serve, by developing and implementing innovative strategies supporting the four core pillars of diagnose, treat, prevent, and respond:

Pillar 1: Diagnose- Increased routine opt-out HIV screenings in healthcare and other institutional settings; increased local availability of and accessibility to HIV testing services; increased HIV screening and re-screening among persons at elevated risk for HIV
Pillar 2: Treat- Increased rapid linkage to HIV medical care; increased early initiation of ART (Antiretroviral Treatment); increased immediate re-engagement to HIV prevention and treatment services for people living with HIV (PLWH) who have disengaged from care
Pillar 3: Prevent- Increased screening for Pre-Exposure Prophylaxis (PrEP) indications among HIV-negative clients; increased referral and rapid linkage of persons with indications for PrEP; increased access to Syringe Service Programs
Pillar 4: Respond- Increased health department and community engagement for cluster detection and response; improved surveillance data for real-time cluster detection and response; improved policies and funding mechanisms to respond to and contain HIV clusters and outbreaks www.hiv.gov

Applicants may apply for one or more activities across the three core pillars, but must complete and package forms F, H, and L separately for each proposed activity. Applications that propose external partnerships and service integration across the HIV Care Continuum will be prioritized.

- Pillar 1 (CDC Grant): Diagnose – Testing
- Pillar 2 (HRSA Grant): Treat – Peer Support for HIV positive clients
- Pillar 2 (HRSA Grant): Treat – Rapid ART initiation for newly diagnosed clients
- Pillar 2 (HRSA Grant): Treat – Transportation services for HIV clients
- Pillar 3 (CDC Grant): Prevent – PrEP/nPEP (Non-Occupational Post-Exposure Prophylaxis)

II. Background & Purpose of Funding

The City of Austin (City) Public Health Department continues to work with the community and stakeholders through its Austin/Travis County Fast-Track Cities (FTC) Initiative to support HIV/AIDS treatment and care. The goal of the EHE initiative is to reduce HIV incidence by 75% by 2025 and 90% by 2030. Please see Appendix A for 2019 Travis County HIV Care Continuum data for priority populations.

This announcement seeks qualified healthcare organizations, leadership groups, community-based organizations, nonprofit organizations, and interest groups to submit applications that identify ideas to streamline the promotion of advances in the realm of HIV treatments as well as along the HIV Care Continuum. Applications are being sought for two (2) separate grant sources aimed at similar objectives of the EHE initiative as follows:

Table 1 - Grant Source: Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Part A – UT8HA33918: Austin/Travis County. Funded by: HRSA (Federal). Pillar 2: Treat. Anticipated Funding Periods: 8/31/2021 – 2/28/2025

Table 2 - Grant Source: Ending the HIV Epidemic: A Plan for America – CDC – Texas Department of State Health Services (DSHS) Grant PS20-2010: Austin/Travis County. Funded by: DSHS (State). Pillar 1 Diagnose, Pillar 3 Prevent. Anticipated Funding Periods: 8/31/2021 – 7/31/2025

Applicants may submit applications for either or both grant sources shown above. Applicants may also submit applications for one or more activities within the Pillars indicated in Tables 1 and 2. Applications must clearly reflect the pertinent grant source and the activity for which funding is being sought.

III. Funding

Awards will be divided among activities within the pillar strategies. The exact number of awards per activity will in part, be dependent upon the applications submitted.

Grant Source:
Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Part A – UT8HA33918: Jurisdiction: Austin/Travis County
Funded by: HRSA (Federal)
Total funding available: $800,000

Grant Source:
Ending the HIV Epidemic: A Plan for America – CDC – DSHS Grant PS20 2010 Jurisdiction Austin/Travis County
Funded by: DSHS (State)
Total funding available: $159,322

Department: Austin Public Health

Anticipated Number of Awarded Agreements:
Pillar 1 Diagnose – Award with a focus on diagnosis through HIV testing: 1-2 awards

Pillar 2 Treat – Awards with focus on peer support networks, Rapid Antiretroviral Therapy (ART), and transportation services: 2-5 awards
Pillar 3 Prevent – Award with a focus on prevention of new HIV transmissions by using proven interventions including PrEP, nPEP: 1-2 awards

Available Funding:
The **minimum** award is **$40,000 per year**

The **maximum** award is **$250,000 per year** for organizations applying for one (1) activity in their application and **$325,000 per year** for organizations applying for two (2) or more activities.

