**FY2020 Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP)**

**Progress Reporting**

OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

|  |
| --- |
| 1. **PCHP Staffing Positions by Major Service Category**
 |
| Enter the number of FTEs hired or contracted by your health center to support the expansion of HIV prevention services from 3/1/2020 to the end of the current reporting period. **Report only the FTE increases supported by PCHP funds.** For example, if you hired a 1.0 FTE PrEP navigator and increased a 0.5 FTE internist to full time using PCHP funds, you would report 1.0 FTE under Case Managers and 0.5 FTE under Internists. |
| *Enabling Services* | Hired | Contracted |
| Case Managers (e.g., PrEP navigators) |  |  |
| Patient/Community Education Specialists |  |  |
| Patient Advocates |  |  |
| Outreach Workers |  |  |
| Transportation Staff |  |  |
| Eligibility Assistance Workers |  |  |
| Interpretation Staff |  |  |
| Community Health Workers |  |  |
| Other Enabling Services |  |  |
| *Physicians* | Hired | Contracted |
| Family Physicians |  |  |
| General Practitioners |  |  |
| Internists |  |  |
| Obstetricians/Gynecologists |  |  |
| Pediatricians |  |  |
| Licensed Medical Residents |  |  |
| *Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives* | Hired | Contracted |
| Nurse Practitioners |  |  |
| Physician Assistants |  |  |
| Certified Nurse Midwives |  |  |
| *Medical* | Hired | Contracted |
| Nurses |  |  |
| Other Medical Personnel (e.g. Medical Assistants, Nurse Aides) |  |  |
| Laboratory Personnel |  |  |
| *Mental Health* | Hired | Contracted |
| Psychiatrists |  |  |
| Physicians (other than psychiatrists) |  |  |
| Nurse Practitioners |  |  |
| Physician Assistants |  |  |
| Certified Nurse Midwives |  |  |
| Nurses - psychiatric, mental health |  |  |
| Nurse Counselors |  |  |
| Licensed Clinical Psychologists |  |  |
| Licensed Clinical Social Workers |  |  |
| Family Therapists |  |  |
| Unlicensed Mental Health Providers, including trainees and certified staff |  |  |
| Other Licensed Mental Health Providers |  |  |
| Other Mental Health Staff |  |  |
| *Substance Use Disorder* |  |  |
| Psychiatrists |  |  |
| Physicians (other than psychiatrists) |  |  |
| Nurse Practitioners |  |  |
| Physician Assistants |  |  |
| Certified Nurse Midwives |  |  |
| Nurse Counselors |  |  |
| Licensed Clinical Psychologists |  |  |
| Licensed Clinical Social Workers |  |  |
| Family Therapists |  |  |
| Alcohol and Drug Abuse Counselors |  |  |
| Other Licensed Substance Use Disorder Providers |  |  |
| *Professional Services* | Hired | Contracted |
| Other Professional Health Services Staff (e.g., physical therapists, occupational therapists, acupuncturists) |  |  |
| *Pharmacy*  | Hired | Contracted |
| Pharmacy Personnel |  |  |
| *Other Programs and Services* | Hired | Contracted |
| Quality Improvement Staff |  |  |
| Information Technology Staff |  |  |
| Patient Services Support Staff |  |  |
| Other Programs and Services Staff (e.g., staff who support outreach, care coordination, transportation) |  |  |
| ***SUBTOTAL*** |  |  |
| ***TOTAL (Hired and Contracted)*** |  |
| 1. **HIV Prevention Services**
 |
| Enter patients and visits from 3/1/2018 to the end of the current reporting period. **Report all patients and visits, regardless of funding source (do not limit responses to activities supported by PCHP funding).** |
| 2a. | Number of health center visits during which an HIV test was performed |  |  |
| 2b. | Number of patients tested for HIV |  |  |
| 2c. | Percentage of patients with a documented HIV test performed between the ages of 15 and 65 years |  |  |
| 2d. | Number of patients at risk for HIV who were prescribed PrEP |  |  |
| 2e. | Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of HIV diagnosis |  |  |
| 2f. | Personnel FTE added to support HIV prevention services |  |  |
| 2g. | Number of patients newly diagnosed with HIV |  |  |
| **3.    Issues and Barriers**  |
| What new or ongoing issues/barriers have you encountered in implementing the activities supported with the PCHP supplemental funding over the past four months?  |
|  |
| Required field; Minimum 500 characters up to 2500 characters (1 page) |
| **4.    Successes and Lessons Learned**  |
| What new or ongoing success and/or lessons learned have you experienced in implementing the activities supported with the PCHP supplemental funding over the past four months?  |
|  |
| Required field; Minimum 500 characters up to 2500 characters (1 page) |

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork%40hrsa.gov).