

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Availability of Supplemental Grant Awards for Integration of HIV/AIDS Prevention Services in Title X Family Planning Projects in Areas with Demonstrated High Risk for HIV/AIDS: Notice

Department of Health and Human Services

Office of Public Health and Science: Announcement of Availability of Supplemental Grant Awards for Integration of HIV/AIDS Prevention Services in Family Planning Projects in Areas with Demonstrated High Risk for HIV/AIDS

AGENCY: Office of Family Planning, Office of Population Affairs, OPHS, DHHS.

Action: Notice.

SUMMARY: The Office of Family Planning (OFP), Office of Population Affairs (OPA) requests applications for supplemental grant awards from grantees funded under Section 1001 of Title X of the Public Health Service (PHS) Act to conduct and/or supplement HIV on-site counseling, on-site testing, and referral services. (OMB Catalogue of Federal Domestic Assistance 93.217)

DATES: To receive consideration, applications must be received by the Grants Management Office for Family Planning Services no later than May 16, 2001. Applications will be considered as meeting the deadline if they are received on or postmarked by the deadline date. A legible date receipt from a commercial carrier or U.S. Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be accepted as proof of timely mailing. Applications which do not meet the deadline will not be accepted for review. Applications which do not conform to the requirements of the program announcement or which do not meet the deadline will not be accepted for review, and applications will be returned.

ADDRESSES: Requests for application kits may be faxed to (214)767-3425. Application kits may also be downloaded from the OPA website at www.hhs.gov/opa. Applications must be submitted to: Office of Grants Management for Family Planning Services, 1301 Young Street, Suite 766, Dallas, TX 75202.

FOR FURTHER INFORMATION CONTACT:

Program Requirements

Regional Program Consultants for Family Planning: Region I, Suzanne Theroux -- 617/565-1063; Region II, Lucille Katz -- 212/264-3935; Region III, Louis Belmonte -- 215-861-4641; Region IV, Cristino Rodriguez -- 404/562-7900; Region V, Janice Ely -- 312/886-3864; Region VI, Evelyn Glass -- 214/767-3088; Region VII, Elizabeth Curtis -- 816/426-2924; Region VIII, Jill Leslie -- 303/844-7856 or Christy Crosser -- 303/844-7849; Region IX, Nadine Simons -- 415/437-7984; Region X, Janet Wildeboer -- 206/615-2776.

Administrative and Budgetary Requirements

Regions I - X, Maudeen Pickett -- 214/767-3401.

SUPPLEMENTARY INFORMATION: Title X of the PHS Act, 42 U.S.C. 300, *et seq.*, authorizes the Secretary of Health and Human Services to award grants to public or private nonprofit entities to assist in the establishment and operation of voluntary family planning projects to provide a broad range of acceptable and effective family planning methods and services. Implementing regulations appear at 42 CFR part 59, subpart A. The Office of Family Planning in the Office of Population Affairs is also committed to contributing to the achievement of the health promotion and disease prevention objectives of Healthy People 2010, particularly as they relate to family planning and reproductive health. Issues relating to prevention of sexually transmitted disease and HIV/AIDS are especially relevant and must be addressed in terms of the critical role family planning clinics play.

This notice announces the availability of approximately \$5 million to supplement existing Title X grants, in communities with demonstrated high risk for HIV/AIDS, to expand or implement HIV on-site prevention counseling, on-site testing, and referral services. Of the \$5 million available under this announcement, \$2 million were included in the FY 2001 Title X appropriation and \$3 million are from the Secretary's Discretionary Fund for Minority AIDS Activities. The \$3 million from the Secretary's Discretionary Fund will be used to expand the availability of HIV services in family planning clinics in communities where racial and ethnic minorities are under-served or disproportionately impacted by HIV/AIDS.

A. Program Background

HIV infection among women in the U.S. has increased significantly over the last decade, particularly in communities of color. In August 1999, CDC estimated that between 120,000 and 160,000 adult and adolescent females were living with HIV infection. In slightly over a decade, the proportion of all AIDS cases reported among women more than tripled, from 7% in 1985 to 23% in 1998. The most dramatic increases were seen among women of color. African-American and Hispanic women together represent less than one-fourth of all U.S. women, yet they accounted for more than 80% of AIDS cases reported by 1998 among women in the U.S. Most women reported with AIDS in 1998 were infected through heterosexual exposure to HIV or injection drug use.

