

**COLORADO**Department of Public
Health & Environment

To: Members of the State Board of Health

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Date: May 17, 2023

Subject: Rulemaking Hearing concerning Proposed Amendments to 6 CCR 1009-10,
Colorado HIV and AIDS Prevention Grant Program

Find copies of the following documents: Statement of Basis and Purpose and Specific Statutory Authority, Regulatory Analysis, Stakeholder Engagement, and Proposed Amendments to 6 CCR 1009-10, Colorado HIV and AIDS Prevention Grant Program

The Colorado HIV and AIDS Grant Prevention rule provides guidance for the grant program created to address local community needs in the areas of medically accurate HIV and AIDS prevention and education through a competitive grant process established pursuant to Section 25-4-1403(1), C.R.S. This program is administered by the Office of STI/HIV/VH at the Colorado Department of Public Health and Environment. The rule outlines the program goals, procedures for grant application, qualifications for an adequate proposal, and criteria for selecting entities.

The proposed amendments:

- Update language to clarify that the grant program is housed within the Office of STI/HIV/Viral Hepatitis. This is a change that has resulted from the creation of the Office of STI/HIV/VH on July 1, 2021. Prior to this date, the grant program was within the Disease Control and Environmental Epidemiology Division.
- Update the list of professional organizations and agencies that are considered experts in relevant fields related to HIV prevention.
- Remove redundant language about the distribution of funds.
- Update language to allow flexibility for the duration of funding to extend beyond three years with the approval of the CHAPP Advisory Committee, the Executive Director, and the Board of Health.
- Update language throughout the document to remove “HIV and AIDS prevention” with “HIV prevention.” This is an update to the currently accepted language.
- Update the evaluation process and outcome measures to be reflective of the current reporting requirements as defined by the Office of STI/HIV/VH.
- Update grantee reporting requirements.
- Incorporate gender neutral language throughout the regulation (i.e. removing his/her, him/her, himself/herself and replacing with “their” or “themselves”).

Finally, the Department has proposed changes that are technical in nature and intended to clarify existing rule language and provide better alignment with statute without significant policy change.

In total, the proposed amendments are necessary to update the rule to align with best practices in HIV prevention, continue to bring clarity to the rule, and minimize potential confusion and barriers among end-users of the rule. The Department contacted a wide variety of stakeholders to solicit input on these proposed amendments. To date, no major factual or policy issues have been encountered.

Changes to rule language are in **ALL CAPS** or strikethrough where appropriate.

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to
6 CCR 1009-10, Colorado HIV and AIDS Prevention Grant Program

Basis and purpose

The Colorado HIV and AIDS Grant Prevention rule provides guidance for the grant program created to address local community needs in the areas of medically accurate HIV and AIDS prevention and education through a competitive grant process established pursuant to Section 25-4-1403(1), C.R.S. This program is administered by the Office of STI/HIV/VH at the Colorado Department of Public Health and Environment. The rule outlines the program goals, procedures for grant application, qualifications for an adequate proposal, and criteria for selecting entities.

The intent is to update the rule to align with changes in HIV prevention, continue to bring clarity to the rule, and minimize potential confusion among end-users of the rule.

The proposed amendments:

- Modify the following sections of the rule:
 - Change the rule title to include Office of STI/HIV/Viral Hepatitis and remove Disease Control and Environmental Epidemiology Division. The Office of STI/HIV/VH was established as of July 1, 2021 and is no longer housed within the Disease Control and Environmental Epidemiology Division.
 - Add the “Office” with reference to the Office of STI/HIV/Viral Hepatitis within the definition of the rule and remove “Division” and reference to the Disease Control and Environmental Epidemiology Division. The Office of STI/HIV/VH was established as of July 1, 2021 and is no longer housed within the Disease Control and Environmental Epidemiology Division.
 - Remove all references to the “Division” throughout the document and update with the “Office.” The Office of STI/HIV/VH was established as of July 1, 2021 and is no longer housed within the Disease Control and Environmental Epidemiology Division.
 - Update the list of professional organizations listed as agencies with relevant expertise to include, but not be limited to, the Centers for Disease Control and Prevention (CDC), National Alliance of State and Territorial AIDS Directors (NASTAD), the American Public Health Association (APHA), or the National Coalition of STD Directors (NCSDD). The updated list provides more context to currently recognized experts within the field of HIV prevention.
 - Remove reference to AIDS prevention throughout the document. This reflects current and accurate language about the purpose of the CHAPP program which is to prevent HIV.
 - Update the evaluation plan requirements. This includes updating the information that is required for data collection.
 - Update language to allow the grant award to be given for more than three years with the approval of the CHAPP Advisory Committee, CDPHE Executive Director, and the Board. The grant operates on a three year cycle, and there is no intention