Awarded programs may be structured as a reimbursable-based agreement or a deliverables-based agreement, as defined below:

- Reimbursable Agreement- An agreement where an agency is reimbursed for expenses incurred and paid through the provision of adequate supporting documentation that verifies the expenses.
- Deliverable Agreement- An agreement where an agency is reimbursed for a report or product that must be delivered to the City by the grantee (or by the Subgrantee to the Grantee) to satisfy contractual requirements. It can include goods or finished works, documentation of services provided, or activities undertaken, and/or other related documentation.

Administrative Costs and Indirect Cost Rate:
Administrative costs are limited to 10% under this RFA; however, the portion of the budget planned for Administrative Costs must be reasonable and justified.

The use of Indirect Cost Rate methodology is not permitted in Administrative Cost amounts for this RFA, nor will it be approved in budgets for contracts that are awarded.

Please note:
The funding amounts have been estimated and are subject to change depending on the final award. Awardees will be expected to begin spending funds within 45 days of grant execution.

This RFA does not obligate the City to complete the RFA process or to enter into any agreement. Agencies and/or individuals responding to the RFA assume all risk and costs associated with the submission of their applications.

IV. Services Solicited

Service areas to be covered in Austin/Travis County will focus on: (i) Pillar Two: Treat people with HIV rapidly and effectively to reach sustained viral suppression for programs funded through the HRSA as indicated in Table 1.(ii) Pillar One: Diagnose all people with HIV as early as possible, and (iii) Pillar Three: Prevent new HIV transmissions by using proven interventions, including PrEP funded through DSHS as indicated in Table 2.

HRSA (Federal) EHE Client Eligibility:
For this Initiative, the only requirements for determining eligibility for service provision are that the individual has a documented HIV diagnosis and is a resident of Travis

County. There is no requirement that individuals meet RWHAP eligibility requirements. Additionally, funded recipients are not limited to using the RWHAP service categories for this initiative; however, Initiative funds must be the payer of last resort. Funds are specifically intended to support people living with HIV in Austin/Travis County.

CDC EHE Client Eligibility:
For this initiative, the only requirements for determining eligibility for service is that the individual is a resident of Travis County.

Priority Populations:
Applicants must identify the following target populations to which services will be designed and provided:

- Black MSM (men who have sex with men)
- Hispanic/Latinx MSM
- Black Women
- Transgender

Who we want to impact	Persons living with HIV/AIDS in Travis County, especially priority populations identified in this RFA
What we want to achieve in the community	• Increase testing availability, accessibility, and appropriateness • Increase availability and accessibility of PrEP/nPEP • Rapidly link persons to ART medication intake within 72 hours of a newly HIV diagnosis • Increase ART prescriptions • Increase and maintain ART adherence • Increase number of persons achieving and sustaining viral load suppression in black women and black MSM • Increase social services for those living with HIV in order to support retention in care and viral suppression • Address racial and ethnic disparities along the HIV Care Continuum

How we know if the desired result was achieved	• Increased number of persons tested for HIV • Increased knowledge and utilization of PrEP/nPEP • Increased rapid linkage to care of persons diagnosed with HIV living in Travis County • Increased ART prescriptions and prescription renewals • Increased retention in care among people living with HIV in Travis County • Increased proportion of people living with HIV in Travis County who are virally suppressed • Increased number of social services utilized by people living with HIV in Travis County • Reduction and ultimately elimination of racial and ethnic disparities in HIV diagnoses and viral suppression among persons living in Travis County
What works to improve the wellbeing of the population	• Quality medical care and social support services supporting rapid linkage to care and retention in care for those newly diagnosed with HIV, and those re-engaging in care • Linguistically and culturally appropriate care delivery and community outreach • Compassionate and competent health care professionals and clinic staff • Continuity of care • Client-centered care • Garnering and incorporating consumer feedback to constantly improve service delivery • Addressing social determinants of health barriers to support testing, treatment, rapid linkage, and retention in care
How we know how well a program, agency, or service is doing?	• Overarching EHE goals: Reduce HIV incidence by 75% by 2025 and 90% by 2030 • Please see Table 1 and Table 2 below for potential metrics for each activity

Program Requirements:
Sub-grantees will be responsible for implementing protocols to enhance access and quality of intervention activities.