The Title X Family Planning Program serves more than 4.4 million persons each year, 97 percent of whom are women. The client population closely matches the demographic profile of women most at risk for HIV—young (60 percent under age 25), low-income (89 percent under 200 percent of the Federal poverty level), and minority (40 percent). Moreover, most are sexually active and therefore more likely to be at risk for STD and HIV infection.

The provision of HIV counseling services in family planning clinics is an important intervention for reaching people with prevention messages; testing and referral provide an opportunity to link infected individuals with needed care and treatment services. Current *Program Guidelines for Project Grants for Family Planning Services* (Title X Guidelines) stipulate in Section 8.1, Client Education, that “*Education services must provide clients with the information needed to.....reduce risk of transmission of sexually transmitted diseases and Human Immunodeficiency Virus (HIV).*” Further, Title X requirements for counseling as delineated in Section 8.2, Counseling, require the following: “*All clients must receive thorough and accurate counseling on STDs and HIV... All projects must offer, at a minimum, education about HIV*

infection and AIDS, information on risks and infection prevention, and referral services. On an optional basis, clinics may also provide HIV risk assessment, counseling and testing by specially trained staff. When the project does not offer these optional services, the project must provide the client with a list of health care providers who can provide these services.”

It is recognized that currently, although basic HIV prevention education services are required in all Title X -funded clinics, not all clinics are able to provide on-site HIV testing and related individual counseling. In some clinics, those services may be available, but on a limited basis, due to budgetary constraints.

B. Purpose of the Grant Supplement

The purpose of these funds is to expand the availability of on-site HIV counseling, testing and referral services in a limited number of family planning clinics, primarily those in communities where racial and ethnic minorities are under-served or disproportionately impacted by HIV/AIDS. Projects funded will fall into two categories:

- 1) Projects that request funds to supplement or enhance existing HIV activities (e.g., adding on-site testing and referral component, enhancing cultural competency or age appropriateness of services, etc.); and
- 2) Projects that request funds to initiate HIV activities beyond basic HIV prevention education. HIV services must include on-site prevention counseling, on-site testing and referral services, all of which incorporate considerations of cultural competency and age appropriateness.

The requirement for all projects funded under Title X to provide HIV prevention education services is not tied to receipt of funds under this announcement. **Applicants for these funds, as well as other Title X providers, are still required to provide on-site HIV education, and counseling and testing (either on-site or by referral) as stipulated in Title X Guidelines.**

While it is acknowledged that outreach, HIV-related care, and other types of HIV-related services are extremely important, the use of these funds is limited to activities described in this section. It is understood that a portion of the requested funds may be needed for staff training, advisory meetings, and other support activities. All Title X requirements apply to any activities funded under this announcement (e.g., project requirements at 42 CFR 59.5 including provisions regarding charges to clients and funding criteria stipulated at 42 CFR 59.7).

These funds may not be used to replace or supplant current HIV activities or funds used to support current HIV activities.

C. Eligible Applicants

Eligible applicants include all current Title X service providers that can demonstrate need by documentation of one or more of the following*:

- 1) Program/clinic is within a community where a racial/ethnic minority population, demonstrated to be at high risk of

HIV infection, comprises a significant proportion of the total population;

- 2) High rates of HIV, AIDS, and STD within program/clinic target area;
- 3) The identified target area of program/clinic has shown significant shift/increase in HIV rates within the recent past.

* For example: the CDC identified the following metropolitan statistical areas (MSAs) with more than 1,000 AIDS cases in African-American populations in 1997. These MSAs are: Atlanta, GA; Baltimore, MD; Chicago, IL; Detroit, MI; Ft. Lauderdale, FL; Houston, TX; Jacksonville, FL; Los Angeles-Long Beach, CA; Miami, FL; Newark, NJ; New Haven, CT; New Orleans, LA; New York, NY; Oakland, CA; Philadelphia, PA; San Francisco, CA; West Palm Beach, FL; and Washington, D.C.

