Overview of CDC's New Health Department Funding Opportunity Announcement

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Overview

- Guiding Principles
- Engagement Strategy
- FOA Features
- FOA Categories
- Next Steps

GUIDING PRINCIPLES

Guiding Principles

- HIV prevention efforts guided by a single, ambitious strategy – the National HIV/AIDS Strategy released in 2010
 - Called for CDC to refocus its funded prevention programs for maximum effect on reducing new HIV infections, and
 - Address historical misalignment of HIV prevention resource allocations
 - Funding should follow epidemic
- Focus on High Impact Prevention effectiveness, cost, feasibility, scalability, targeted
- Recent scientific findings provide unprecedented number of effective tools for HIV prevention

Pre-FOA Development

PARTNER/STAKEHOLDER ENGAGEMENT STRATEGIES

Partner/Stakeholder Engagement Activities

- Meetings and Conference Calls with NASTAD and UCHAPS
- 2010 HPL Listening Session
- 4 Regional Conference Calls/Live Meeting (Webinars) with HD representatives
- □ Final Conference Calls/Live Meeting (Webinars) with HD representatives, NASTAD, and UCHAPS
- Pacific Islands HIV/AIDS Community Action Network Focus Group
- Conference Call with Pacific Island Jurisdictions
- Recommendations via HD FOA Mailbox
- Written recommendations from national partners

Alignment with Stakeholder Feedback

	NASTAD	UCHAPS	TAI
Use of living with HIV	✓	✓	✓
Continued direct funding of cities	✓	✓	✓
Establishment of a minimum funding level	✓		√
Combining FOAs to reduce administrative burden	✓	✓	√
Set aside funds for competitive projects	✓	✓	√
Gradual implementation	✓		✓

FOA FEATURES

FOA Features

- FOA issued initially on June 30, 2011
- Matching resources to the epidemic, funding distribution determined by unadjusted number of people diagnosed and reported to be living with HIV in 2008
- Increases the number of cities from 6 to 10
- Base minimum floor
- Focuses on interventions and strategies that will have greatest impact on epidemic while allowing flexibility
- Supports innovative programs by Health Departments
- Incorporates Expanded Testing Program (as separate category)
- Learning from ECHPP
- Implementation of funding changes over time

Changes in Response to Partner Feedback

- **□** FOA re-issued on July 20, 2011
 - □ (in response to comments received from partners/grantees/stakeholders)
- Extended Application Deadline to September 14, 2011 (additional 15 days)
- Phase in implementation of formula over course of 5 years
- No state will lose/gain more than 25% from its previous year award
- Amended range of floor funding from \$750K to \$1M
- Amended to include additional instruction for Category C

FOA CATEGORIES

Health Department FOA Categories

The following categories are included in the new Health Department FOA:

Category A: HIV Prevention Programs for Health Departments

Required Core Program Components: HIV Testing, Comprehensive Prevention with Positives, Condom Distribution, and Policy Initiatives

Required Programmatic Activities: Jurisdictional HIV Prevention Planning, Capacity Building and Technical Assistance, and Program Planning, Monitoring and Evaluation, and Quality Assurance

Recommended Program Components: Evidence-based HIV Prevention Interventions, Social Marketing, Media, and Mobilization, and PrEP and nPEP

Category B: Expanded HIV Testing for Disproportionately Affected Populations (36 eligible jurisdictions; optional)

Required: HIV Testing in Healthcare Settings **Optional:** HIV Testing in Non-healthcare Settings

Optional: Service Integration

Category C: Demonstration Projects to implement and evaluate innovative, high impact HIV prevention activities (competitive and optional)

Focus areas include 1) structural, biomedical, and behavioral interventions (or any combination thereof), 2) innovative testing activities, 3) enhanced linkages to and retention in care, 4) advanced use of technology, and 5) use of CD4, viral load and other surveillance data to assess and reduce HIV transmission risk.

Category C: Demonstration Projects

- Implement and evaluate innovative, high impact HIV prevention activities
- Demonstration Projects are competitive and optional for up to 4 years of the project period
- Jurisdictional applicants are limited to submitting up to two applications/year in different focus areas
- To ensure a wide distribution in the size, scope, and geographic diversity of demonstration projects, and encourage maximum participation from all 69 eligible entities, awards will be distributed as follows:

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Up to 4 awards ($1 mil - $2 mil)
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- Up to 8 awards (\$500k \$1 mil)
- Up to 24 awards (Up to \$500k)
- Total in Year 1 of up to 34 awards

NEXT STEPS

Next Steps

- All applications received: 9/14/11
- Application Eligibility Review
- Structured & Technical Reviews for Categories A & B
- Objective Reviews for Category C
- Date of Awards: January 2012

PS12-1201 Required Documents for Submission Post Award

Not all items due at time of application submission. Some items requested within six months post award:

- Detailed Comprehensive Program Plan (to include information for all funded categories)
- Jurisdictional HIV Prevention Plan
- Results of Prevention Planning Group (PPG) Engagement Process
- PPG Letter of Concurrence
- Capacity Building Needs Assessment (if applicable)
- Data Security and Confidentiality Memorandum of Understanding for Administrators and Use

Capacity Building Assistance (CBA) Program

Services Provided by a National Cadre of CBA Professionals

- CBA for CBOs Cat A
 - Strengthening organizational infrastructure, interventions, strategies, monitoring and evaluation for HIV prevention
- CBA for Communities Cat B
 - Strengthening community access to and utilization of HIV prevention services
- CBA for Health Departments Cat C
 - Strengthening organizational infrastructure, interventions, strategies, community planning, monitoring and evaluation for HIV prevention
- Resource Center for CBA Providers Cat D
 - Strengthening the quality and delivery of CBA services for HIV prevention
- Resource Center for CBA Consumers Cat E
 - Strengthening consumer access to and utilization of CBA services for HIV prevention