Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

**HIV Prevention Capacity Development Needs Assessments of Community-Based Organizations**

**Attachment #3b**

**Health Departments Needs Assessment**

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

**Form Approved**

**OMB No. 0920-xxxx**

**Exp. Date xx/xx/xxxx**

**Attachment 3: HD Needs Assessment Information Collection Instrument**

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Thank you for taking time to voluntarily complete this assessment of your agency’s classroom training and technical assistance (TA) needs to achieve the goals of [insert name of funding mechanism]. You are not required to complete this assessment as part of your funding and can exit the survey at any time. We appreciate your willingness to inform the CDC of your training and TA needs.

This process enables your agency to be linked with training and TA on a variety of topics without having to submit a capacity building assistance (CBA) tracking system (CTS) request for each training/TA need. Once you submit your responses to this assessment, the HIV Prevention Capacity Development Branch (HPCDB) will combine your responses with the responses from the other funded health departments (HDs); this process will allow us to offer training and TA more efficiently across funded HDs and will allow your staff to interact and learn alongside colleagues at other HDs.

**Your responses to this assessment MUST be submitted by 11:59 pm Pacific Time on [insert date].**

You can “Save” your responses (second to last button below) and return later to complete the full assessment if you need to collect additional information prior to submitting your responses. When you have finished entering your responses, please select the “Submit” button. Once you submit your responses they cannot be changed. If you don’t “Save” or “Submit” your responses and exit CTS, you will need to reenter your responses; CTS will not save data unless you select “Save.” Any responses you have elected to “Save” will be submitted as training and TA needs once the deadline has been met, even if you do not select “Submit.”

If you have any questions or concerns about this assessment, please contact Neal Carnes, Senior Health Scientist, HPCDB by phone: 404-718-5379 or by email: Ncarnes@cdc.gov.

First, we would like to ask about your agency, and you:

[Note: all content in “()” and “[]” are development instructions, not to appear in the assessment.]

1. Please confirm, is the agency you are completing the assessment on behalf of? [pre-populated {funding mechanism} organization]
	1. Yes (1) [Go to Q. 2]
	2. No (2) [If no] “Thank you for your time. This assessment is for agencies funded by PS21-2102.” [Exit back to the login page for CTS]
2. Please confirm, are you? [pre-populated HD Primary CTS User’s name, based on registration data]
3. Yes (1) [Go to Q. 3]
4. No (2) [If no] “Thank you for your time. This assessment is to be completed by the agency’s Primary CTS User; please have the person listed above log in and complete this assessment.” [Exit back to the login page for CTS]

3a. Please confirm, if HPCDB has follow up questions regarding your response to the assessment questions, is the best email address to contact you at? [pre-populated email from agencies registration, Primary CTS User’s email]

* 1. Yes (1) [Go to Q. 3b] (pre-populated email gets reported)
	2. No (2), the email is incorrect. Please write in your current email: (text gets reported) [text box]

3b. Please confirm, if HPCDB has follow up questions regarding your response to the assessment questions, is the best work phone number to contact you at? [pre-populated work phone number from agencies registration, Primary CTS User’s phone]

a. Yes (1) [Go to Q. 4] (pre-populated work phone gets reported)

b. No (2), the work phone is incorrect. Please write in your current work phone: (text gets reported) [text box]

**For the purposes of this assessment we define training and technical assistance as follows:**

**Training**: Capacity Building Assistance (CBA) providers offer national, standardized self-directed and/or instructor-led sessions to assist in conducting interventions to meet your agency’s [insert name of funding mechanism] goals. For example, if your agency plans to offer ARTAS, a linkage to HIV care training, and you are hiring new staff to implement the program, you may wish to request training. Typically, training occurs first as it provides a base understanding of an intervention or topic, then if additional information or if modification is necessary, technical assistance can be requested.

CDC TRAIN is where you register for all online training courses, classroom and self-paced. In addition, CDC TRAIN provides free, virtual, self-paced trainings and recorded webinars on a range of topics that may benefit your agency’s staff. Please feel free to register at: <https://cdc.train.org/cdctrain/welcome> and browse the “course catalog” if you do not see a training content area listed below, or you have an immediate need for training.