Testing
Activities in this pillar 1 focus on diagnosing all people with HIV (PWH), as early as possible. Reaching undiagnosed PWH requires effective use of data for prioritized testing, the provision of HIV and STI/STD partner services and approaches that include education, addressing fear and stigma, rapid treatment options, and the integration of HIV testing into routinized health screenings. All activities should include aspects of raising awareness of HIV, providing education about HIV, providing HIV testing and

linkage to HIV prevention services, if HIV negative, or HIV care, if positive. Additional considerations include:

- Complete the agreed upon number of tests (determined during contract negotiations) per year.
- Provide HIV education, counseling, linkage to care, and referrals to Partner Services.
- Ensure the provision of confirmation HIV testing for all patients with preliminary reactive rapid tests results.
- Ensure the provision of HIV test results to all persons tested especially reaching those with HIV-positive test results.
- Provide post-test prevention counseling for all persons newly diagnosed with HIV infection.
- Actively link newly diagnosed people with HIV and persons previously known to be HIV positive (and not in care) to medical care and confirm attendance to the first appointment within 30 days of diagnosis.
- Ensure that all HIV-positive and high-risk HIV-negative pregnant women who do not report being in prenatal care are actively linked to prenatal care.
- Screen and refer those who are identified as HIV-negative and at an increased risk for exposure or partners of HIV positive persons to Pre-exposure Prophylaxis (PrEP).
- Refer persons who very recently experienced a high-risk HIV-exposure to nPEP.
- Screen and refer clients to essential support services (behavioral health, insurance assistance, housing, etc.), as needed.
- Comply with all HIV testing, reporting, and documentation requirements including timely submission of data as required by Department of State Health Services (DSHS), Austin Public Health (APH), HRSA and/or the CDC.
- Utilize funding and/or HIV test kits for activities and/or populations within Austin/Travis County.
- Require all HIV testing counselors to attend required trainings and participate in annual competencies and proficiency testing programs as required by CDC, DSHS, and APH.
- Pursue third party insurance reimbursement for routine HIV testing in healthcare settings and report on efforts and outcomes at least annually, or as requested by Austin Public Health.

Peer Support

This activity will provide culturally appropriate services to promote linkage to and retention in care. Peer Support workers will identify barriers to ART adherence among participants in priority populations and assist with developing problem-solving strategies to overcome barriers. This activity should implement strategies to ensure that 95% of Black MSM, Latinx MSM, Black women, and Transgender participants are retained in care. Additional considerations include:

- Ensure access to peer support groups and/or buddy systems for anyone living with HIV
- Have a plan that details how to identify, locate, and encourage participation of patients in peer support networks

- Ensure peer support workers have access to training, support, and professional development
- Hire and retain diverse peers who reflect the community they serve (ex. LGBTQIA+, Black, Latinx, English-Spanish bi-lingual, Consumers) with a shared experience and/or culture

Rapid ART
This activity focuses on developing a Rapid ART Program to ensure initiation of ART within 72 hours of a patient's new HIV diagnosis. The Program aims to link 95% of Black MSM, Latinx MSM, Black women, and Transgender populations to ART within this designated timeframe. Additional considerations include:

- Designate a Rapid Linkage Coordinator or Champion
- Establish a phone line designated for the Rapid ART Program
- Rapid starter packs with a 30-day ART prescription until eligibility is determined; with consideration to a nurse/pharmacy line for emergent medication-related questions/concerns
- Conduct client follow-up contact within 7 days of ART initiation
- Utilize case managers/navigators (particularly those who reflect the community they serve) and their role in the interdisciplinary team to support rapid linkage to care and help clients navigate the HIV system to support future retention in care

Transportation
This activity focuses on developing and implementing a Pilot Rideshare Program for people living with HIV who experience transportation as a barrier to care. By supporting access to medical and support services, 95% of Black MSM, Latinx MSM, Black women, and Transgender people utilizing the Rideshare Program will be retained in care. Additional considerations include:
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- Contract with providers of transportation services; Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Travel Regulations provide further guidance on this subject); Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed); Voucher or token systems

PrEP/nPEP
Prevention of new HIV infections is imperative for disease control. Activities in this pillar address a comprehensive and innovative approach to increase access to PrEP and nPEP for HIV negative persons at risk for HIV infection.

