REQUEST FOR PROPOSALS

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

PERFORMANCE SITE APPLICATION:
INTEGRATING BUPRENOPHINE TREATMENT FOR OPIOID USE DISORDER IN HIV PRIMARY CARE

Originally released: February 29, 2016
Re-released: March 29, 2016

Proposal Due Date: May 3, 2016
Dissemination of Evidence-Informed Interventions
2016-2019
Funding Opportunity Description

Executive Summary
For nearly three decades, AIDS United has supported community-driven responses to the HIV epidemic across the U.S. that reach the nation’s most disproportionately affected people, including gay and bisexual men, communities of color, women, people living in the Deep South, people who use drugs, live poverty, or those who are living with HIV/AIDS. To date, our strategic grant making initiatives have funded more than $91 million to local communities, and leveraged more than $115 million in additional investments for programs that include improved access to high-quality medical care; culturally appropriate HIV prevention services; community organizing and advocacy; capacity building for community-based organizations, and more.

As part of a new Cooperative Agreement with HRSA’s Special Projects of National Significance (SPNS), AIDS United seeks to fund three sites that will implement Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care: a linkage and retention intervention proven as effective in previous SPNS and the Secretary’s Minority AIDS Initiative Fund (SMAIF) initiatives. The primary goal of the Dissemination of Evidence Informed Interventions (DEII) project is to produce evidence-informed Care And Treatment Interventions (CATIs) that are replicable, cost-effective, easily adaptable, and capable of producing optimal HIV Care Continuum outcomes. A multisite evaluation of the initiative will utilize a rigorous Implementation Science (IS) approach, placing greater emphasis on evaluation of the implementation process and cost analyses, while seeking to improve linkage, retention, re-engagement, and viral suppression outcomes among clients.

This RFP was originally released on February 29, 2016 by invitation to selected organizations. AIDS United is re-releasing the RFP for Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care to ensure the broadest dissemination possible for eligible applicants. This intervention presents an opportunity for organizations to incorporate an innovative, high-impact program model that can effectively link, re-engage, and/or retain PLWH in care. The ultimate goal of the intervention is to provide PLWH with the strategies and resources necessary to achieve viral suppression which, in turn, will positively impact the local HIV Care Continuum. Additionally, the national multi-site evaluation will inform future replication of the intervention and highlight core elements that contribute to successful implementation.

Background
The HIV Care Continuum is useful for demonstrating significant gaps in access to and retention in HIV care that are often the result of considerable barriers faced by many people living with HIV. In accordance with the National HIV/AIDS Strategy (NHAS), efforts are underway at the federal, state, and local levels to develop and implement strategies to improve health outcomes for people living with HIV (PLWH). The HIV care continuum is comprised of the following steps: (1) diagnosis of HIV infection, (2) linkage to care, (3) engaged or retained in care, (4) prescribed antiretroviral therapy (ART), and (5) achievement of viral suppression. It is important to note that people living with HIV may become disengaged from care after linkage and may also move between the various stages depending upon
their circumstances. According to the Centers for Disease Control and Prevention (CDC) there are approximately 1.2 million people living with HIV, in the United States, of whom, 66% have been linked to HIV-specific medical care.¹ Engagement in care is a critical step to ensure access to highly effective HIV treatment, which may ultimately lead to viral suppression. Patients who are virally suppressed experience significantly improved health outcomes as well as dramatically decreased likelihood of HIV transmission (up to 96% reduced risk of transmission).² According to the CDC, only 30% of people living with HIV actually achieve viral suppression.³ Barriers to engagement in care include lack of stable housing, poverty, HIV-related stigma, mental health and substance use disorders, and lack of transportation among other competing needs.⁴ Interventions that seek to retain people in HIV care must address these needs from the very beginning of care engagement, and then provide continuous support to ensure retention in care. Improvements along HIV Care Continuum outcomes hold great promise for both treatment as well as prevention.

**Purpose**

The Dissemination of Evidence-Informed Interventions initiative seeks to successfully replicate and evaluate four innovative, high-impact interventions at performance sites around the country, with the goal of bringing to scale effective program models that positively impact engagement, retention in care, and viral suppression. In addition to the Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care intervention, AIDS United will fund nine organizations to implement the following interventions:

- **Transitional Care Coordination: From Jail Intake to Community HIV Primary Care**
- **Enhanced Patient Navigation for Retention of HIV Positive Women of Color**
- **Peer Linkage and Re-Engagement of HIV Positive Women of Color**

Organizations funded to implement the above interventions, as well as those awarded to implement the buprenorphine intervention, will be included in the Dissemination of Evidence-Informed Interventions cohort.

As the Implementation and Technical Assistance Center (ITAC), AIDS United is charged with funding and providing technical assistance (TA) to performance sites under this cooperative agreement with HRSA SPNS. Performance sites will receive funding over a 36-month period: one-month Formative Phase and 35-month Implementation Phase. AIDS United will provide extensive TA to the performance sites during the formative and implementation phases of the funding period. TA will be provided through regular conference calls, webinars, annual site visits, and an annual all-grantee convening to be held in Washington D.C.

As the Dissemination and Evaluation Center (DEC), Boston University School of Public Health has developed a comprehensive implementation plan for each intervention, including the staffing plan, logic

---


model, budget, three-year work plan, target population selection, and adapted intervention. Informed by an implementation science approach, Boston University will also lead the national multi-site evaluation of the initiative. Rather than focusing on sustainability, this initiative will focus on integration of the intervention into performance sites’ standard scope of services.

