



PS19-1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration

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Notice of Funding Opportunity (NOFO)

Overview Presentation

Fall 2018

CBB Mission

- **To improve the performance of the HIV prevention workforce by increasing the knowledge, skills, technology, and infrastructure to implement and sustain science-based, culturally appropriate HIV prevention interventions and public health strategies.**
 - Capacity Building Branch
<https://www.cdc.gov/hiv/programresources/capacitybuilding/index.html>

CBB Priorities

- **Provision of technical and scientific expertise for diffusing high impact prevention (HIP) interventions and public health strategies**
 - Effective Interventions: HIV Prevention that Works
<https://effectiveinterventions.cdc.gov/>
- **Funding and oversight for the CBA Provider Network (CPN)**
 - PS14-1403: CBA for High Impact HIV Prevention
<https://www.cdc.gov/hiv/funding/announcements/ps14-1403/index.html>

Presentation Outline

- **Background**
- **Funding Opportunity Description**
- **Award Information**
- **Eligibility Information**
- **Required Registrations**
- **Application Submission**
- **Application Review**
- **Pre-Application Technical Assistance**

Background

HIV Prevention Successes

- Deaths among persons with HIV (PWH) have declined while the number of people living with HIV has increased
- An estimated 1.1 million PWH, and approximately 15% are unaware of their infection
- PWH who use antiretroviral therapy and achieve viral suppression can have improved health outcomes, nearly normal life expectancy, and reduced likelihood of HIV transmission to others

No New HIV Infections

- **Ensure that people living with HIV are aware of their infection and successfully linked to medical care and treatment to achieve viral suppression**
- **Expand access to pre-exposure prophylaxis (PrEP), condoms, and other proven HIV prevention strategies for people at high risk of becoming infected**

Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments (PS18-1802)

- **First time integration of CDC's HIV surveillance and prevention programs for health departments**
 - More efficient, coordinated, and data-driven HIV surveillance and prevention activities
 - Takes advantage of advances in HIV surveillance and prevention
 - Maximizes impact of federal investment
- **Directs resources where they're needed most**
 - Matches surveillance and prevention funds to HIV prevalence

Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments (PS18-1802)

- **Prioritizes high-impact prevention strategies**
 - HIV testing and diagnosis efforts
 - Expanded use of innovative approaches such as Data-to-Care
 - Increasing prevention efforts for people most likely to acquire HIV, including PrEP awareness and availability
 - Maintaining state-of-the-art surveillance and monitoring of infections
 - Supporting community-level prevention activities
 - Identifying and responding to HIV transmission clusters and outbreaks

HIV Prevention Challenges

- **Too few people with HIV who are aware of their infection;**
- **Many people with HIV who do not receive ongoing treatment;**
- **Diverse populations in need of equal access to prevention information and tools;**
- **Social and economic inequities that promote disparities in HIV rates;**
- **Limited resources for HIV prevention; and**
- **HIV no longer perceived to be a significant public health problem.**

Stakeholder Engagement Meetings

- **“CBA for High Impact HIV Prevention” Grantee Annual Meeting 2017: Strengthening CBA for the HIV Prevention Workforce to Get to No New HIV Infections (June 8-9, 2017)**
- **U.S. Conference on AIDS CBA Listening Session (September 7, 2017)**
- **CBA Listening Session Webinar Series (September 26-28, 2017)**
- **Consultative Meetings with Federal Partners (2017- 2018)**

Stakeholder Feedback

■ More tailored TA services

- Relationship-based
- Better support CBO leadership and managers
- More peer-to-peer learning, support, and mentorship
- Focus on challenges with implementation including organizational development and management issues

■ More training options

- Increased availability
- Basic, intermediate, and advance content
- Different formats (web-based, classroom, or blended)