- Complete the mutually agreed upon performance measures
- Ensure significant links from/to testing programs (internal and/or external)
- Develop and maintain robust networks for referral including medical and non-medical services
- Submit data and documentation in accordance with the requirements (i.e. due dates for timely submission and completeness of data submission) according to the data deliverable schedule established by APH

- Participate in and contribute to Austin/Fast Track-Cities Prevention Workgroup meetings

Additional Requirements

- Hire and retain diverse health care professionals and clinic staff who reflect the community they serve
- Train health care professionals and clinic staff on culturally competent care delivery
- Ensure robust monitoring, measuring and evaluation processes
- Have a clear and well-defined documentation system to support any offered incentives (**Monetary incentives are not allowed**)
- Participate in and report to Austin/Fast Track-Cities meetings (reports may include service updates, including implementation, monitoring, and evaluation highlights, challenges, and successes)

Reporting Requirements:
The subrecipient will provide programmatic, demographic, and financial reports as requested by the City.

ANNUAL/QUARTERLY/TRI-ANNUAL REPORTS:

a. **Annual** - EHE data will be included in the annual calendar year RSR submission

b. **Quarterly** - A financial statement for EHE Program funding which identifies the amount of funds received, and the amount expended for each category of services provided.

c. **Tri-annual** - Handbook will be required on a tri-annual basis. And, the submission of progress report including updates on staffing, progress on goals, key accomplishments, barriers encountered, and how they are resolved, and responses to summary questions regarding overall impact.

V. Application Format and Submission Requirements

Applicants must complete responses directly within the required forms. Responses must be included for each question in Parts I-III. Applications that omit responses to questions may be deemed non-responsive and may not be evaluated for score or award. Provide a response for each question. If necessary, be repetitive rather than leaving an item blank or incomplete.

Do not submit additional materials that are not requested within the solicitation documents. This includes booklets, pamphlets, and other items. Do not use covers, card stock, staples, binders, notebooks, or dividers with tabs. Fasten the documents with binder clips only.

VI. Application Evaluation

A total of 110 points may be awarded to the application. All applications will be evaluated as to how the proposed program aligns with the goals of this RFA and whether each question has been adequately addressed.

RFA #001-Ending the HIV Epidemic-2021 **Evaluation**		
Section A: Offer Sheet Required	Applicants must print, sign, scan and hand deliver signed forms.	No points
Section F: RFA Application		
Part I. MINIMUM THRESHOLD REVIEW		
Section 1: Fiscal and Administrative Capacity	Minimum threshold review Agency Information	No points awarded; must pass defined threshold
Part II. SCORED APPLICATION SECTIONS		
Section 2: Experience & Cultural Competence	Past Relevant Experience; Protocols and procedures; Staffing Ability to provide culturally competent services	15 points
Section 3: Partnerships & Collaborations	Formal and informal partnerships and/or collaborations to effectively develop, implement, deliver, and evaluate services articulated in this application Clearly describes the roles and responsibilities of each partner Signed Memorandum of Agreement with primary partner included	10 points
Section 4: Program Design	Innovation; Addressing disparities Focus on Priority Populations; Sustainability plan	50 points
Section 5: Data Collection and Quality Assurance	Ability to provide, document, and report performance and outcome measures; Strategies for improving services	20 points
Section 6: Budget Proposal and Narrative	Budget and budget narrative must be itemized, detailed, and align with proposed activities	5 points
		Total: 100 Points
Part III. BONUS		
Section 1: BONUS Healthy Service Delivery	Questions A-D	10 points

Applicant Minimum Qualifications

All agencies applying for funding must:

- Be a non-profit organization able to conduct business in the State of Texas
- Have submitted all applicable tax returns to the IRS and the State of Texas (e.g. Form 990 or 900-EZ and state and federal payroll tax filings)
- Be eligible to contract and not debarred from contracting, according to SAM.gov and City Debarment information
- Be current in its payment of Federal and State payroll taxes
- Not owe past due taxes to the City
- Have the ability to meet Austin Public Health's Social Services Insurance Requirements

- Have an active Board of Directors that meets regularly and reviews program performance, financial performance, and annually approves the agency budget

VII. Section F. RFA Application Instructions

ALL DOCUMENTS MUST BE HAND DELIVERED AS STATED IN FORM A (Offer Sheet).

1) **Total word limit in Form F. RFA Application is 14,500 words which includes the questions. Applications that exceed 14,500 words will not be considered.**
2) Word automatically counts the number of words in a document and displays it in the status bar at the bottom of the screen. There are about 4,500 words in Form F- RFA Application, and this is included in the 14,500-word limit.
3) Applicants must use this template for the Application and cannot submit an application that does not include the questions and narrative.
4) All questions are boxed and highlighted in green in Form F: RFA Application. Editing is restricted in the document except in the answer boxes. For each question, please provide a response or write N/A for not applicable in the boxes provided. It is preferable to be repetitive rather than to leave sections incomplete.
5) Applicants must type answers into the section that says “Click or tap here to enter text” after each question or in the required tables.
6) The following documents will not count towards the total word count:
   a. Attachments submitted to answer a question such as policies and procedures, staff positions, letters of support, etc.
   b. Forms A. Offer Sheet, H. Program Budget and Narrative section, J. COA Certifications, L. Program Staff Positions and Time

Required documents: The following documents must be submitted in this RFA.