to change that cycle. The addition of this language would simply allow for flexibility, with oversight, if necessary.

- Update grantee reporting requirements. At the current time, grantees submit a monthly narrative to CDPHE along with necessary data and any other requirements outlined in their scopes of work. The information from their monthly narrative reports can be compiled annually to complete the necessary annual requirements. This helps to eliminate unnecessary documentation requirements for grantees.
- Throughout the rule: Incorporate gender neutral language throughout the regulation (i.e., removing his/her, him/her, and himself/herself and replacing it with “their” or “themselves”).

Finally, the Department has proposed changes that are technical in nature and intended to clarify existing rule language and provide better alignment with statute without significant policy change. Within this subset of changes, the Department proposes a renumbering of the footnotes. This proposal will allow for all footnotes to appear in order on the table in Appendix A. This change is intended to bring clarity to the rule and reduce confusion among end-users of the rule.

Specific Statutory Authority.

Statutes that require or authorize rulemaking:

Sections 25-1-108(1)(c), 25-1.5-102, 25-1-122, and 25-4-511(1), C.R.S.

Is this rulemaking due to a change in state statute?

Yes, the bill number is _____. Rules are ___ authorized ___ required.
 No

Does this rulemaking include proposed rule language that incorporate materials by reference?

Yes _____ URL
 No

Does this rulemaking include proposed rule language to create or modify fines or fees?

Yes
 No

Does the proposed rule language create (or increase) a state mandate on local government?

Yes
 No

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

REGULATORY ANALYSIS
for Amendments to
6 CCR 1009-10, Colorado HIV and AIDS Prevention Grant Program

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of persons/entities affected by the proposed rule	Size of the group	Relationship to the proposed rule Select category: C/CLG/S/B
Community Based Organizations (CBOs) providing HIV prevention throughout Colorado.	>100	C
Advocates and interested stakeholders who are engaged with the continued efforts surrounding STI/HIV/VH throughout the state of Colorado.	1625	B/S
Advocates and interested stakeholders who are engaged with the continued efforts surrounding the Colorado HIV and AIDS Prevention Grant Program (CHAPP).	233	B/S
Local public health agencies (LPHAs)	>100	C

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, use this relationship categorization key:

- C = Individuals/entities that implement or apply the rule.
- CLG = Local governments that must implement the rule in order to remain in compliance with the law.
- S = Individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
- B = The individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by, or be at risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Economic outcomes

C/CLG/S/B: The proposed changes update language to the rule, but do not change the nature of the grant program. Eligibility and requirements for the grant program will not change, and the same groups will still be eligible for application for the grant program. No economic impact is anticipated.

Summarize the financial costs and benefits, include a description of costs that must be incurred, costs that may be incurred, any Department measures taken to reduce or eliminate these costs, any financial benefits.

(described above)

Non-economic outcomes

Summarize the anticipated favorable and non-favorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.

Favorable non-economic outcomes:

C/B: For entities applying for the grant program, the changes to the rule clarify that the grant program is overseen by the Office of STI/HIV/VH. The changes also update the language, reporting requirements, and the evaluation process and outcomes to align with current Department requirements. The updates clarify reporting requirements allowing more transparency for grantees.

Unfavorable non-economic outcomes:

No notable unfavorable non-economic outcomes are anticipated with this rule change.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

- A. Anticipated CDPHE personal services, operating costs, or other expenditures:

The proposed update to the rule does not require any further personal service, operating costs, or other expenditures beyond what is currently in place through the appropriation for the CHAPP grant program.