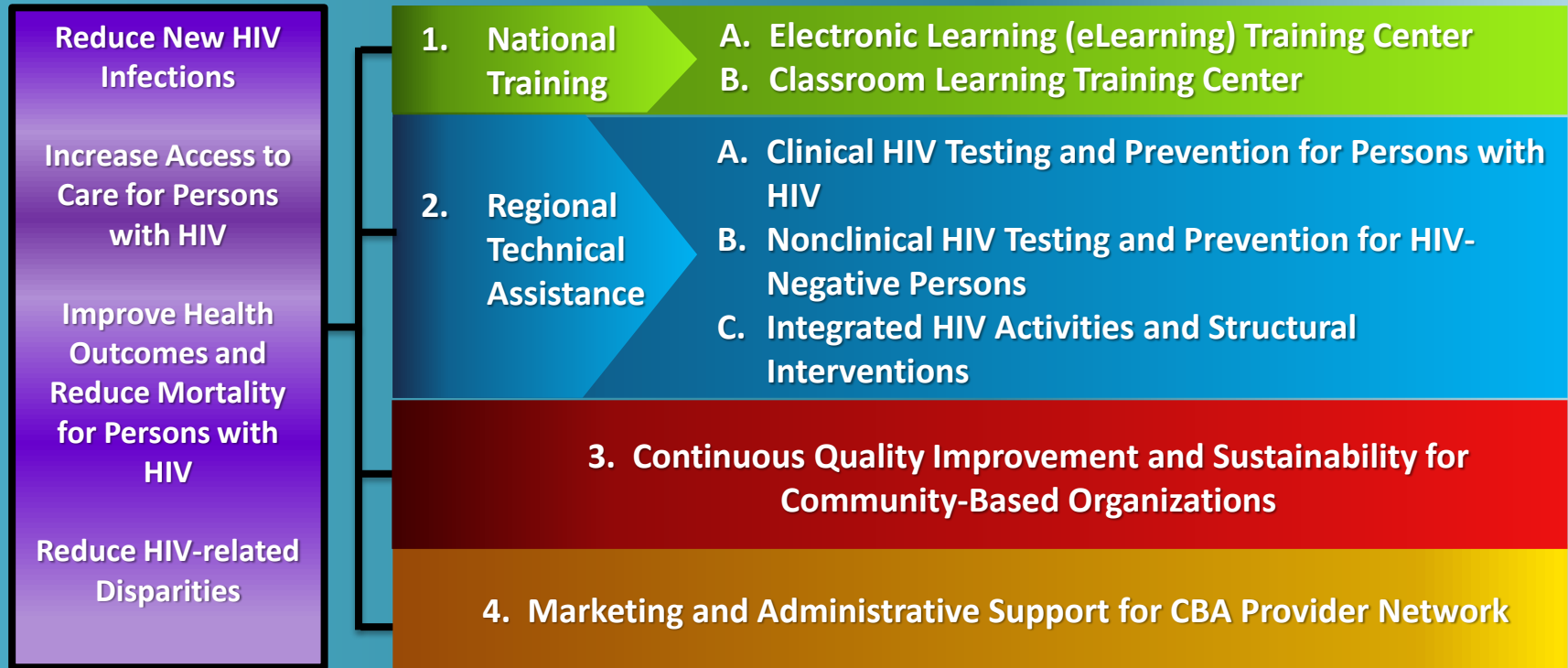
Funding Opportunity Description

Purpose

- **Supports a CBA Provider Network (CPN)**
- **Strengthens the capacity and improves the performance of the HIV prevention workforce to optimally plan, integrate, implement, and sustain comprehensive HIV prevention programs and services**
- **Promotes and supports national prevention goals, the HIV care continuum, and CDC's High-Impact HIV Prevention (HIP) approach**

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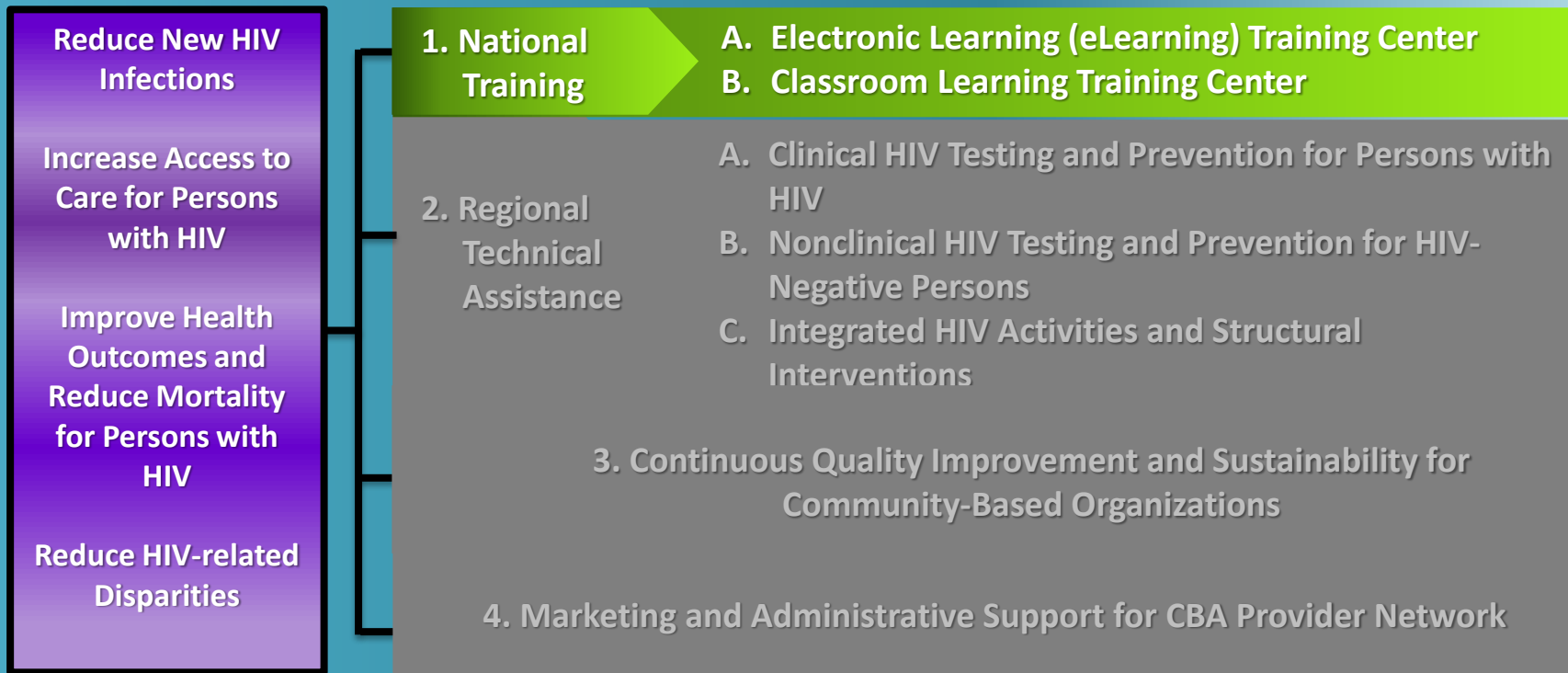
To strengthen the capacity and improve the performance of the national HIV prevention workforce



