

CDC-RFA- PS19-1904:

Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration

Attachment D
Program Guidance for
Component 2: Regional
Technical Assistance



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**Centers for Disease
Control and Prevention**
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

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Component 2: Regional Technical Assistance

Overview

In an effort to support national HIV prevention goals, the HIV Care Continuum, and High-Impact HIV prevention, Component 2 Regional Technical Assistance refocuses national capacity building efforts to proactive technical assistance (TA) services. TA will be tailored to meet regional, jurisdictional, and individual CDC-funded program needs. Regional TA includes the provision of expert programmatic, scientific, or technical consultations and information sharing. Regional TA also emphasizes a mentoring relationship between TA providers and CDC-funded programs in their respective region. The goal is to build long-term consultative relationships centered on capacity building assistance (CBA) plans that facilitate TA delivery at the jurisdictional and regional level.

For purposes of this NOFO, CBA encompasses TA and training. Successful applicants for Component 2 Regional TA will work collaboratively to identify training needs (Component 1), TA needs (Component 2), and distance learning needs (Component 3) of CDC-funded programs in the jurisdictions in their assigned regions. Following an assessment of need, TA providers will initiate the development of the CBA plans. Data gathered from CDC-funded programs will drive the development of jurisdictional and regional level CBA plans (figure 1). This type of relational planning supports a proactive TA approach and will be provided as outlined in jurisdictional plans. Although the focus will be on proactive TA, reactive TA (i.e., TA provided in response to requests not outlined in jurisdictional plans) will also be supported and will be processed then assigned through a CDC online CBA tracking system.

This Regional Technical Assistance Guidance provides context and activity-specific guidance for Component 2 of Funding Opportunity CDC-RFA-PS19-1904, Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration.

Regional Technical Assistance

Regional TA is a coordinated effort to provide technical assistance to the HIV prevention workforce in four defined regions within the U.S. (i.e., West, Midwest, Northeast, and South). The primary focus of Regional TA will be to strengthen jurisdictional programmatic operations by helping CDC-funded programs and their local partners effectively plan, integrate, implement, and sustain HIV prevention programs and services. The regional approach will allow programs to maximize limited program resources, collaborate to support the HIV care continuum, maintain intervention fidelity, and implement effective program practices.

The regional approach calls for TA providers to be more informed on local needs while considering factors that influence HIV prevention and care services inherent in that particular region (e.g., social determinants of health, health inequities). This approach will focus on building collaborative working relationships with CDC-funded programs and their local partners within the assigned region.

CBA Planning Process

The CBA planning process will begin on an organizational level with interaction between TA providers and CDC-funded programs. TA providers will engage CDC-funded programs (e.g., health departments funded under PS18-1802 and community-based organizations funded under PS17-1704 and PS15-1502) in discussions around organizational needs and TA priorities to inform the development of jurisdictional plans.

Jurisdictional CBA Plan

Jurisdictional CBA plans will be created for each public health jurisdiction funded under PS 18-1802: Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments. TA providers will collaborate with CDC and other TA track funding recipients in their region to develop the plans. The jurisdictional CBA plan will outline a proactive strategy tailored to meet the local HIV prevention workforce training and TA needs. The plan will be updated annually.

Jurisdictional CBA Plans must include, but are not limited to, the following:

- An assessment of needs outlining information regarding existing resources, needs, and gaps for HIV prevention services in the jurisdiction. The assessment of needs will be based on data provided by CDC and consultations with local stakeholders. Existing resources (e.g., local Ending the Epidemic (ETE) plan, HIV/AIDS Epidemiologic Profiles, and the jurisdiction's CDC/HRSA Integrated Plan) will serve as background information to TA providers to better understand jurisdictional HIV prevention needs and priorities, emerging trends, and issues affecting HIV prevention service delivery. TA providers will be tasked with gathering relevant contextual information from CDC-funded organizations and local stakeholders.
- A description of the proposed TA services, events, activities, products, and resources tailored to support the needs of CDC-funded programs and their local partners within each jurisdiction.
- A description of the training (Component 1) and distance learning (Component 3) needs.
- A description of efforts to ensure that TA services will be culturally, linguistically, and educationally appropriate for the target audience. The plan should also address health disparities, social determinants of health, and support cultural competence.
- A clear outline of roles and responsibilities of each Regional TA provider for executing the activities as well as an outline of the strategy for communication, coordination, and collaboration within, and across, the jurisdiction.

Regional CBA Plan

There will be four Regional CBA Plans, one for each region. The Regional CBA plan will serve as a guide outlining proactive TA and training services for the entire region. TA providers will work together across tracks to develop their region's CBA plan. The plan should reflect the cross cutting needs of CDC-funded programs and will integrate strategies outlined in the Jurisdictional CBA Plans. This plan will be updated annually.

Track Responsibilities

There will be one TA provider funded for each track in all four regions, for a total of 12 TA providers funded under Component 2, Regional TA. Each region will be comprised of 3 TA Providers:

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

Track Collaboration

- Within region, track TA providers will collaborate with each other and with CDC to develop and implement a Regional CBA Plan and Jurisdictional CBA Plans.
- Across regions, track TA providers will collaborate with each other and with CDC to develop and deliver TA events, activities, products, resources, and materials that are relevant for tracks across multiple regions.

TA Provider Responsibilities

- Each TA provider will play a role in collecting organizational priorities from CDC- funded programs located in jurisdictions within their respective region.
- Each TA provider will contribute to the development of Jurisdictional and Regional CBA Plans.
- Each TA provider will maintain regular communication with their jurisdiction's CDC-funded programs to monitor and address challenges related to implementation of High-Impact Prevention interventions and public health strategies.
- Each TA provider will work with CDC to respond to assigned reactive TA requests within their respective track and region.
- As needed, each TA provider will make referrals to other public and private resources for capacity building services not supported by this NOFO.

Evaluation

TA provider roles and expectations for monitoring and evaluation are outlined in the Evaluation and Performance Management Plan (Attachment E).

Figure 1. Illustration of the process for developing Jurisdictional and Regional CBA Plans under NOFO PS19-1904

