

## HISTORICAL PERSPECTIVES

### **September 16, 2006:** First meeting of the CHAPP Advisory Committee

- Advisory Committee was briefed on their roles and responsibilities
- Rulemaking process was discussed to develop Rules for the CHAPP

### **October 16, 2006:**

- Discussion and review of proposed CHAPP Rules and Bylaws (term limits, membership, resignation, termination, Chair and elections, quorum, duties of department staff, conflict of interest)
- Overview of HIV Prevention money (pre-CHAPP)
- Develop Parameters and Domains for the Program
  - Technical assistance
  - Duration of grant funding
  - Funding categories
  - Application submission process

### **November 14, 2006:**

- First CHAPP Advisory Committee Chair is elected
- Bylaws finalized
- Discussion around development of first CHAPP request for applications (RFA)

### **January 17, 2007:**

- Review of Conflict of Interest Disclosure form
  - The committee agreed that each member should fill out this form for each application they will be reviewing
- RFA Review Tool development
- Discuss application review process

### **April 4, 2007:**

- The first cohort of CHAPP grantees begin implementing HIV Prevention and Education projects (Fiscal Year 2006-2007)
- Discussion of annual report requirement for grantees
- Discussion of material review
- Discussion of Evaluation request for proposal (RFP) criteria
- Discussion of following year's RFA: Fiscal Year 2007-2008, which was an 18 month project period; and Fiscal Year 2009-2010 (allowing grantees funded for the 18-month project period, to reapply for another year of funding)

### **June 20, 2007:**

- CHAPP Material Review process is finalized
- Update on External Evaluation RFP Process
- Discuss Process for FY 2007-08 application review

## January 16, 2008:

- Update on External Evaluation Contract
- Cohort 1 Continuation application process discussed
- Update on the “State” of CHAPP

Since its inception, the CHAPP has funded 23 HIV Prevention and Education projects:

- Eight Innovative/Demonstration Projects
- 15 Evidence Based/Service Delivery Projects
- Projects have been funded to serve the following populations\*:
  - o People living with HIV/AIDS (PLWH/A)
  - o Urban Men who have sex with men (MSM)
  - o Rural MSM
  - o Urban Female High Risk Heterosexuals (HRH)
  - o Urban Injection Drug Users (IDU)
  - o Rural IDU
  - o Rural Female HRH
  - o Urban Male HRH
  - o Rural Male HRH
  - o Urban youth-at-risk
  - o Rural youth-at-risk
  - o Non-injecting substance using MSM
  - o Racial/Ethnic Populations disproportionately impacted by HIV
  - o Those with a history of incarceration

\* Through the two years that the CHAPP has been funding HIV Prevention and Education services, projects have been funded to serve all the priority populations identified in the 2007-2009 Colorado Comprehensive Plan for HIV Prevention.

## April 9, 2008:

- Updates on CHAPP evaluation, evaluation accomplishments, technical assistance accomplishments, and activities in progress.
- Discussed process for contract modifications and CHAPP Rule revisions to address situations where CHAPP contracts may need to be modified or terminated in cases other than failure to meet contractual objectives.
- Update on options for Capacity Building Services
  - o It was at this time when CDPHE staff funded by federal HIV Prevention funds, were given permission by funder (Centers for Disease Control, CDC) to provide capacity building services for CHAPP grantees.
- Update on Cohort 1 Continuation application draft
- The Advisory Committee decided to use unexpended funds for the year to be used to fund 6-month “Unmet Need” and “Public Information” projects.
- CDPHE proposed a three-year cohort funding cycle, due to the time it takes to plan for projects for each coming year (RFA development and posting, receipt and review of applications, obtaining Board of Health approval for funding, drafting contracts, having contracts finalized). The Advisory Committee supported this approach to programming.

## July 23, 2008:

- OMNI Institute presented on major findings from the first year of CHAPP evaluation
- CDPHE provided information to the Advisory Committee on the consolidation of the State’s HIV Prevention, care and treatment planning groups, and its impact on the CHAPP Advisory Committee.

- Advisory Committee members whose terms will be ending at the end of 2008, were asked to propose replacement members for their positions on the Advisory Committee for 2009.

**October 15, 2008:**

- The Advisory Committee planned how to conduct the review of the “Unmet Needs” and “Public Information” applications.
- A discussion on the appropriateness of applying the material review process to grantees who wish to “blog” was discussed. It was decided that the material review process can hinder the speed at which blog entries can be approved, so the Advisory Committee suggested that blogs be developed independent of CHAPP projects and CHAPP funds.

