

Secretary's Minority AIDS Initiative Funding for Care and Prevention in the United States (CAPUS) Demonstration Project: PS 12-1210

Centers for Disease Control and Prevention
Division of HIV/AIDS Prevention
Prevention Research Branch

Q&A Conference Call for Eligible Applicants
June 28, 2012

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



Purpose of Funding

- ❑ Three-year demonstration projects to reduce HIV/AIDS-related morbidity and mortality among racial /ethnic minorities in the U.S.
- ❑ **The primary goals of the project:**
 - Increase the proportion of racial /ethnic minorities with HIV who have diagnosed infection by expanding and improving HIV testing capacity
 - Optimize linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial/ethnic minorities with HIV
 - Address social, economic, clinical, and structural factors influencing HIV health outcomes

What makes this funding unique?

- ❑ Focus on addressing the social determinants of health that are barriers to two very specific and crucial interventions (testing and linkage to/ retention in/ re-engagement with care)
- ❑ More focused in terms of interventions, and broader in terms of trying to address some of the root causes of inequities that underlie persistent HIV transmission
- ❑ Multi-agency group involved in writing the FOA and managing all aspects of the project

Structure of Project

❑ Multi-agency federal partnership:

- CDC, Division of HIV/AIDS Prevention -- lead federal agency
 - Led by the Prevention Research Branch but all branches involved
- The Department of Health and Human Services (HHS)
 - Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)
 - Office of Minority Health (OMH)
 - Office on Women's Health (OWH)
- The Health Resources and Services Administration (HRSA)
 - HIV/AIDS Bureau (HAB)
 - Bureau of Primary Health Care (BPHC)
- The Substance Abuse and Mental Health Services Administration (SAMHSA)

Project Phases

- ❑ **Two phases of the project** -- a 6-month development phase followed by an implementation and evaluation phase
- ❑ **Phase I (Development)**
 - Collaborate with local and federal partners to finalize components of the demonstration project
 - Fund community-based organizations using a minimum of 25% of the total award for the development of human capital, skills, partnerships, and infrastructure
 - Obtain approval by CDC and federal partners of jurisdictional work plan
- ❑ **Phase IIA (Implementation)**
- ❑ **Phase IIB (Evaluation)**

Criteria for Limited Eligibility

- ❑ **Burden of illness**: Jurisdictions with greater than 5,000 HIV cases among African Americans and Latinos
- ❑ **Disproportionately affected areas**: Jurisdictions that had an AIDS diagnosis rate of over 6 per 100,000
- ❑ **Social determinants of health**: Jurisdictions with a teen birth rate over 25 per 1,000
- ❑ **18 state or territorial health departments met these criteria**

Tiered Funding System - 2

Living with HIV, year-end 2009, –United States (16 states, District of Columbia, and Puerto Rico) – (from 2010 HIV Surveillance Report)

California Department of Public Health	106,191	TIER 1
Florida State Department of Health	94,282	
Texas Department of State Health Services	62,363	
Georgia Department of Public Health	34,754	
Illinois Department of Public Health	32,016	
Pennsylvania Department of Health	31,498	
Maryland State Department of Health and Mental Hygiene	29,542	TIER 2
North Carolina State Department of Health and Human Services	23,858	
Virginia State Department of Health	19,866	
Puerto Rico Health Department	18,406	
Louisiana State Department of Health and Hospitals	16,854	
Ohio Department of Health	16,671	
Tennessee State Department of Health	15,331	TIER 3
District of Columbia Department of Health	14,097	
South Carolina State Department of Health and Environmental Control	13,917	
Missouri Department of Health and Senior Services	10,900	
Alabama State Department of Public Health	10,761	
Mississippi State Department of Health	8,142	

Award Information

- ❑ **Type of Award:** Cooperative Agreement
- ❑ **Approximate Current Fiscal Year Funding:** \$14,184,912
- ❑ **Approximate Total Project Period Funding:** \$44,184,912
- ❑ **Approximate Number of Awards:** Estimated 6 awards (with a maximum of 9 awards) and up to 4 awards per tier
- ❑ **Anticipated Award Date:** September 30, 2012
- ❑ **Total Project Period Length:** Three Years