**Technical assistance (TA)**: CBA providers offer tailored sessions designed to assist your agency’s staff to plan, integrate, implement, and sustain HIV prevention programs and services. For example, if your agency already offers ARTAS and you plan to extend its services to a new focus population, you may want to modify the intervention to meet the needs of the new population. TA can help you adapt and promote the program. In addition, TA should be requested when training isn’t available for an intervention or other HIV prevention program need.

1. Please select the box next to the [insert name of funding mechanism]-funded program areas for which your agency would like to request classroom training (for more information about the interventions and public health strategies funded under the Ending the HIV Epidemic (EHE) in the U.S. initiative’s pillars, please go to:<https://www.cdc.gov/hiv/effective-interventions/index.html>).

[Pre-populated list with “Request Training” check boxes to indicate which trainings they are requesting:]

 DIAGNOSE

HIV Testing in Non-clinical Settings: Principles, Practices, and Pathways to Disease Intervention

Personalized Cognitive Counseling-Episodic Substance Use: PCC-ESU

Social Network Strategy for HIV Testing Recruitment

TREAT

HIV Navigation Services – STEPS to Care

Anti-Retroviral Treatment and Access to Services: ARTAS

Stay Connected for Your Health, clinics only

PREVENT

Implementing PrEP in Your Clinic: A Course for Decision Makers

PROMISE

Sister to Sister: Taking Control of Your Health

Sin Buscar Excusas/No Excuses

TWIST

RESPOND

Data to Care and Cluster Detection and Response: HIV Data to Engagement

OPERATIONAL PROGRAM

Fundamentals of Motivational Interviewing for HIV

Cultural Humility

1. Of the following list of [insert name of funding mechanism] program areas, please select the check box next to the title for which your agency would like to request technical assistance.

 DIAGNOSE

HIV Testing in Nonclinical Settings

Routine opt out Clinical HIV Testing

Self-testing

Personalized Cognitive Counseling-Episodic Substance Use: PCC-ESU

Social Network Strategy for HIV Testing Recruitment

Integrating Screenings for HIV, Syphilis, Gonorrhea, Chlamydia, Viral Hepatitis, or Tuberculous (TB)

 TREAT

Linkage to HIV Medical Care

HIV Navigation Services

Anti-Retroviral Treatment and Access to Services: ARTAS

HIV Navigation Services - STEPS to Care

Stay Connected for Your Health, clinics only

Re-engagement to HIV Medical Care

Partner Services

Medication Adherence to Achieve Viral Suppression

Partnerships for Health-Medication Adherence: PfH-MA

Linkage to Prevention and Essential Services

PREVENT

Referrals to PrEP and nPEP

Condom Distribution

Taking Care of Me video

TWIST

PROMISE

d-UP!

Safe in the City (video)

Sister to Sister: Taking Control of Your Health

Sin Buscar Excusas/No Excuses

RESPOND

Cluster Detection and Response Activities

Data to Care and Cluster Detection and Response: Data to Engagement

OPERATIONAL PROGRAM

Outreach

Recruitment

CDC-developed Social Marketing Campaigns

Community Engagement Group

HIV Planning Group

1. Does your agency have any training or TA needs not addressed in this assessment? If so, please let us know about those needs?
	1. Yes (1), we have additional training/TA needs not listed above

[If yes, ask:] What training or technical assistance needs does your agency have that are not listed above? (Please list): [open text box – limit to 300 characters]

* 1. No (2)
* “Save” button [allows the Primary CTS User to save their responses and return later to complete. Saved responses will be turned into needs assessment data once the assessment period closes.]

[Have a confirmation pop-up] “The responses you entered have been saved. You can change any response prior to submitting your final assessment. To complete the assessment process, please select “Submit” by [insert date] at 11:59 pm Pacific Time. Saved responses will be submitted as needs if you do not complete the assessment and select to submit your responses.”

* “Submit” button [sends data to HPCDB (Neal Carnes) for aggregation and analyses]

[Have a confirmation pop-up] “Thank you for submitting your training and technical assistance needs. If you have any questions or concerns about this process, please contact Neal Carnes (Ncarnes@cdc.gov) or your Project Officer.”