Note: For the RFA Application, the following information must be submitted by **12 pm CDT on July 9, 2021:**

Section No.	Item/Document	Instructions	How to Submit
A	Offer Sheet	Review, sign, and deliver signed document	Hand Deliver
F	RFA Application	Complete in Word template provided Save as a PDF	Hand Deliver
H	Program Budget and Narrative	Complete in Word template provided Double click on the Excel charts within document to edit Save as PDF	Hand Deliver
J	COA Certifications	Review, sign, and deliver signed document	Hand Deliver
L	Program Staff Positions and Time	Complete in Word Template provided Save as a PDF	Hand Deliver

VIII. Additional Information

Application Acceptance Period: All applications shall remain valid until award, negotiation, and execution of contracts as directed by the Austin City Council.

Proprietary Information: All materials submitted to the City become public property and are

subject to the Texas Open Records Act upon receipt. If an Applicant does not desire proprietary information in the application to be disclosed, each page must be identified and marked proprietary at time of submittal. The City will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary information will result in all unmarked sections being deemed non-proprietary and available upon public request.

Exceptions: Be advised that exceptions to any portion of the Solicitation may jeopardize acceptance of the application.

Application Preparation Costs: All costs directly or indirectly related to the preparation of a response to the RFA or any oral presentation required to supplement or clarify an application that may be required by the City shall be the sole responsibility of the Applicant.

Agreement Adjustments: The City of Austin reserves the right to adjust the Agreement amount or scope of work over the contract period based on community needs, Applicant's ability to expend funds in a timely manner or any other factor. When the City determines adjustments need to be made, the City will provide at least a 90-day notice to the Grantee.

Additional Activities: Organizations awarded may be required to attend intra-organizational meetings to increase information sharing, coordination, and collaboration among subrecipients and other providers/stakeholders.

Table 1
Pillars, Strategies, and Metrics

Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Part A –
UT8HA33918: Austin/Travis County
Funded by: Health Resources and Services Administration (Federal)
Funding Period: 3/1/2021 – 2/28/2025

<table>
<tr><td colspan="2"><u>Pillar 2- Treat:</u> The “treat” pillar emphasizes the importance of promoting care engagement/re-engagement, care retention and viral suppression. In this RFA, we do not intend to replicate the services supported by Ryan White funding. The focus for this RFA is on three very specific aspects of treatment: (1) Peer support networks for those living with HIV - An HIV diagnosis can be an emotionally traumatic and isolating event. Many individuals with HIV have a multitude of medical and/or psychosocial issues and needs in their life that may take precedence over their HIV care. Feedback from our communities as well as scientific data confirm that strong support systems are essential to improved care engagement, care retention and treatment adherence. (2) Rapid ART for those who have a new HIV diagnosis. For the purposes of this program, rapid ART is defined as ART medication intake within 72 hours of a new HIV diagnosis. Initiating ART therapy early has resulted in numerous benefits, including reduction in HIV-related morbidity and mortality, regardless of CD4+ count or degree of immune suppression. (3) Transportation services (medical and/or non-medical) for people living with HIV through a Rideshare Pilot Program. There is some evidence to suggest that Rideshare transportation services can increase primary care appointment show rates among patients.</td></tr>
<tr><td>Strategies:</td><td>1. Establishment, recruitment for, and facilitation of Peer Support activities (in person and/or virtual), support groups, or “buddy” systems to promote social safety nets and self-care practices. Activities which help provide social support for people living with HIV in a peer/support group environment are encouraged. Peer Support activities may also help address HIV stigma and discrimination through outreach. The objectives of peer support activities must include (re)engagement to medical services, retention in medical services, and achieving viral suppression.
2. Develop and implement a community-wide Rapid ART Program (linkage to care is defined as time from a newly positive HIV diagnosis to ART medication intake) with the long-term goal of practicing same-day ART.
3. Develop a centralized Rideshare Pilot Program to provide transportation services to clients experiencing transportation barriers.</td></tr>
<tr><td>Potential Metrics:</td><td>Metrics for peer support activities are at the applicant’s discretion but must target improved (re)engagement to medical services, retention in medical services, and viral suppression. Non-clinical applicants will need to provide data on engagement activities and behavioral change (appointments attended and/or self-reported change in facilitating behaviors), while clinical applicants should provide data on engagement activities, retention in medical services, and viral suppression. Some examples:
• Number of peer support groups
• Number of peer support meetings
• Number of peer support participants
• % Change in self-reported behaviors
• Number of PLWH linked to care
• Number and % of attended appointments
• Change in % of clients reaching viral suppression (for clinical sub-grantees only)