**January 14, 2009:**

- New members were introduced and given an update on the past years’ work, and were given an opportunity to ask questions of CDPHE staff regarding the coming year’s activities
- Unmet Needs and Public Information project update
- The “cohort” funding cycle was explained to new members
  - Cohort III application process, and review process
  - Cohort I continuation application

**July 8, 2009:**

- State budget concerns necessitated a discussion on future economic impact, and how the CHAPP may be impacted.
- The first CHAPP Grantee meeting was discussed and plans were developed.
- CDPHE provided information demonstrating how CHAPP compliments federal HIV prevention funding and programming

**October 14, 2009:**

- OMNI Institute presented the Advisory Committee with final outcomes from the year two evaluation
- The CHAPP Advisory Committee decided that the Department should solicit Advisory Committee input:
  - Deleting an intervention or whole programmatic component
  - A change in target audience (population)
  - A 15% or greater decrease in number of persons to be served by a project.
- December 31, 2009, was the first time since the inception of CHAPP where 5 of the 7 members ended their terms

**January 13, 2010:**

- Due to the significant number of new members to the Advisory Committee, new members were provided with an opportunity to ask CDPHE staff and returning members questions about the program and the work of the Advisory Committee.

**April 14, 2010:**

- Cohort updates, evaluation updates, funding updates and discussions
- OMNI Mid-Year evaluation result discussion and suggestion of revision in CHAPP variables

## October 13, 2010:

- **2011 Plans for the CHAPP**

- Since there is no expectation of funding new projects in 2011, how shall we move forward?
  - Do you feel we should continue to meet quarterly in 2011?
    - Yes, it is the view of the Advisory Committee that they continue to meet quarterly in 2011. It was proposed that the first 2011 meeting of the Advisory Committee should be in late February in order to get more fiscal information regarding the impact of the State's "Long Bill," and so that Evaluation Data from OMNI Institute can be used to make any programmatic decisions.
  - Are there any administrative issues you would like to discuss?
    - The Advisory Committee decided to utilize the Colorado Department of Public Health and Environment's (CDPHE) record retentions policy when making determinations of grantee data collection forms. In which case, grantees are expected to keep the forms for at least the duration of the grant, and ideally for up to three years after the end of the project period.
  - Are there any programmatic issues you would like to discuss?
    - Carol Lease requested that grantees keep the *National HIV/AIDS Strategy* in mind when planning future programming. Mr. Weinert will post the national strategy reports on the CHAPP Web site.
    - The Advisory Committee would like to look closely at the *National HIV/AIDS Strategy* at the first meeting of 2011.
    - In response to heightened national concern regarding HIV testing, concerns were discussed about how to best track HIV testing, data collection and documentation, and billing across the numerous funding sources. Jean Finn requested CHAPP Advisory Committee input on issues such as, Counseling, Testing and Referral (CTR), Health Resources and Services Administration (HRSA) requirements around HIV testing, and Early Intervention Services (EIS), at a meeting to be held on November 17, 2010 at CDPHE.
  - Guidance for how to address possible funding cuts in 2011?
    - The Advisory would like to convene in person to discuss how to best handle possible funding cuts, should they arise. The committee felt that without knowing what the potential cuts might be, they could not make a decision about this at this time.
- OMNI Institute, in collaboration with the CHAPP Advisory Committee and CDPHE, revised data collection forms were developed to better assess adult knowledge gained through participation in funded interventions. Minor changes were also made to the youth measures.

## February 23, 2011:

- The CHAPP experienced its first reduction in available funds that necessitated decreasing and/or eliminating some projects previously approved for funding. The following conditions were used to make the decisions on how to decrease the funds for approved projects:
  1. Project-specific Historical Spending Trends
    - Analysis of previous "end-of-year" budget spend downs
    - Historical invoicing and whether or not a project or agency can handle a downward adjustment while still providing quality services to the target population
    - Analysis of invoicing to-date, and projection of what funding is needed to complete the project, and what may be excess funding that can be adjusted
  2. Service Delivery Levels
    - Where agencies were, mid-year, in terms of service delivery levels (taking into account fluctuations in when services occur (e.g. some programs provide a majority of services, and reach a majority of persons, during Pride week))
    - Projects that are underperforming in terms of service delivery
  3. Population-specific Gaps in Services

- Attempts were made to keep projects providing services for underserved populations safe from adjustments
- Multiple projects that serve the same target population, in the same service delivery area, were reviewed (duplicative projects)

## July 20, 2011:

- **Revision of CHAPP FY 2012-2015 Grant Process:**

CHAPP funds have historically been utilized to fill gaps in the federal HIV prevention system. This year, due to the release of the new Centers for Disease Control (CDC) Funding Opportunity Announcement (FOA), is a considerable departure from previous funding announcements in that it is heavily focused on the following:

Part A has four required core components. 75 percent of the funding is to support these components of part A.

- HIV Testing
- Prevention for Positives
- Condom distribution
- Policy Development

Part A also has three required activities

- Jurisdictional HIV Prevention Planning
- Capacity Building and Technical assistance
- Program Planning, Monitoring and Evaluation, and Quality Assurance

The funding for Colorado could be level funding in the first year of the five year project, but this is not assured (funding range possibilities for Part A of the FOA are between \$3.6 and \$4 million dollars). The funding will definitely decrease in subsequent years. The Funding Opportunity Announcement is divided into three areas: Part A, B and C. Colorado is eligible to apply for parts A and B, and part C is optional. This is the first year Colorado is eligible for part B –type funding. Colorado will be applying for Part C funding in a collaborative project with Denver Public Health.