Award Information -2

- ❑ **Approximate Average Award:** Tier 1= \$3,000,000; Tier 2= \$2,000,000; Tier 3= \$1,200,000 (for the first 12-month budget period, and includes both direct and indirect costs.)
- ❑ **Floor of Individual Award Range:** Tier 1= \$2,500,000; Tier 2= \$1,650,000; Tier 3= \$1,000,000
- ❑ **Ceiling of Individual Award Range:** Tier 1= \$3,500,000; Tier 2= \$2,350,000; Tier 3= \$1,400,000

Making the Greatest Impact

- ❑ Evaluate systems, leverage existing resources and tools and carefully utilize funds to obtain a greater return on public health investments
- ❑ Modify healthcare delivery and other prevention and care systems to work more efficiently across organizational boundaries
- ❑ Improve coordination among public and private sectors
- ❑ Address key social and structural determinants that are barriers to achieving optimal health outcomes

Overarching Framework

- ❑ **To help achieve the overarching goals of the project work plan must include:**
 - 4 Required Components
 - Supplemental/optional components or other approaches
- ❑ Combined activities should have the greatest potential to address the social and structural determinants of health impeding identification of unknown HIV-positive persons and linking, retaining, and re-engaging them in care
- ❑ Fund community-based organizations using a minimum of 25% of the total award to support the development of human capital, skills, partnerships, and infrastructure

Required Components

- A. HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention
- B. Navigation Services
- C. Use of surveillance data and data systems to improve care and prevention
- D. Address social and structural factors directly affecting HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention

Required Component – A

HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention

- ❑ Enhance existing systems and technology to deliver routine opt-out HIV screening and targeted HIV testing
- ❑ Enhance existing approaches or adopt novel approaches for improving linkage to, retention in, and re-engagement with care, treatment, and prevention services for HIV-positive persons (e.g., structural interventions)
- ❑ Support expanded access to and use of antiretroviral therapy according to the most recent HHS guidelines

Required Component – B

Navigation Services

- ❑ Enhance patient/client navigation services at all stages of care including: pre-diagnosis, linkage to, retention in, and re-engagement with HIV and related care, treatment, prevention, and psychosocial services*

*(e.g., substance abuse and mental health treatment), housing and employment assistance, and other social services.

Required Component – C

Use of surveillance data and data systems to improve care and prevention

- ❑ Develop new, or expand existing, systems and technologies that facilitate the routine use of laboratory surveillance data to:
 - Monitor clinical outcomes that indicate HIV-positive persons' progress along the continuum of care
 - Help people with HIV link to, remain in, or re-engage with, the health care system
- ❑ Improve the quality of care and prevention services provided to persons with HIV

Required Component – C

Activities include the following:

- Enhance laboratory data systems for reporting to health departments CD4+ T-lymphocyte (CD4) count, and HIV viral load (VL)
- Expand the use of laboratory surveillance data for programmatic improvements: when client-level laboratory data indicate poor clinical outcomes HD staff contact the patient, the patient's provider, or both
- Reduce policy barriers for reporting and use of laboratory-based surveillance data
- Expand support in setting-up medical record systems to improve monitoring of patient outcomes

Required Component – D

Address social and structural factors directly affecting HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention

- ❑ Conduct activities aimed at mitigating social and structural factors that affect the identification of racial/ethnic minorities with undiagnosed HIV infection, or the successful linkage to, retention in, and re-engagement with care, treatment, and prevention services of persons who know their HIV infection status

Required Component – D

□ These social and structural factors may include:

- Poverty
- HIV stigma
- Homophobia
- Racism
- Gender-based discrimination and violence
- Lack of access to quality health care
- Low literacy
- Traditional community norms
- High incarceration rates
- Housing and food insecurity
- Lack of health insurance coverage
- Fragmented health systems

Supplemental/Optional Components

Components that can enhance required activities and be funded and implemented to scale to meet the overarching goals of the demonstration project:

- A. Improve Coordination, Integration, and Quality of HIV Service Delivery
- B. Improve Access to HIV Testing, Linkage to and Retention in Care Services

Funding Restrictions

Grantees may not use funds for:

- ❑ Research
- ❑ Clinical care (treatment of HIV, STDs, viral hepatitis, TB, or TB infection; vaccination against Hepatitis A or B)
- ❑ Clinical mental health or substance abuse treatment including medications
- ❑ To purchase or distribute needles or syringes
- ❑ Supplementing existing funds for program activities and must not replace those funds that have been appropriated for the same purpose
- ❑ **BUT – funding is permitted for equipment**

For programmatic technical assistance, contact:

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