Also attached is a list of the MSAs with annual AIDS case rates that exceeded 20 per 100,000 population in 1999.

Note: These lists are provided to be helpful, and are not intended to limit applicants to MSAs. Applications from rural or other areas that can provide documented high or growing risk within the target population are encouraged to apply for these funds.

Delegate agencies desiring funding under this solicitation must contact the grantee that funds them for instructions and timeframes for submitting requests to be included in the grantee's proposal, as only grantees can submit applications for supplemental grant awards. It is recommended that the grantee submit individual applications for each delegate or community desiring funding under this announcement. If a grantee submits an application that includes multiple efforts involving several delegates or local communities, each effort and funding request must be clearly defined and separable from each other.

All activities conducted by a delegate under the grantee are the responsibility of the grantee.

D. Availability of Funds

Approximately \$5 million are available to supplement existing Title X grants in targeted areas with demonstrated high or growing risk for HIV. At least \$3 million will be targeted to Title X family planning providers in communities where racial and ethnic minorities are disproportionately impacted by HIV.

The projected amount of each award will range from \$125,000 to \$175,000 per year. Funds will be awarded on an annual basis for a period of up to three (3) years. The total number of awards is projected to be between 28 and 40. Funding beyond the first year is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

E. Program Requirements/Application Content

Applications must reflect the use of science-based evidence to support need for the proposed services, as well as to support interventions that meet the needs of the target population.

Applicants must clearly address each of the following:

- 1) The target area, including geographical parameters, and an epidemiologic/demographic description of the population being served, including the following*
 - A) AIDS cases per 100,000 as well as the number of AIDS cases, by race/ethnicity, if available;
 - B) HIV rates per 100,000 as well as number of HIV cases, by race/ethnicity, if available;
 - C) Rates for sexually transmitted infections, such as:
 - a) Chlamydia rate per 100,000, by gender and race/ethnicity, if available;
 - b) Gonorrhea rate per 100,000, by gender and race/ethnicity, if available;
 - c) Syphilis rate per 100,000, by gender and race/ethnicity, if available;
 - D) Adolescent pregnancy or birth rate by race/ethnicity;
 - E) Other behavioral risk factors or indicators of risk for the target population (e.g., I.V. Drug Use, prostitution, etc.);
 - F) Data from 2000 Family Planning Annual Report for the following:
 - a) Number of users by race and age;
 - b) Number of users by Hispanic/non-Hispanic designation and age;
 - c) Number of users by income.

* Must include citation for all data provided; most of these data should be available through the State Health Department.

- 2) Applicant must address how the epidemiologic/demographic description and data presented under E.1 substantiates/demonstrates the need for the requested services in the target population;
- 3) Applicant must clearly describe proposed HIV-related services to be provided with requested funding, including measurable goals, objectives and anticipated outcomes for the entire 3-year project. Applicant must propose to provide the following HIV-related activities on-site: HIV prevention education, individual counseling, testing and referral services. These services must be appropriate to the cultural/ethnic and age specific needs of the population to be served;
- 4) Applicant must describe the unmet need for the proposed services in the target area; this must include a description of other HIV-related services currently being provided in the community or accessible to the target population;