Anticipated CDPHE Revenues: NA

- B. Anticipated personal services, operating costs, or other expenditures by another state agency:

Anticipated Revenues for another state agency: NA

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Along with the costs and benefits discussed above, the proposed revisions:

- Comply with a statutory mandate to promulgate rules.
- Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
- Maintain alignment with other states or national standards.
- Implement a Regulatory Efficiency Review (rule review) result.
- Improve public and environmental health practice.
- Implement stakeholder feedback.

Advance the following CDPHE Strategic Plan priorities (select all that apply):

<p>1. Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.716 million metric tons of CO₂e (carbon dioxide equivalent) per year to 119.430 million metric tons of CO₂e per year by June 30, 2020 and to 113.144 million metric tons of CO₂e by June 30, 2023.</p> <p><input type="checkbox"/> Contributes to the blueprint for pollution reduction.</p> <p><input type="checkbox"/> Reduces carbon dioxide from transportation.</p> <p><input type="checkbox"/> Reduces methane emissions from oil and gas industry.</p> <p><input type="checkbox"/> Reduces carbon dioxide emissions from electricity sector.</p>
<p>2. Reduce ozone from 83 parts per billion (ppb) to 80 ppb by June 30, 2020 and 75 ppb by June 30, 2023.</p> <p><input type="checkbox"/> Reduces volatile organic compounds (VOC) and oxides of nitrogen (NO_x) from the oil and gas industry.</p> <p><input type="checkbox"/> Supports local agencies and COGCC in oil and gas regulations.</p> <p><input type="checkbox"/> Reduces VOC and NO_x emissions from non-oil and gas contributors.</p>
<p>3. Decrease the number of Colorado adults who have obesity by 2,838 by June 30, 2020 and by 12,207 by June 30, 2023.</p> <p><input type="checkbox"/> Increases the consumption of healthy food and beverages through education, policy, practice, and environmental changes.</p> <p><input type="checkbox"/> Increases physical activity by promoting local and state policies to improve active transportation and access to recreation.</p> <p><input type="checkbox"/> Increases the reach of the National Diabetes Prevention Program and Diabetes Self-Management Education and Support by collaborating with the Department of Health Care Policy and Financing.</p>
<p>4. Decrease the number of Colorado children (age 2-4 years) who participate in the WIC Program and have obesity from 2120 to 2115 by June 30, 2020 and to 2100 by June 30, 2023.</p> <p><input type="checkbox"/> Ensures access to breastfeeding-friendly environments.</p>
<p>5. Reverse the downward trend and increase the percent of Kindergartners protected against measles, mumps, and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.</p> <p><input type="checkbox"/> Reverse the downward trend and increase the percent of Kindergartners protected against measles, mumps, and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.</p> <p><input type="checkbox"/> Performs targeted programming to increase immunization rates.</p> <p><input type="checkbox"/> Supports legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).</p>
<p>6. Colorado will reduce the suicide death rate by 5% by June 30, 2020 and 15% by June 30, 2023.</p>

<ul style="list-style-type: none"> <input type="checkbox"/> Creates a roadmap to address suicide in Colorado. <input type="checkbox"/> Improves youth connections to school, positive peers and caring adults, and promotes healthy behaviors and positive school climate. <input type="checkbox"/> Decreases stigma associated with mental health and suicide, and increases help-seeking behaviors among working-age males, particularly within high-risk industries. <input type="checkbox"/> Saves healthcare costs by reducing reliance on emergency departments and connects to responsive community-based resources.
<p>7. The Office of Emergency Preparedness and Response (OEPR) will identify 100% of jurisdictional gaps to inform the required work of the Operational Readiness Review by June 30, 2020.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conducts a gap assessment. <input type="checkbox"/> Updates existing plans to address identified gaps. <input type="checkbox"/> Develops and conducts various exercises to close gaps.
<p>8. For each identified threat, increase the competency rating from 0% to 54% for outbreak/incident investigation steps by June 30, 2020 and increase to 92% competency rating by June 30, 2023.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uses an assessment tool to measure competency for CDPHE's response to an outbreak or environmental incident. <input type="checkbox"/> Works cross-departmentally to update and draft plans to address identified gaps noted in the assessment. <input type="checkbox"/> Conducts exercises to measure and increase performance related to identified gaps in the outbreak or incident response plan.
<p>9. 100% of new technology applications will be virtually available to customers, anytime and anywhere, by June 20, 2020 and 90 of the existing applications by June 30, 2023.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implements the CDPHE Digital Transformation Plan. <input type="checkbox"/> Optimizes processes prior to digitizing them. <input type="checkbox"/> Improves data dissemination and interoperability methods and timeliness.
<p>10. Reduce CDPHE's Scope 1 and 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,249 metric tons (20% reduction) by June 30, 2020 and .4,593 tons (30% reduction) by June 30, 2023.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduces emissions from employee commuting. <input type="checkbox"/> Reduces emissions from CDPHE operations.
<p>11. Fully implement the roadmap to create and pilot using a budget equity assessment by June 30, 2020 and increase the percent of selected budgets using the equity assessment from 0% to 50% by June 30, 2023.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Used a budget equity assessment.