Health Disparities, Social Determinants of Health, Cultural Competence

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To strengthen the capacity and improve the performance of the national HIV prevention workforce



Health Disparities, Social Determinants of Health, Cultural Competence

National Training

Required activity*:

- **In partnership with CDC, annually develop and implement a work plan**
 - outlines development and delivery of training
 - based on review of existing training, assessment of training needs, and CDC priorities for the HIV prevention workforce

*Implemented in addition to track-specific required activities

National Training

Track A. eLearning Training Center

Required activities:

- **Maintain and/or update content for existing eLearning trainings**
- **Develop a minimum of 3 new eLearning trainings per budget year**
- **Update and transition a minimum of 3 existing classroom training to eLearning format per budget year**

National Training

Track A. eLearning Training Center

Required activities:

- Collaborate with Track B to develop and deliver training with a blended learning format
- Post and maintain a national schedule for eLearning training

National Training

Track A. eLearning Training Center

Measured Short-Term Outcomes:

- Increased CDC-approved trainings available in eLearning or blended learning formats
- Increased organizations implementing CDC-supported HIP interventions and public health strategies

National Training

Track B. Classroom Learning Training Center

Required activities:

- **Maintain and/or update content for existing classroom-based training**
- **Develop a minimum of 3 new classroom-based training packages per budget year**
- **Deliver at least 150 classroom-based and/or blended format trainings per budget year**
 - includes scheduling, dissemination of training materials, securing appropriate training space, providing experienced trainers, pre- and post-course communication with trainees, etc.

National Training

Track B. Classroom Learning Training Center

Required activities:

- **Collaborate with Track A to develop and deliver training with a blended learning format**
- **Post and maintain a national schedule for classroom-based training**

National Training

Track B. Classroom Learning Training Center

Measured Short-Term Outcomes:

- Increased CDC-approved trainings available in classroom and blended learning formats
- Increased organizations implementing CDC-supported HIP interventions and public health strategies
- Increased national trainers with the capacity to deliver CDC-approved classroom or blended learning trainings
- Increased health departments conducting HIP interventions and public health strategies training using CDC-approved curricula
- Continued trainer capacity to deliver all new and existing CDC-approved classroom or blended learning training curricula

Summary: National Training

- **Same as PS14-1403:**

- CDC identifies, prioritizes, and approves all needed training
- Responsible for development and delivery of national training
- Emphasis on CDC-supported HIP interventions and public health strategies
- National coverage
- Collaborative work with CDC SMEs and trainers, original researchers, and other CBA providers to develop new trainings and update existing trainings