- 5) Applicant must provide evidence that project supported activities incorporate cultural competency, age appropriateness, and linguistic and educational appropriateness;
- 6) Applicant must describe all HIV-related services currently provided by the applicant, including source and amount of funds used to support those activities. Such funding would include but not be limited to CDC prevention funds and Ryan White AIDS Program funds, either directly or through funded consortia. Applicant must assure and the budget must demonstrate that if funds are awarded, they will not be used to replace or supplant current HIV activities or funds used to support those activities;
- 7) Applicant must provide evidence that staff providing HIV-related counseling, testing, and referral services are trained according to local requirements or policy prior to providing HIV-related services. In places where no local requirements or policy exist, current CDC Guidelines for Counseling and Testing should be used as the basis for training. Also, applicant must describe plan for keeping staff abreast of current developments in the area of HIV prevention (e.g., on-going training, continuing education, access to information via the Internet, etc.);
- 8) Applicant must provide documented evidence of all formal agreements currently in place for referral of Title X clients for HIV-related services. For services proposed with this funding, but not currently provided by the applicant, formal written agreements for client referrals to appropriate HIV-related care and treatment, substance abuse and mental health providers, and other preventive and psychosocial services must be in place by the time funds are made available to the successful applicant. Applicant must provide a specific plan, including steps already taken, to ensure that specific agreements will be in place prior to service provision;
- 9) Applicant must demonstrate cooperation and collaboration with applicable State and local comprehensive HIV prevention community plans; the section of the plan that applies to the target area should be included as an appendix;
- 10) Application must include a budget and budget justification, including staffing requirements. A detailed budget should be submitted for Year One, and a budget projection for Years Two and Three; and
- 11) Funded applicants will be expected to develop appropriate protocols that address all HIV-related services proposed in the application prior to implementation of those services. Funded applicants will be required to provide all protocols for HIV-related services within 3 months after funding; protocols must stipulate when services are to be provided, to whom they will be provided, and the specific content that will be provided; protocols that focus on needs of special populations such as adolescents should also be developed.

F. Program Reporting/Evaluation

Dedicating funds specifically to the integration of HIV on-site counseling, on-site testing, and referrals in Title X agencies is a new and important initiative for the Office of Family Planning. Thus, in addition to the above requirements, successful applicants will present a detailed plan for conducting an evaluation of the services supported with the funds under this announcement. This evaluation should be consistent with the funded project's stated goals and objectives and should clearly identify and monitor the program processes necessary to the development and implementation of the project and measure its outcomes.

To this end, projects funded under this announcement will be required to submit semi-annual progress reports, as well as a final report that summarizes progress over the entire three years of the project. Although program components may differ somewhat from one project to another, to the extent possible, outcome variables should include:

- 1) number of clients who received individual HIV prevention counseling;
- 2) number of clients (unduplicated) who received HIV testing;
- 3) total number of HIV tests provided;
- 4) number of positive HIV tests;
- 5) number of clients who returned for HIV test results counseling; and
- 6) number of clients with a positive HIV test result who were referred to HIV care and treatment services.

Similarly, process variables should include:

- 1) number of staff, including new staff, dedicated to HIV prevention counseling and testing (may be expressed as partial full time equivalents);
- 2) number and content of HIV trainings held specific to cultural competency and/or age appropriateness;
- 3) number of HIV prevention skill-building sessions or other trainings held for health care providers; and
- 4) number of peer educators or peer counselors trained.

Client data by race/ethnicity and age should be provided.

In support of these data and to ensure that all aspects of the project are covered, each progress report should also include a summary description of new initiatives, systems, and services established using project funds. Trainings specific to cultural competency, needs of special populations (e.g., adolescents), or skill-building for providers should also be described, as well as “lessons learned.”

G. Application Requirements

Applications must clearly address all elements listed under “Program Requirements/Application Content.”

Applications must comply with the applicable requirements at 42 CFR 59, subpart A and must be submitted on the forms supplied (PHS-5161-1) and in the manner prescribed in the application kit available from the Office of Grants Management for Family Planning Services. Applicants are required to submit an application signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by application the terms and

conditions of the grant award. **Applicants are required to submit an original and two (2) copies.** Applications judged to be late, incomplete, or which do not conform to the requirements of this announcement will not be accepted for review.

Accepted applications will be subjected to a competitive review process. The results of the review process will assist the Deputy Assistant Secretary for Population Affairs (DASPA) in considering competing applications and in making final funding decisions.

Applications should be limited to 30 double-spaced pages, not including appendices.

H. Suggested Attachments/Appendices

- 1) HIV-Related Service Protocols;
- 2) Written Referral/Linkage Agreements;
- 3) HIV Community Prevention Plan that Applies to Target Area;
- 4) Resumes of Key Project Staff (or Job Descriptions if positions to be filled upon funding).