Advance CDPHE Division-level strategic priorities.

These proposed amendments align with the [Colorado HIV and AIDS Prevention, Care, and Treatment 2022-2026 Strategic Plan](#) (COHAS) developed by the Office of STI/HIV/VH in partnership with community partners and stakeholders.

The costs and benefits of the proposed rule will not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include: N/A

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

Rulemaking is proposed when it is necessary. The specific revisions proposed are updates and do not change the grant program in a way that will impact grantees or the end users of HIV prevention services. The updates will clean up the language of the rule and better align it with the current best practices. The grant program will continue to address HIV prevention throughout the state of Colorado.

6. Alternative rules or alternatives to rulemaking considered and why rejected.

Few alternative methods for achieving the purpose of the proposed rules were considered because the statute refers to rulemaking.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

The proposed revisions are based on cleanup and alignment, and do not change the grant program.

STAKEHOLDER ENGAGEMENT
for Amendments to 6 CCR 1009-10, Colorado HIV and AIDS Prevention Grant Program

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early stakeholder engagement

CDPHE invited the following people and/or entities to provide input in the development of these proposed rules:

CHAPP interested parties. The Office of STI/HIV/VH maintains a list of individuals and agencies that would like to receive updates and information both about the CHAPP grant program and overall from the Office. The CHAPP list currently consists of 233 emails. These emails include grantees, advocates, and community partners and stakeholders. It includes individuals that are both affiliated with agencies providing HIV prevention, individuals receiving HIV prevention services, and interested members of the community. The overall list consists of 1675 members. The makeup of that list is similar to the CHAPP interested stakeholders, as it includes individuals that are both affiliated with agencies providing HIV prevention, individuals receiving HIV prevention services, and interested members of the community.

Starting on January 19, 2023, and continuing, CDPHE is soliciting stakeholder feedback from the entities listed above via email, where a memo describing the proposed amendments to the rule and a strikethrough version of the rule were included as attachments. Stakeholders were asked to provide feedback in an online survey form. The proposed rules were also shared with the Chair and Vice Chair of the CHAPP Community Advisory Committee. At the current time, there has been agreement and no opposition with the proposed changes. The CHAPP Advisory Committee will be meeting on March 16 and this is a topic on the agenda.

Stakeholder group notification

CDPHE provided the stakeholder group notice of the rulemaking hearing and a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

Not applicable. This is a Request for Rulemaking packet. Notification will occur if the Board of Health sets this matter for rulemaking.

Yes.

Summarize major factual and policy issues encountered and the stakeholder feedback received. If there is a lack of consensus regarding the proposed rule, also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

One comment was received during the first round of early stakeholder feedback. No feedback was received during the formal stakeholder engagement. Below is the summary of the feedback received and how the Department responded to the stakeholder suggestions, questions, and concerns:

- A stakeholder suggested that we remove “him/her” and replace it with gender neutral language. We agreed with the suggested language changes and have incorporated them into our proposal and changes.

The Department is appreciative of the comments and suggestions received from its many stakeholders.

Identify the determinants of health or other health equity and environmental justice considerations, values, or outcomes related to this rulemaking.