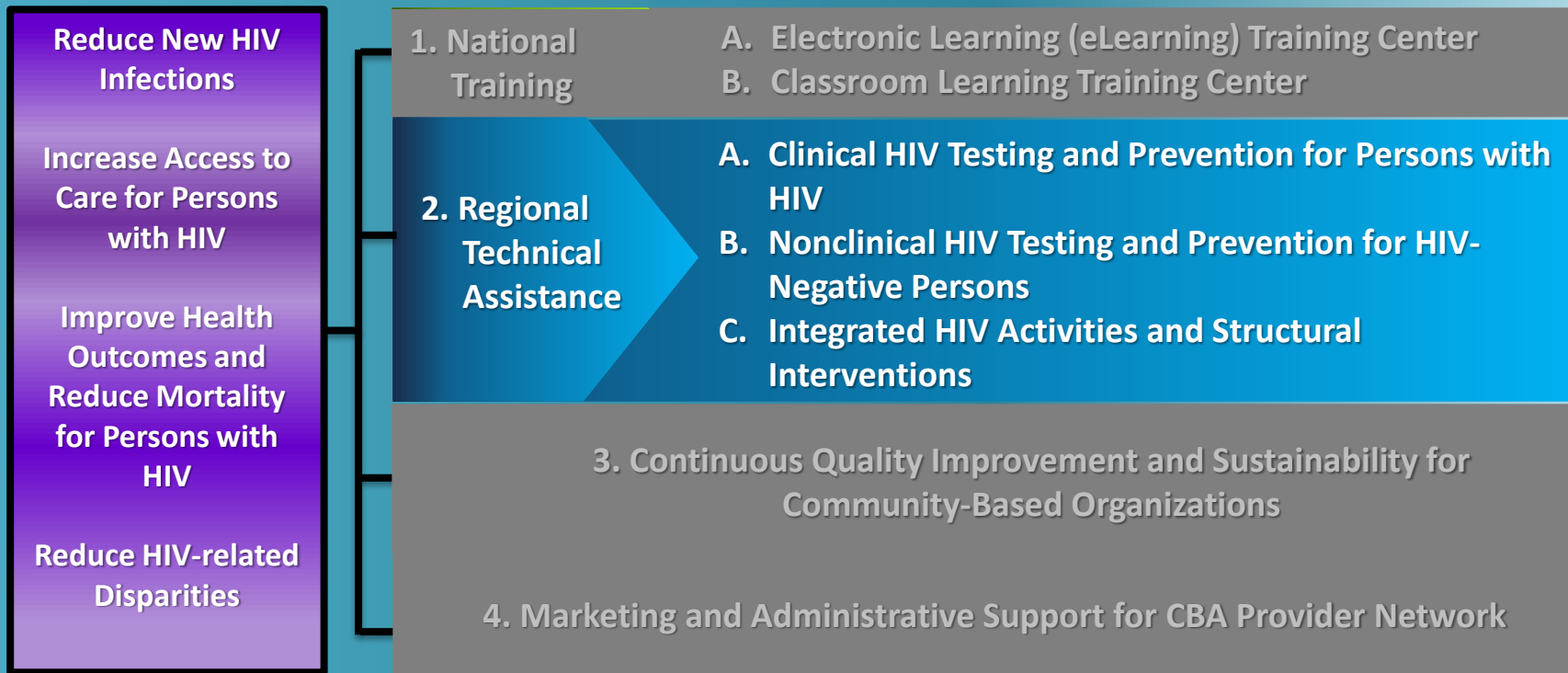
Summary: National Training

■ Different from PS14-1403:

- Separation of web-based and classroom-based training
 - Track A: Electronic (eLearning) Training Center
 - Track B: Classroom Learning Training Center
- Post-training activity (conference call, email) with participants to determine status and challenges related to organizational implementation of HIP interventions and public health strategies
 - Needed TA referred to Component 2: Regional Technical Assistance

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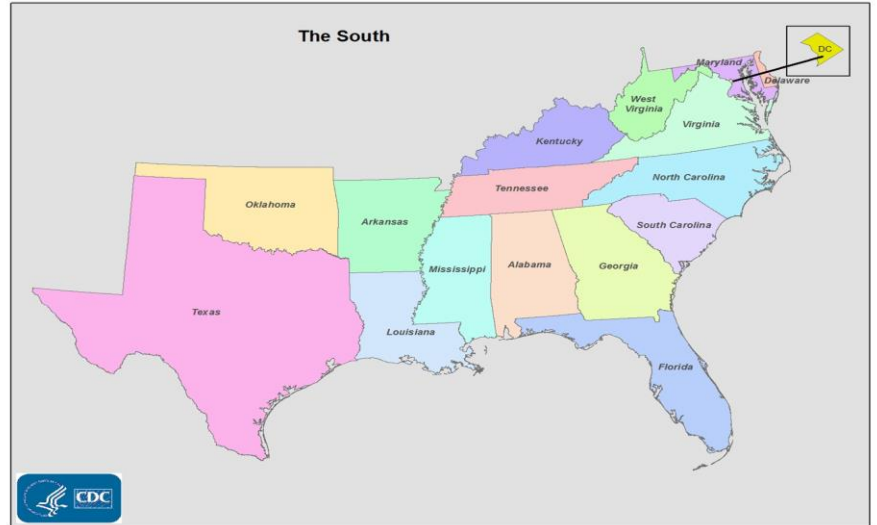
To strengthen the capacity and improve the performance of the national HIV prevention workforce



Health Disparities, Social Determinants of Health, Cultural Competence

Regional Technical Assistance – South Region

- 1 TA provider for Track A: Clinical HIV Testing and Prevention for PWH
- 1 TA provider for Track B: Nonclinical HIV Testing and Prevention for HIV-Negative Persons
- 1 TA provider for Track C: Integrated HIV Activities and Structural Interventions



Same model for other 3 TA regions (i.e., Northeast, Midwest, and West)

Regional Technical Assistance

Required activities:

- **In consultation with CDC, annually develop and implement a work plan to provide regional TA for selected track**
- **Develop and implement annual jurisdictional CBA plans**
 - For CDC-funded health departments and CBOs
 - Documents training and TA needs, proposed remedial activities, negotiated roles and responsibilities for all involved stakeholders, progressive benchmarks and targets, and timelines

Regional Technical Assistance

Track A. Clinical HIV Testing and Prevention for Persons with HIV (PWH)