Part B is available to eligible cities and states based disease burden related to African Americans, Hispanics, men who have sex with men, and injection drug users and supports HIV testing in healthcare settings and HIV testing in non-healthcare settings. The annual positivity rate that must be maintained for healthcare settings is 0.1 percent and for non-healthcare settings is 2.0 percent.

Part C - CDPHE will collaborate with Denver Public Health for development of technology related management of CD4 and viral load laboratory test result management.

Expected areas for contractual partnerships

- HIV Testing: CDPHE may use contracting to secure HIV testing services directly through local health departments. The local health departments may include partnerships with subcontractors whose agencies provide these services to their jurisdictions.
- Positivity rates: under part A, the annual positivity rate is expected to be 0.1 percent positivity for healthcare settings and 1.0 percent for non-healthcare settings.
- Prevention for Positives activities will be funded through a competitive process.

The policy development focus is looking at systemic change, and how to improve the system of HIV prevention activities. CDPHE is researching options for how policy initiatives can reduce barriers.

An additional consideration is whether the CHAPP Advisory Committee wants to fund HIV testing as well since CDC is not encouraging the funding of HIV testing through the CDC federal funds for prevention.

**Therefore, in light of the new Federal HIV prevention FOA, how should CHAPP adjust to best fill gaps and serve persons of Colorado?**

Mr. Wilmoth shared the following suggestions for the next round of CHAPP RFAs:

- *are there places that currently have testing, that SHOULD have testing, but need to be funded through CHAPP since they cannot be funded through CDC?; and*
- *because the federal FOA directs less funds to support interventions for high-risk HIV negative persons, should the CHAPP fund this service?;and*
- *are there places that currently have HIV prevention for negative interventions, but need to be funded through CHAPP since they cannot be funded through CDC in the coming year.*

In order to assist the Advisory Committee in developing a focus for the coming CHAPP RFA, the Advisory Committee has requested the following from CDPHE:

1. CDPHEs grant application response to CDC
2. CDPHEs Request for proposals (RFP) that providers will be responding to
3. Epidemiologic data on Rural HIV infection (focused on larger metropolitan “rural” areas...those areas that do not meet current CDC qualifications for funds)
  - a. Trends in data
  - b. Five year morbidity “numbers” (not rates)
  - c. Data by population and risk factor
4. Where HIV+ persons receive services (i.e. if rural people receive services in Denver metro, how and where do they do so)
5. How many high risk negative persons were reached through interventions (federally-funded)
6. OMNI evaluation data (like question 5 above, but through CHAPP funds)
7. Reported positive HIV tests

**September 7, 2011:**

- The 2012 CDC Funding Opportunity Announcement was again a focus of discussion in order to determine how the CHAPP Advisory Committee would like to structure the RFA for FY 2012-2015.
  - Grantees were alerted to federally-funded projects that would most-likely not be funded in the coming cycle due to the changes in the focus of CDCs HIV Prevention funding.
  - The Advisory Committee was reminded that CHAPP fills gaps in the federal prevention system and to consider that fact while determining the focus of the coming year’s programming.
- The following list contains the focus areas that the CHAPP Advisory Committee has asked that the RFA be tailored to address:
  - Programs are capped at \$100,000 per program, with no agency receiving more than 3 awards.
    - High-risk urban and rural women of color
    - Injection Drug Users (urban and rural), including a syringe exchange component (without approval from the jurisdiction by July 1, 2012, funds are no longer assured) and) A letter from local health department of board of health MUST be included showing that the jurisdiction is in the process of supporting syringe services programs (SSPs)
    - MSM outside the five denver metro counties – including MSM of color
    - Prevention for those transitioning from incarceration
      - With a link between those incarcerated and those recently released
    - High-risk Youth (specifically: homeless, trade ‘survival sex’, adjudicated, history of STI)
    - HIV testing can be included in interventions for any of the above populations, or as a stand-alone program (\$200,000 is the maximum for all stand-alone sites in total) If funding testing, should be based on risk-behaviors, not population(s).  
Testing must include a Linkage to Care (LTC) component. This RFA will not fund stand-alone HIV testing in the Denver metro 5 county region. Approved testing projects will mirror the CDC testing recommendations.

**December 12, 2012**

- At an Ad Hoc meeting of the CHAPP Advisory Committee, the Advisory Committee chose to not support the funding of two proposals submitted to the Advisory Committee from the STI/HIV Section. These two proposals were to:
  1. utilize CHAPP funds to support statewide condom distribution efforts that are funded at this time through Federal HIV Prevention funds, and;
  2. utilize CHAPP funds to enhance the implementation of non-occupational post-exposure prophylaxis (nPEP) throughout the state.
- Moving forward, the CHAPP Advisory Committee has chosen not to entertain proposals unless they are developed by the Advisory Committee, and go through a competitive grant process.