Overall, after considering the benefits, risks, and costs, the proposed rule:

Select all that apply.

X	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.	X	Reduces or eliminates healthcare costs, improves access to healthcare or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces, or transportation.		Reduces occupational hazards; improves an individual’s ability to secure or maintain employment; or, increases stability in an employer’s workforce.
	Improves access to food and healthy food options.		Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.	X	Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
	Increases a child’s ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.	X	Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
	Monitors, diagnoses, and investigates health problems, and health or environmental hazards in the community.		Ensures a competent public and environmental health workforce or healthcare workforce.
	Other: _____ _____		Other: _____ _____

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**~~Disease Control and Environmental Epidemiology Division~~ OFFICE OF STI/HIV/VIRAL HEPATITIS
COLORADO HIV AND AIDS PREVENTION GRANT PROGRAM
6 CCR 1009-10**

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Adopted by the Board of Health on March 15, 2017. Effective May 15, 2017.

1.1 Definitions

- A. "Board" means the State Board of Health.
- B. "Advisory Committee" means the seven member committee set forth in Section 25-4-1404(1) (a), C.R.S. that is responsible for overseeing the Colorado Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) Prevention Program that shall fund medically accurate and evidence based HIV and AIDS prevention and education programs through a competitive grant process pursuant to Section 25-4-1403, C.R.S.
- C. ~~"Division" means the Disease Control and Environmental Epidemiology Division.~~ **"OFFICE" MEANS THE OFFICE OF STI/HIV/VIRAL HEPATITIS**
- D. "Colorado HIV and AIDS Prevention Grant Program" (CHAPP) means the grant program created to address local community needs in the areas of medically accurate HIV and AIDS prevention and education through a competitive grant process established pursuant to Section 25-4-1403(1), C.R.S. administered by the **OFFICE OF STI/HIV/VH** ~~Disease Control and Environmental Epidemiology Division~~ at the Colorado Department of Public Health and Environment.
- E. "Conflict of Interest" consists of one or more the following conditions:
1. If a member of the Advisory Committee has an immediate personal, private, or financial interest in any matter pending before the Advisory Committee;
 2. If a member of the Advisory Committee has been an employee, consultant, officer, board member, advisor, grant writer, client, or volunteer for any of the agencies (whose grant applications are to be reviewed by the Advisory Committee) within the past twelve months, or has any other reasons that would prevent them from being an unbiased review panelist;
 3. All other individuals: a personal or financial interest that could reasonably be perceived as an interest that may influence an individual in **THEIR** ~~his or her~~ official duties.
- F. "Financial interest" means an interest held by an individual which is an ownership or vested interest in an entity or employment, or investment interests, or a prospective employment for which negotiations have begun, or a directorship or officership in an entity, or immediate family members.
- G. "Medically accurate HIV and AIDS prevention and education program" means:
1. In accordance with credible medical publications, associations or agencies;
 2. Verified or supported by research conducted in compliance with accepted scientific methods and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the **CENTERS FOR**

~~DISEASE CONTROL AND PREVENTION, NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS (NASTAD), OR THE AMERICAN PUBLIC HEALTH ASSOCIATION (APHA), NATIONAL COALITION OF STD DIRECTORS (NCSD), federal centers for disease control and prevention, or the American Public Health Association;~~

3. Supported by peer-reviewed research which complies with accepted scientific methods, published in or by medical, scientific, psychological, sociological, government or public health publications, organizations or agencies – or information presented or provided by a reputable organization or agency which has expertise relating to sexual health, or;
 4. Locally adapted evidence based interventions and methods which:
 - a. Pertain to the conscientious, explicit, and judicious use of current best evidence in making decisions.
 - b. Use scientific data to confirm that the proposed diagnostic or therapeutic procedures are appropriate in light of their high probability of producing the best and most favorable outcome.
 - c. Include activities that evaluation research has shown to be effective.
 - d. Are based on the best documented scientific evidence currently available.
 - e. Are based on systematic reviews of evidence, aimed at showing the relationship of the intervention to particular outcomes and an explicit process for translating the evidence into recommendations.
- H. “Comorbidities secondary to HIV infections” includes, but is not limited to, the scope of sexually transmitted infections, hepatitis, tuberculosis, substance abuse and mental health issues.
- I. “Urban” shall be a term applied to counties, having within the county boundaries, one or more population centers of 50,000 persons or more, and/or which according to Colorado HIV surveillance data have a ~~preponderance~~ of HIV/AIDS cases that is 250 cases or more.
- J. “Rural” shall be a term applied to counties having fewer than 50,000 persons, or have less than .250 reported HIV/AIDS cases.