■ Clinical HIV Testing

- Supports HIV testing providers and activities in public and private clinical settings (e.g., emergency departments, urgent care clinics, inpatient services, substance use disorder treatment clinics, public health clinics, community clinics, correctional healthcare facilities, and primary care settings)

■ Prevention for PWH

- Linkage to, retention in, and reengagement in care
- ART initiation and adherence
- PWH behavioral interventions
- Perinatal HIV prevention
- Essential support services

Regional Technical Assistance

Track A. Clinical HIV Testing and Prevention for PWH

Measured Short Term Outcomes:

- Strengthened capacity of CDC-funded programs to implement clinical HIV testing
- Strengthened capacity of CDC-funded programs to implement services to prevent new HIV infections and reduce transmission of HIV

Regional Technical Assistance

Track B. Nonclinical HIV Testing and Prevention with HIV-Negative Persons

- **Nonclinical HIV Testing**
 - Supports HIV testing providers and activities in nonclinical settings or sites where medical, diagnostic, and/or treatment services are not routinely provided (e.g., CBOs, mobile testing units, churches, bathhouses, parks, shelters, syringe services programs, health-related storefronts, homes, and other social service organizations)
- **Prevention with HIV-Negative Persons**
 - PrEP activities
 - Risk reduction behavioral interventions
 - Essential support services

Regional Technical Assistance

Track B. Nonclinical HIV Testing & Prevention with HIV-Negative Persons

Measured Short Term Outcomes:

- **Strengthened capacity of CDC-funded programs to implement nonclinical HIV testing**
- **Strengthened capacity of CDC-funded programs to prevent new HIV infections and reduce transmission of HIV**

Regional Technical Assistance

Track C. Integrated HIV Activities and Structural Interventions

■ Integrated HIV Activities

- Partner services
- Data to Care activities
- Integrated HIV Prevention and Care Planning
- HIV/HCV transmission clusters and outbreak response

■ Structural Interventions

- Social determinants of health
- Condom distribution
- Syringe services programs
- Social marketing campaigns and social media strategies

Regional Technical Assistance

Track C. Integrated HIV Activities & Structural Interventions

Measured Short-Term Outcomes:

- **Strengthened capacity of CDC-funded programs to implement integrated HIV activities**
- **Strengthened capacity of CDC-funded programs to implement structural interventions**

Summary: Regional Technical Assistance

- **Same as PS14-1403:**

- Responsible for development and delivery of TA services and products
- Emphasis on CDC-supported interventions and public health strategies
- Partners with external SMEs (CDC, original researchers) and uses internal SMEs (staff, consultants) for TA services and products

