

target level of performance for the following core program indicators:

- Proportion of providers reporting representative process monitoring data to the health department in compliance with the CDC program announcement;
- Proportion of providers reporting representative outcome monitoring data to the health department. (Base-line and performance targets are not reported until September 2004).

5. Capacity-Building Activities

a. All recipients must:

(1) Conduct a capacity-building needs assessment in the jurisdiction for the health department, HIV prevention service providers, and other prevention agencies/partners including community-based organizations. This assessment should include the capacity to provide outreach testing, PCRS, and prevention for people living with HIV. This requirement can be waived if you can show that you have completed a capacity building needs assessment within the last year, including an assessment of capacity to provide outreach testing, PCRS, and prevention for HIV-positive individuals.

(2) Develop a comprehensive capacity building plan based on the assessment.

(3) Provide capacity-building assistance, based on the capacity building needs assessment, to HIV prevention service providers, and other prevention agencies and partners. Create linkages with national capacity-building assistance providers (CBAs), where necessary and appropriate. Capacity-building assistance may include, but should not be limited to:

(a) Strengthening organizational infrastructure, including financial management and compliance with grant or contract requirements;

(b) Enhancing the design, implementation, and evaluation of HIV prevention interventions,

(c) Developing community infrastructure, and

(d) Strengthening HIV prevention community planning.

(4) Provide capacity-building assistance to staff of health department HIV prevention programs and other staff, e.g., counseling and testing programs.

(5) Provide capacity building assistance to CBOs to provide outreach testing and PCRS, including the use of rapid tests.

(6) Improve the capacity of medical providers to provide routine HIV testing, including the use of rapid HIV tests.

(7) Provide capacity-building assistance to design, implement, and sustain prevention interventions for

persons living with HIV/AIDS and other prioritized target populations.

(8) Collect and report data on capacity-building activities, including core indicators as will be specified in PEMS.

b. In your application:

(1) Describe your capacity-building activities in the areas listed above.

Include the plan if already developed.

(2) Discuss your plans to strengthen your capacity-building activities over the five-year project period for this program announcement.

(3) Discuss how you will assess (for the first time, as well as update) capacity-building needs throughout the project period.

(4) Specify base-line level and a one-year interim target and a five-year overall target level of performance for the following indicator: Proportion of funded providers who have received health department supported capacity building assistance specifically training/workshops in the design, implementation or evaluation of science-based HIV prevention interventions.

6. STD Prevention Activities

a. All recipients must:

(1) Support local efforts to identify persons with STDs that may facilitate the transmission of HIV infection.

(a) STD diagnosis is funded primarily through the STD prevention cooperative agreement. However, HIV prevention funds can be used to augment STD detection services if there is a documented opportunity to enhance HIV prevention efforts, e.g., encourage screening for syphilis in areas experiencing syphilis outbreaks. CPGs must be involved in this decision, e.g., indicate in the Comprehensive HIV Prevention Plan the need to provide such services.

(b) Funds can be used to underwrite the cost of STD treatment when it is intended to specifically reduce HIV transmission, on a case-by-case basis, upon approval of CDC.

(c) When feasible, counseling and testing sites should offer STD diagnostic services and referrals for STD treatment. This should also be encouraged when HIV testing is offered through outreach activities.

(2) Incorporate STD messages into HIV prevention messages whenever appropriate.

(3) Collaborate with STD programs in providing PCRS.

b. In your application:

Describe your plans to collaborate and coordinate with local STD prevention efforts, particularly as they relate to HIV prevention activities and screening and treatment for STDs.

7. Collaboration and Coordination

a. All recipients must:

Coordinate and collaborate with other agencies, organizations, and providers to strengthen HIV prevention and care activities and minimize duplication of effort in the jurisdiction. Meaningful coordination and collaboration efforts are characterized by joint participatory planning to address common areas of service need; development of recommendations for program planning and implementation; development of relevant policy and/or legislative initiatives; identification of specific steps for furthering collaborative efforts within definite time-frames; and, outcomes that reflect HIV prevention program goals. At a minimum, recipients are expected to coordinate and collaborate with the following:

(1) CDC directly funded CBOs

The Health Department will review the program plan (i.e., proposed target population, intervention, number of persons to be served, and service location) of those CBOs considered for funding by CDC. The health department will review the plans to ensure no duplication of effort, to assess consistency of the proposed target population and intervention(s) with the HIV Prevention Comprehensive Plan, and to rate the past performance with state/city funded programs. Based on this review, the health department will provide a letter of support, support with conditions, or non-support to CDC. In a letter of support, the health department should describe how they will work with the directly funded CBO. The Health Department must also invite the directly funded CBOs to community planning meetings and include them in health department provided training sessions whenever possible or appropriate.

(2) HIV/AIDS Care Programs

To ensure early treatment for HIV-positive individuals, as well as to coordinate the provision of HE/RR for HIV-positive individuals, jurisdictions are encouraged to collaborate with providers and planners of care services for persons living with HIV/AIDS, particularly those funded by the Health Resources and Services Administration (HRSA) through its Ryan White CARE Act programs. These programs include Title I Planning Councils; Title II consortia, Special Projects of National Significance, HIV/AIDS CBOs, and community groups; Title III Early Intervention Services Programs; and, Title IV Programs serving children, youth, women and their families. For a list of currently funded CARE Act Programs and for more information on