1.2 Program Goals

The grant program is created to address local community needs by funding medically accurate HIV and AIDS prevention and education programs through a competitive grant process. The ~~OFFICE Division~~ shall administer the program with the goal of developing a comprehensive approach that will decrease the ~~transmission and acquisition of HIV and AIDS~~ in Colorado.

1.3 Procedures for Grant Application

A. Grant Application Contents

Grant applicant organizations seeking resources to provide HIV/AIDS prevention and education programs will include the following information in their applications:

1. Applicants will submit documentation to verify that the grant applicant is a non-profit organization that is either:

- a. Governed by a board of directors,
 - b. A tax-exempt organization 501 (c) (3) of the federal internal revenue code, or
 - c. A county, district, or multiple public health agency.
2. A description of how the applicant will provide medically accurate HIV ~~and AIDS~~ prevention and education programs, to meet local community needs. The application must document that the HIV ~~and AIDS~~ prevention and education program(s) is medically accurate.
 3. A description of the local HIV/~~AIDS~~ prevention or education issues(s) to be addressed, the geographic area and clients that shall be served and the history, experience, and cultural competence of the applicant to work with the targeted community or population, and provide services described in the application. The statement needs to include a description of the impact of HIV disease on the clients and community, the needs of the clients and community that will be served, and how the clients and community will benefit from the grant.
 4. Grant applications may also include activities related to conducting HIV prevention in conjunction with other comorbidities secondary to HIV ~~infection~~.
 5. A description of the goal and objectives and activities planned to meet the goals and objectives. The description will be in the form of a scope of work that includes timelines for implementing the activities.
 6. A description of the roles and responsibilities of all staff funded through the application and partners or supporters.
 7. A detailed operative budget and budget narrative.
 8. A detailed evaluation plan **WHICH with process and outcome measures.** ~~The evaluation plan will include:~~
 - a. A description of the applicant's capacity to comply with and monitor the implementation of the grant requirements,
 - b. A description of **the PROCESS AND OUTCOME** measures, indicators and data that will be used to evaluate the grantee's ability to implement the scope of work and achieve the goals and objectives,
 - c. Process measures shall be include the number of clients to be reached, and when feasible, age, race, ethnicity, **SEX ASSIGNED AT BIRTH**, gender **IDENTITY** and **SEXUAL HISTORY** ~~behavioral risk factors~~,
 - d. Outcome measures **ARE REQUIRED, THOSE MEASURES CAN INCLUDE: such as INCREASING THE NUMBER OF PEOPLE AWARE OF THEIR HIV STATUS improved early detection of HIV, personal knowledge of HIV status, EARLY LINKAGE TO HIV CARE AND TREATMENT, partner disclosure, or INCREASING THE NUMBER OF INDIVIDUALS WITH KNOWLEDGE RELATING TO HIV AND RESOURCES FOR PREVENTION OF HIV, HIV-related knowledge, IMPROVEMENT IN attitudes AND beliefs TOWARD SEXUAL HEALTH, INCREASING THE NUMBER OF PEOPLE SCREENED AND REFERRED TO BIOMEDICAL HIV PREVENTION (PREP AND HARM REDUCTION), and behavior are required.** Outcome measures will be targeted to identify the number of people served, the type and cost of services, and the level of benefit or improvement achieved,

- e. Identifying the lessons the grantee learned from the implementation of the grant services, including discussion of the obstacles and how they were overcome as well as changes that would be made in the future,
- f. How the results will be used, disseminated and communicated, and
- g. A detailed sustainability plan and timeline for implementing the plan to support the goals and objectives after the grant ends.