I. Review Under Executive Order 12372

Applicants under this announcement are subject to the requirements of Executive Order 12372, Intergovernmental Review of Department of Health and Human Services Programs and Activities, as implemented by 45 CFR part 100. As soon as possible, the applicant should discuss the project with the State Single Point of Contact (SPOC) for the State to be served. The application kit contains the currently available listing of the SPOCs which have elected to be informed of the submission of applications. For those States not represented on the listing, further inquiries should be made to the Governor's office of the pertinent State for information regarding the review process designed by the State or the SPOC for the State in question. State Single Point of Contact comments must be received by the Office of Grants Management 30 days prior to the funding date to be considered.

J. Application Review and Evaluation

Eligible grant applications will be reviewed by the respective Regional Office and by a panel of independent reviewers convened by the OPA. Both reviews will be held concurrently and will use the following criteria:

1. A clearly stated need for either expansion or implementation of HIV on-site prevention counseling, on-site testing, and referral services, within the applicant community, as demonstrated by a significant racial/ethnic minority population known to be at high risk of HIV infection, recent shifts or increases in HIV infection rates, or high rates of HIV, AIDS and STD. (30 points)

2. A clear description of the project, including measurable goals, objectives and anticipated outcomes; evidence in support of the effectiveness and cultural and linguistic competency and age appropriateness of interventions proposed for use in the project; referral mechanisms and linkages; and plans for training project staff in HIV counseling, testing and referral. (30 points)
3. The capacity of the proposed project site to effectively and efficiently use resources allocated for the project. This includes budget, time line and staffing. (20 points)
4. Presentation of a detailed evaluation plan consistent with the project's stated goals and objectives and designed to identify and monitor progress in the development and implementation of the project, as well as measure its outcomes. (20 points)

Final grant award decisions will be made by the Deputy Assistant Secretary for Population Affairs (DASPA). In making these decisions, the DASPA will take into account the extent to which grants approved for funding will promote the priorities of Title X and the Secretary's Discretionary Fund for Minority AIDS Activities as well as provide for the geographic distribution of resources. Other factors which will be taken into consideration include:

1. Recommendations submitted by review panels;
2. The population to be served;
3. The incidence of HIV/AIDS infection, including significant shifts in HIV rates, and the availability of services in the geographic area to be served;
4. The likelihood of the proposed project producing meaningful results, e.g., increasing access for Title X clients to HIV-related services; and
5. The estimated cost to the government considering the anticipated results.

When final funding decisions have been made, each applicant will be notified by letter of the outcome of its application. The official document notifying an applicant that a project has been approved for funding is the Notice of Grant Award, which specifies to the grantee the amount of money awarded, the purpose of the grant, and the terms and conditions of the grant award (Authority: 42 U.S.C. 300).

**AIDS Rates per 100,000 Population,
by Metropolitan Area,
Reported through December 1999**

Metropolitan Area of Residence (with 500,000 or more population)	1998 AIDS Rate	1999 AIDS Rate
Atlanta, GA	25.1	26.6
Austin, TX	26.4	24.2
Baltimore, MD	46.7	40.6
Baton Rouge, LA	32.0	32.6
Boston, MA	13.8	20.6
Charleston, SC	20.8	20.8
Columbia, SC	30.8	54.6
Fort Lauderdale, FL	54.7	61.2
Houston, TX	39.8	23.3
Jacksonville, FL	24.8	28.6
Jersey City, NJ	58.6	45.4
Los Angeles, CA	19.9	22.3
Memphis, TN	26.0	29.6
Miami, FL	71.9	65.3
New Haven, CT	22.1	21.0
New Orleans, LA	34.8	31.7
New York, NY	85.5	72.7
Newark, NJ	44.6	47.0
Orlando, FL	31.5	29.0
Philadelphia, PA	26.5	33.5
Phoenix, AZ	15.8	22.9
San Francisco, CA	57.4	50.8
San Juan, PR	53.1	40.0
Springfield, MA	16.4	30.4
Tampa-Saint Petersburg, FL	24.2	23.7
Vallejo, CA	21.6	21.7
Washington, DC	34.2	32.3
West Palm Beach, FL	51.1	43.5
Wilmington, DE	22.1	27.1