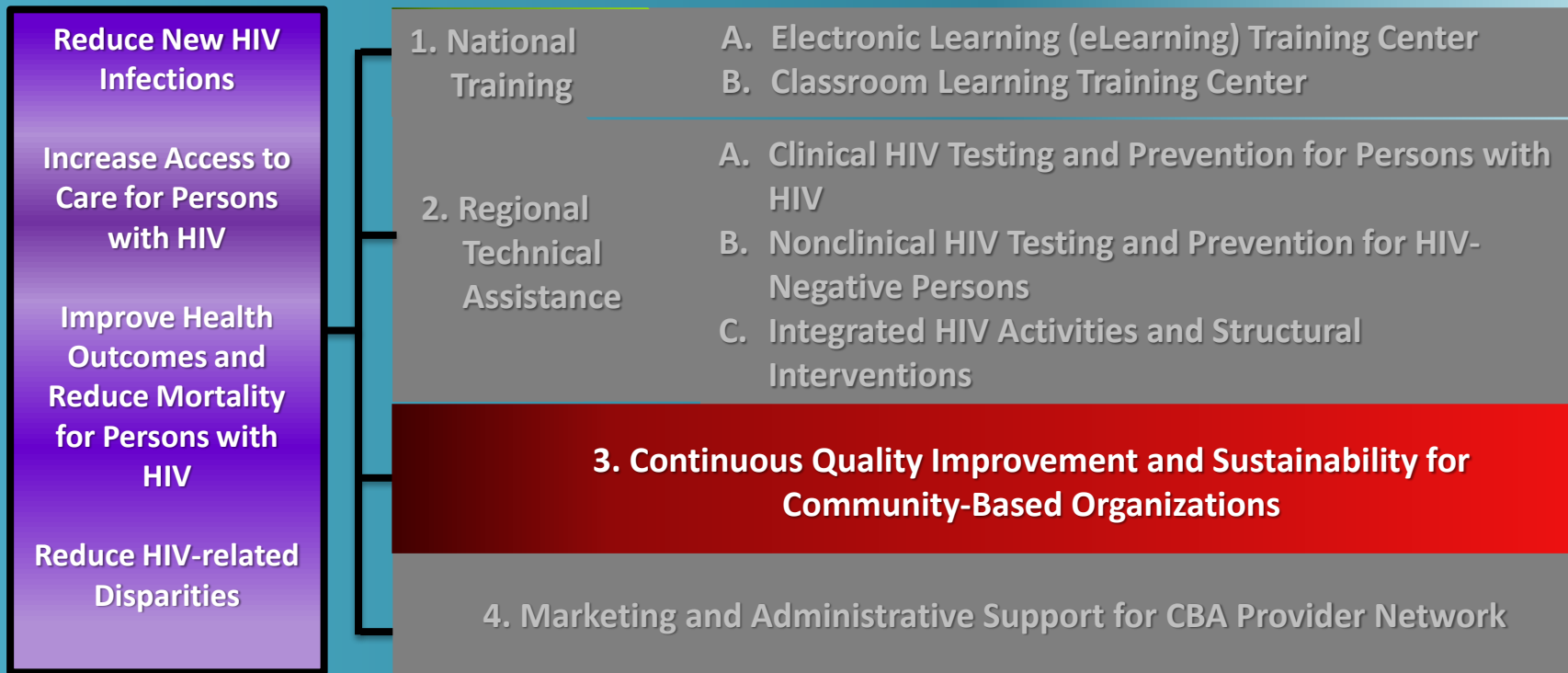
Summary: Regional Technical Assistance

■ Different from PS14-1403:

- 4 geographic regions for TA delivery
 - Northeast, South, Midwest, and West
 - Each region served by a team of 3 CBA providers
- Jurisdictional CBA plans for CDC-funded health departments and CBOs
- Needed national training referred to Component 1: National Training

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To strengthen the capacity and improve the performance of the national HIV prevention workforce



Health Disparities, Social Determinants of Health, Cultural Competence

Continuous Quality Improvement and Sustainability for CBOs

Required activities:

- **Design (Years 1-2) and conduct (Years 2-5) a distance learning program**
 - Adaptation and/or application of an evidence based model that addresses programmatic CQI and organizational sustainability
 - Consideration of unique responsibilities and differing needs of senior and mid-level managers of HIV prevention programs and services for PLWH and populations at greatest risk for HIV infection
 - Expert instruction, mentoring, and resource sharing; peer-to-peer learning and support opportunities; and periodic, experientially based assignments culminating in a final product (e.g., CQI plan for a program/service or organizational sustainability plan)
 - Per budget year, 40 CDC directly funded CBOs will complete the program

Continuous Quality Improvement and Sustainability for CBOs

Examples of topical areas to be addressed:

- Sustaining programmatic successes through leadership and stakeholder engagement across public and private sectors
- Network analysis to identify opportunities for new and/or improved collaborative efforts for organizational sustainability
- Establishing, assessing, and sustaining strategic partnerships to improve program performance
- HIV prevention workforce and organizational sustainability
- Identification of processes and strategies to address programmatic challenges and social determinants of health associated with HIV-related health disparities

Continuous Quality Improvement and Sustainability for CBOs

- **Design and submit a monitoring and evaluation plan including evaluation data collection instrument**
 - Within 3 months of funding
 - Requires CDC and OMB approvals
- **Implement CDC-approved monitoring and evaluation plan (Years 2-5)**

Continuous Quality Improvement and Sustainability for CBOs

Measured Short-Term Outcome:

Improved capacity of CDC-funded CBOs to plan, manage, and sustain HIV prevention programs and services and to reduce HIV-related disparities