B. Timelines for Grant Application

Grant applications may be solicited on dates determined by the **OFFICE Division** in consultation with the Advisory Committee. Applications will be reviewed within 120 days of submission and referral of recommended applications to the board of health will be within 180 days of submission.

1.4 Qualifications of an adequate proposal

For a proposal to be accepted and included in the review process, the proposal must:

- A. Be signed by an individual that is authorized by the applicant to submit grant proposals.
- B. Provide the requisite number of copies and/or electronic copies as required by the department.
- C. Conform to the grant application requirements in rule 1.3.
- D. Include an acknowledgement by the applicant that any grant funded HIV prevention messages, images, and materials will be reviewed and approved by the Department prior to distribution.
- E. Include an acknowledgement by the applicant that all reports will be submitted electronically in a word processing software program compatible with Microsoft word 2007 (or higher) or excel 2007 (or higher) format.

1.5 Criteria for Selecting Entities

- A. The Division shall solicit competitive applications. The Advisory Committee shall review applications received pursuant to Section 25-4-1403 and Section 25-4-1404 C.R.S. and submit to the Board and the Executive Director of the Department recommended recipients, recommended grant amounts, and the duration of each recommended grant. In making recommendations for grants, the Advisory Committee shall follow the purpose of the program as outlined in section 25- 4-1403.
- B. Funds will be distributed statewide and address the **UNMET** needs of both urban and rural residents of Colorado and populations disproportionately affected by the epidemiological impact of HIV/AIDS.
- C. In making recommendations for grants, the Advisory Committee shall also consider the distribution of federal funds in the areas of HIV and AIDS prevention, education, and treatment to ensure funds are distributed in the state where there is the greatest unmet need.
- ~~D. In reviewing and approving grant applications, the Advisory Committee and the Board shall ensure that grants are distributed statewide and address the unmet needs of both urban and rural residents of Colorado.~~
- E. The following criteria will be used for selecting potential grantees:

1. Grantees must have the capacity to adequately administer and monitor the grant.
 2. Grantees will provide medically accurate HIV ~~and AIDS~~ prevention and education programs.
 3. Grantees may conduct HIV prevention in conjunction with other comorbidities secondary to HIV infection.
 4. Preference shall be given to applicants that have as one of their primary purposes HIV/~~AIDS~~ prevention and education.
 5. Grantees must be non profit organizations that are governed by a board of directors, have the benefit of tax-exempt status pursuant section 501 (c) (3) of the federal “internal revenue code” or local health departments.
 6. Grantees shall not use funds to:
 - A. Contribute to existing scholarships, directly to endowments, debt reduction, or related activities,
 - B. Lobby or perform related activities, or
 - C. Supplant funding for existing programs.
 7. No grant shall be awarded for a period that exceeds three years **WITHOUT APPROVAL FROM THE CHAPP ADVISORY COMMITTEE, CDPHE EXECUTIVE DIRECTOR, AND THE BOARD.**
- F. The Board shall have final authority to approve the grants administered under Section 25-4-1404 and Section 25-4-1403 C.R.S.
1. Within 30 days after receiving the Advisory Committee’s recommendations, the executive director shall submit **THEIR** ~~his or her~~ recommendations to the Board.
 2. If the Board disapproves a recommendation for a grant recipient, the Advisory Committee may submit a replacement recommendation within 30 days after disapproval.
 3. The Board shall award grants to the entities selected by the Advisory Committee specifying the amount and duration of each grant award.

1.6 Awarding of Program Grants

- A. The Board shall award grants to the selected entities, specifying the amount of the grant.
- B. Any actual or prospective applicant who is aggrieved in connection with the solicitation or award of a contract pursuant to Section 25-4-1403 may protest to the Executive Director of the department or **THEIR** ~~his/her~~ designee.
 1. Such protests must be submitted in writing within seven working days after such aggrieved person knows, or should have known, of the facts giving rise thereto.
 2. At the discretion of the Executive Director or **THEIR** ~~his/her~~ designee, protests may be placed on the agenda of the Advisory Committee for their consideration, and, if necessary, the Board.
 3. At the discretion of the Executive Director or **THEIR** ~~his/her~~ designee, awards

may proceed pending the final outcome of a Board decision regarding a protest.