Metrics for Rapid ART include:</td></tr>
</table>

	• Percent linked to HIV medical care within 1 month after diagnosis among persons aged ≥13 years old with newly diagnosed HIV during the measurement period (EHE target: at least 95% by 2025) • Percentage of persons ≥13 years of age with HIV diagnosed in the measurement period and with viral suppression ≤ 6 months after HIV diagnosis (EHE target: at least 95% by 2025) Metrics for Transportation Services include: • Number of unduplicated clients utilizing transportation services (reporting should include geographic information regarding pick-up and drop-off locations; provider name; reason for ride; ride costs) • Percentage of clients who access Medical Transportation services have documentation of evidence of access and retention in medical care, other Core Services, and/or Support Services in the primary client record • Percentage of medical transportation clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits. Year 1 Goal: 85% from 2021 Performance Measures and Austin Area Target Outcomes) • Client satisfaction survey

Table 2
Pillars, Strategies, and Metrics

Ending the HIV Epidemic: A Plan for America – CDC – DSHS Grant PS20-2010:
Austin/Travis County
Funded by: DSHS (State)
Funding Period: 8/1/2021 – 7/31/2025

Pillar 1 – Diagnose: This pillar focuses on diagnosing all people with HIV (PWH), as early as possible. Reaching undiagnosed PWH requires effective use of data for prioritized testing, the provision of HIV and STI/STD partner services and approaches that include education, addressing fear and stigma, rapid treatment options, and the integration of HIV testing into routinized health screenings. All activities should include aspects of raising awareness of HIV, providing education about HIV, providing HIV testing and linkage to HIV prevention services, if HIV negative, or HIV care, if positive.	
Strategies:	1. Testing in non-healthcare settings: Locally tailored HIV testing programs to reach persons in non-healthcare settings, specifically focusing on prioritized populations in various setting and during nontraditional hours. Ensuring awareness, education, testing and referral to prevention and care services. 2. Testing in clinical settings: Routine opt-out HIV testing in healthcare and other settings. This includes awareness, education, testing, and referral to prevention and care services.
Potential Metrics:	Proposed activities must provide the following metrics: • Number of individuals testing (including provision of self-tests) • Number of new/previous positives • Number and percentage of people testing positive who are linked to medical services within 30 days • Number and percentage of people tested for HIV referred to prevention services (i.e. PrEP, social services) • Number of events where HIV awareness and/or testing are conducted.

Pillar 3 – Prevention: Prevention of new HIV infections is imperative for disease control. This pillar addresses a comprehensive and innovative approach to increase access to PrEP and nPEP for HIV negative persons at risk for HIV infection.	
Strategies:	1. Provide novel methods of PrEP/nPEP program implementation via telemedicine, technology-based applications, or same day PrEP/nPEP initiation. 2. Develop PrEP/nPEP services in traditional (i.e. brick and mortar) or nontraditional settings (i.e. mobile units, emergency department, pharmacies, urgent care settings, family planning clinics, substance use treatment facilities, rape crisis centers). 3. Screen, refer, link, prescribe and track adherence to PrEP for HIV negative persons at risk for HIV infection interested in PrEP and nPEP. 4. Refer HIV-negative persons at risk for HIV infection to other essential support services, to include screening and active referrals for healthcare benefits, behavioral health, and medical and social services (i.e. housing, mental health, transportation, and other services).
Potential Metrics:	Proposed activities must provide the following metrics: • Number and percentage of HIV-negative clients who are determined to be at high risk for HIV infection among those who are screened.

	• Number and percentage of HIV-negative clients who are referred for PrEP/nPEP among those who are determined to be at risk. • Number and percentage of HIV-negative clients who are linked to PrEP/nPEP among those referred for PrEP/nPEP. • Number and percentage of persons prescribed PrEP among those linked to PrEP. • Number of clients screened and referred to social services.