Summary: Continuous Quality Improvement and Sustainability for CBOs

- **Same as PS14-1403:**

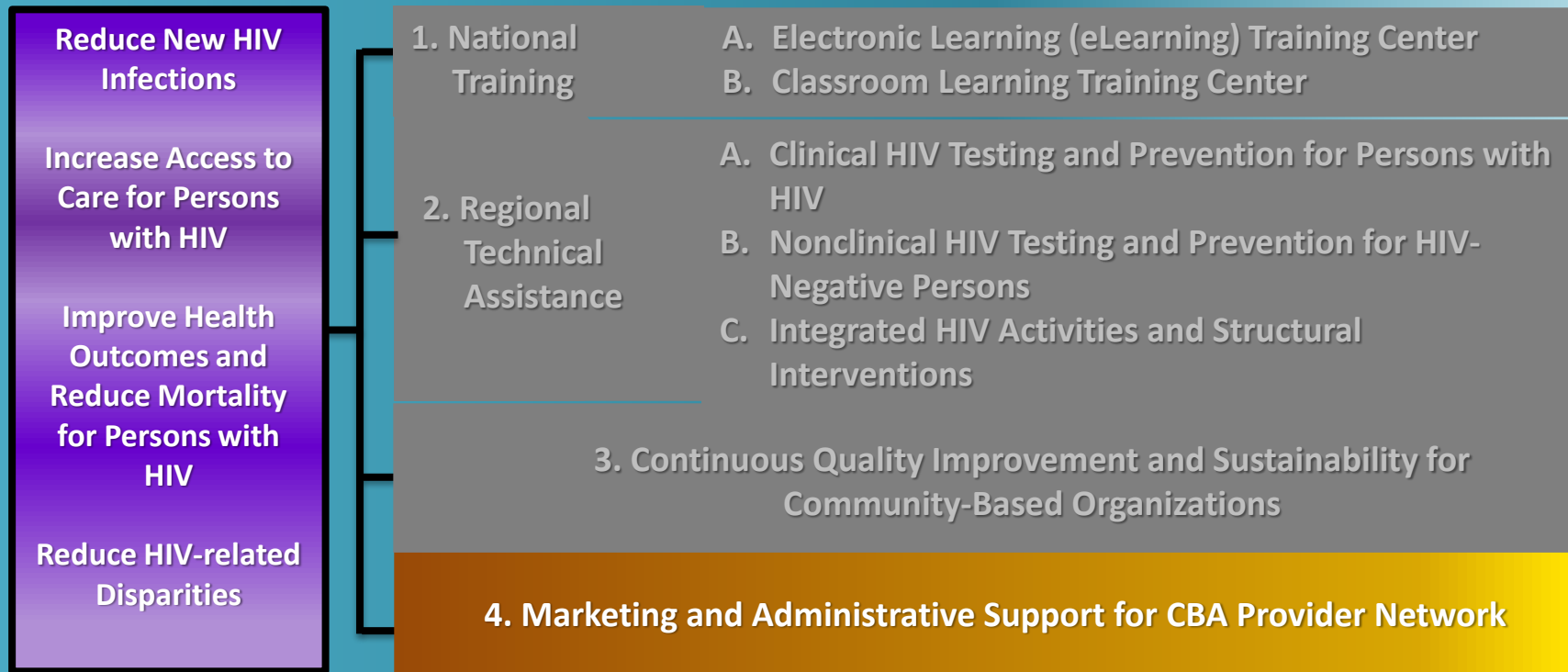
- Responsible for development and delivery of CBA services and products
- Addresses issues related to organizational development and management
- Partners with external SMEs (CDC, original researchers) and uses internal SMEs (staff, consultants) for CBA services and products

- **Different from PS14-1403:**

- Distance-learning program to further support leadership within CDC directly funded CBOs seeking to improve the quality of their HIV prevention programs and services and/or sustainability of their organizations
- Available for all CDC directly funded CBOs, particularly for those in need of additional support as identified by CDC and Regional TA activities

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Marketing and Administrative Support for CBA Provider Network (CPN)

Required activities:

- **Develop and implement national and regional marketing plans to increase visibility and utilization of CBA services**
 - Include identification of, inclusion of, and outreach to intended audiences; use of the most advanced best practices for marketing and branding; and use of innovative, state-of-the-art technologies to develop and deliver an effective marketing campaign for a CBA program
 - Considerations should be given to tailored marketing approaches for each program component and track, different regions, interdisciplinary intended audiences, etc.

Marketing and Administrative Support for CBA Provider Network (CPN)

Required activities:

- **Facilitate the planning and implementation of face-to-face, teleconference, and webinar meetings to further communication, coordination, and collaboration among CPN members**
 - Planning, logistics management, and support for 3 in-person CPN meetings
 - Year 1 orientation, Year 2 or 3 mid-project, and Year 4 end of project
 - Plan, coordinate, and support regular meetings for 10 – 12 standing and adhoc workgroups of CPN members

Marketing and Administrative Support for CBA Provider Network (CPN)

Measured Short-Term Outcomes:

- Increased HIV prevention workforce knowledge of CBA services and resources
- Increased HIV prevention workforce use of CBA services and resources

Summary: Marketing and Administrative Support for CBA Provider Network (CPN)

- **Same as PS14-1403:**
 - Marketing of CBA program and services
 - Meetings for communication, coordination, and collaboration among CPN members
- **Different from PS14-1403:**
 - Renewed focus on marketing and administrative support for CPN

Award Information

Funding

- **Cooperative Agreement**

- Project Period: April 1, 2019 – March 31, 2024

- **Total Fiscal Year Funding - \$24,000,000**

- Component 1: National Training - \$9,000,000
- Component 2: Regional Technical Assistance - \$13,400,000
- Component 3: Continuous Quality Improvement and Sustainability for CBOs - \$1,100,000
- Component 4: Marketing and Administrative Support for CPN - \$500,000

Awards

- **Component 1: National Training**
 - 2 national awards; average amount \$4,500,000
- **Component 2: Regional Technical Assistance**
 - 12 regional awards; average amount \$1,116,667
- **Component 3: Continuous Quality Improvement and Sustainability for CBOs**
 - 1 national award; amount \$1,100,000
- **Component 4: Marketing and Administrative Support for CPN**
 - 1 national award; amount \$500,000

Funding Restrictions

- May not use funds for research
- May not use funds for clinical care
- May not use funds to purchase antiretroviral therapy
- May not use funds to purchase sterile needles or syringes for drug injection
- May only expend funds for reasonable program purposes
- May not use funds to purchase furniture or equipment
- Reimbursement of pre-award costs is not allowed
- May not use funds for any kind of impermissible lobbying activity
- May not use funds for construction
- Direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes

Eligibility Information

Unrestricted Eligibility

- American Indian/Alaska Native tribal governments (federally recognized or state-recognized)
- American Indian/Alaska native tribally designated organizations
- Alaska Native health corporations
- Colleges
- Community-based organizations
- Faith-based organizations
- For-profit organizations (other than small business)
- Healthcare corporations
- Healthcare organizations
- Hospitals
- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)
- Political subdivisions of States (in consultation with States)
- Professional associations
- Research institutions (that will perform activities deemed as non-research)
- Small, minority, and women-owned businesses
- State and local governments or their Bona Fide Agents
- Tribal epidemiology centers
- Universities
- Urban Indian health organizations

Additional Information on Eligibility

If any of the following required documentation is missing, the application will be deemed nonresponsive and not considered for further review.

- Applicants may submit only one application for one component
- For Component 1, applicants must clearly select one track
- For Component 2, applicants must select one geographic region with documentation of an established operating unit/office
- For Component 2, applicants must clearly select one track
- Applicants are limited to an indirect cost rate of 8% (unless an exempted organization)
- Applicants must submit a complete application

Application Submission

Required Registrations

- **Data Universal Numbering System (DUNS)**

- <http://fedgov.dnb.com/webform> or (866) 705-5711
- 1-2 business days

- **System for Award Management (SAM)**

- www.sam.gov (must have DUNS number)
- 3-5 business days but up to 2 weeks, requires annual renewal

- **Grants.gov**

- www.grants.gov (must have DUNS number and SAM account)
- Same day but can take up to 8 weeks
- **Register early!!!**

Application

- **Table of Contents (no page limit)**
- **Project Abstract Summary**
- **Project Narrative (19 pages)**
 - Approach, Evaluation and Performance Measurement Plan, Organizational Capacity to Implement Approach
- **Work plan (included in Project Narrative's page limit)**
- **Budget Narrative (no page limit)**
- **CDC Assurances and Certifications**

Application Attachments

- **Indirect Cost Rate Agreement, if applicable**
- **Non-Profit Organization IRS status forms, if applicable**
- **Demonstration of organizational capacity**
 - List of acceptable attachments outlined in “Additional Information on Eligibility” section
 - No page limit
 - Materials will be considered during application review

Important Reminders

- **Read the ENTIRE funding opportunity**
- **Follow all instructions related to the content, form, and submission of the application**
 - requirements, font, line spacing, page limitations, file formats, and file naming conventions
- **Leave sufficient time to ensure successful application submission before published deadline**

Application Review

Phase I Review

- **Eligibility, completeness, and responsiveness as detailed in PS19-1904**
- **Ineligible, incomplete, and non-responsive applications will not be considered for further review**
- **Notification if application does not meet eligibility criteria and/or application requirements**

Phase II Review

- **Objective review and evaluation (100 points)**
 - Approach (35 points)
 - Evaluation and Performance Measurement (25 points)
 - Organizational Capacity to Implement Approach (40 points)
 - Budget (Reviewed but not scored)
- **Ranked scores by component and track**
- **Notification of application status within 30 days following completion of Phase II Review**

Phase III Review

■ CDC Funding Preferences

- Preference to avoid unnecessary duplication of services;
- Preference for balance of funded applicants based on burden of HIV infection within jurisdictions and disproportionately affected geographic regions, as measured by CDC;
- Preference for applicants that propose cost-effective programs that fully maximize the impact of CDC's fiscal resources; and
- Preference for applicants with extensive experience (at least 2 years) building the capacity of the HIV prevention workforce.

Phase III Review

- **Pre-decisional site visit (75 points)**

- CDC staff meets with applicants
- CDC technical review of applications
- CDC assessment of applicant's demonstrated capacity for proposed program
- Identification of any needed support from CDC

- **Minimum PDSV score of 50 points**

Funding Determinations

- **Based on ranked scores from application review and consideration for CDC funding preferences**
- **Announcement and anticipated award date will be no later than April 1, 2019**

Pre-Application Technical Assistance

Important Resources

- **PS19-1904 Application Package**

- www.grants.gov

- **PS19-1904 Website**

- <https://www.cdc.gov/hiv/funding/announcements/ps19-1904/index.html>
- Attachments, FAQs, application checklist, etc.

- **Live Web Conference Calls**

- CDC Q&A sessions for each component
- Schedule and information on PS19-1904 website

Agency Contacts

- **For programmatic technical assistance, contact:**

DaDera Moore, Project Officer

Email: cbanofocdc@cdc.gov

Phone: (404) 718-3180

- **For financial, awards management, and budget assistance, contact:**

Thelma Jackson, Grants Management Specialist

Email: koy8@cdc.gov

Phone: (770) 488-2823

Agency Contacts

- **For assistance with submission difficulties related to www.grants.gov, contact:**

Contact Center

Phone: (800) 518-4726

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays

- **For all other submission questions, contact:**

Technical Information Management Section

Email: ogstims@cdc.gov

Phone: (770) 488-2700

Thank You!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