4. At the discretion of the Board, a protest may result in changes in the final selection of entities receiving awards, the amount and duration of awards, and the termination of contracts or other agreements that were awarded pursuant to Section 25-4-1403.

1.7 Grantee Reporting Requirements

~~Grantees will develop and submit an annual report no later than 30 days after the end of the grant period and a final evaluation no later than 30 days after the conclusion of the grant.~~ **GRANTEES WILL COMPLETE AND SUBMIT MONTHLY NARRATIVE REPORTS NO LATER THAN 30 DAYS AFTER THE END OF EACH MONTH WITHIN THE CONTRACT PERIOD.**

- ~~A. Each annual report will include the goals, objectives, implementation steps, scope of work activities, and timeline for activities that were accomplished for in the grant year. Barriers to the timely achievement of the goals and objectives of the grant will be documented as part of the annual report. The report will include an evaluation of the work that conforms to the grantee's written evaluation plan. Continuation of the grant is contingent on submitting an annual report. Grantees who fail to submit the annual report may be terminated for nonperformance.~~ **EACH MONTHLY NARRATIVE REPORT WILL INCLUDE THE GRANTEE'S PROGRESS TOWARD GOALS, IMPLEMENTATION STEPS, SCOPE OF WORK ACTIVITIES AND CHALLENGES EXPERIENCED IN REACHING GOALS. BARRIERS AND CHALLENGES WILL BE ADDRESSED BY CDPHE WITH GRANTEES AS THEY ARISE.**
- B. At the end of the grant period, the final report **WILL INCLUDE GOALS, OBJECTIVES, IMPLEMENTATION STEPS, SCOPE OF WORK ACTIVITIES, AND TIMELINE FOR ACTIVITIES THAT WERE ACCOMPLISHED DURING THE DURATION OF THE GRANT. BARRIERS TO TIMELY ACHIEVEMENT OF THE GOALS AND OBJECTIVES OF THE GRANT WILL BE DOCUMENTED AS PART OF CDPHE'S ANNUAL REPORT.** ~~shall serve as that year's annual report. The final report will include the goals, objectives, implementation steps, scope of work activities, and timeline for activities that were accomplished during the entire duration of the grant. Barriers to the timely achievement of the goals and objectives of the grant will be documented as part of the final report. The report will include a final evaluation that conforms to the grantee's written evaluation plan~~

1.8 Conflict of Interest

- A. This section applies to any person:
 1. Who reviews submitted applications; or
 2. Who makes recommendations to the Board regarding which applicants receive grants and the amounts of said grants; or
 3. Who is a member of the Board or Advisory Committee.
- B. Prohibited Behavior. No person may be involved in the activities specified in subsection A of this section if that person has a conflict of interest, as that term is defined in section 1.1 herein.
- C. Responsibilities of Persons with a Potential Conflict of Interest. A person who believes that he or she may have a conflict of interest shall disclose the conflict as soon as he or she becomes aware of it. If the person is a member of the Advisory Committee, that person shall not vote on the matter for which the person has a conflict. Other activities of members of the Advisory Committee are subject to subparagraph 2 below.
 1. If the person is a member of the Advisory Committee and acting in **THEIR** ~~his or her~~ capacity as an Advisory Committee member, the person shall publicly disclose the

conflict of interest to the Advisory Committee. If the Advisory Committee determines a ~~there exists a~~ conflict of interest **EXISTS**, the person shall recuse **THEMSELF** ~~himself or herself~~ from any of the activities specified in paragraph 1.7.A relating to the conflict.

2. Any other person shall disclose the conflict of interest in writing to the Advisory Committee. If the Advisory Committee determines that the person has a conflict of interest, the person shall recuse **THEMSELF** ~~himself or herself~~ from any of the activities specified in paragraph 1.7.A relating to the conflict.

Editor's Notes

History

Section 1.3.1 eff.

03/01/2008. Entire

rule eff.

08/14/2014.

Sections 1.1.B, 1.1.D, 1.3.B, 1.5.A, 1.5.F, 1.6.B eff. 05/15/2017.