Program Expectations
Sites funded through this initiative are required to work collaboratively with AIDS United (the ITAC) and Boston University (the DEC) throughout the project period.

Multi-site Evaluation—Sites are expected to participate in the multi-site evaluation led by Boston University. Full-engagement in the multi-site evaluation includes the following:
1. Hire a .50 FTE data manager (this person may not be part of the intervention staff)
2. Provide administrative support to the data manager
3. Complete necessary training to facilitate evaluation:
   a. All intervention and study staff to complete DEC training
   b. All intervention and study staff complete Human Subjects training
4. Apply for IRB approval
5. Enroll patients in the evaluation (enrollment targets vary by intervention, further details provided in project description section)
6. Adhere to DEC evaluation protocols for data collection
7. Conduct and submit patient baseline and follow-up interviews
8. Collect and submit intervention encounter forms
9. Collect and submit patient clinical data
10. Assist in coordination and scheduling of key informant interviews (conducted by the DEC)
11. Provide regular information related to implementation of the intervention through monthly monitoring calls, annual site visits, and submission of related implementation documents

Implementation Materials—Selected sites are required to implement the three-year work plan specific to the intervention for which they are funded. Work plans, illustrative program budgets, logic models, staffing plans, job descriptions, and an executive summary of the intervention can be found on the TARGET Center. Applicants should carefully review these materials since selected sites will be expected to adhere closely to the implementation plan.

All-Grantee Convening—Performance sites are required to send three project staff to the annual all-grantee convening, the first of which will be held on August 17-19, 2016 in Washington, DC. Applicants should include costs to attend the convening in their proposed budgets.

Compliance—While contracts will be issued by AIDS United, funding is provided under HRSA Ryan White SPNS. As such, all federal regulations included in 45 CFR 75 and Ryan White related regulations will flow down to the selected performance sites. AIDS United will perform contract monitoring activities in accordance with federal guidelines.

Cost-Reimbursement—Funding will be obligated through contracts with AIDS United and managed on a monthly cost-reimbursement basis. Applicant organizations should be prepared to demonstrate cash on hand to support the project in the period between incurring an expense and receiving reimbursement from AU (typically 30-60 days).
Eligibility Information
Eligible organizations must demonstrate the following:
- Current provider of medical services under Ryan White Parts A, B, C and/or D;
- **Not** an original implementation site under the HRSA SPNS or SMAIF initiative for which they are applying;
- **Not** currently implementing the same or a similar intervention as the one for which they are applying for funds;
- Have not received funding specifically to implement Buprenorphine, such as the newly released funding through the Bureau of Primary Health Care to support Medication-Assisted Treatment; and
- Currently use an Electronic Medical Record (EMR) with third-party billing capability.

Selection Process
**Completed applications are due on May 3, 2016.** A review committee will review all completed applications and select three organizations to fund. Final selection will be based on:
- Geographic location: the three implementation sites selected must be located in different HHS regions of the country, with a particular emphasis on the Southeast based on HIV-related disparities in that region;
- Demonstrated organizational readiness to implement the intervention with fidelity, and to quickly hire and train the required staff;
- Demonstrated ability to collect and transmit data required by the multisite evaluation (e.g., through an established EMR, previous experience, etc.);
- Feasibility of plan to integrate and sustain the intervention as part of the organization’s scope of services past the culmination of AIDS United funding.

Detailed proposal scoring criteria is included below.

Summary of Funding
AIDS United will support organizations that operate within the 50 States, the District of Columbia, Native American Reservations/Tribal Land, the U.S. Virgin Islands, and Puerto Rico. Maximum annual awards will be $300,000 with an average award of $200,000 per year. Project budgets should reflect the implementation budgets on the TARGET Center ([https://nextlevel.careacttarget.org/](https://nextlevel.careacttarget.org/)) for each intervention. Ongoing funding is based on successful achievement of stated goals and subject to future funds appropriated by Congress and awarded from HRSA to AIDS United. Applicants should note that approval or exemption from an Institutional Review Board (IRB) is a contractual obligation.

The first year of funding begins with a one-month Formative Phase to support start up activities between August 1st and August 30th of 2016. During this time, grantees are expected to hire staff, formalize organizational relationships with memoranda of understanding (MOU), establish protocols, consider data collection and IT needs, and work closely with AIDS United and Boston University on program and evaluation planning activities. The Implementation Phase will begin on or after September 1, 2016. Expected completion date is July 31, 2019.
Application and Submission Information

Page Limit
The total length of the **project narrative may not exceed 10 pages**. Letters of commitment, budget documents and other attachments are not included in the page limit.

Organizational Profile

Please describe—
- Your organization’s experience as Ryan White-funded provider of clinical medical service, including which Ryan White Part(s) you receive;
- Total organizational budget, rounded to the nearest dollar (current fiscal year);
- Summarize the organization’s mission (two to three sentences);
- Geographic area served (urban, suburban, rural, reservation-based, statewide, region, etc.).

Narrative

The maximum length of the proposal narrative should be the equivalent of 10 pages in a word processing program such as MS Word. The narrative should provide a comprehensive description of how your organization will implement the Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care intervention with fidelity to the program model; a summary of the benefits anticipated for your organization and clientele; and an overview of the agency’s ability to successfully meet program expectations. Please refer to the implementation plan documents on the TARGET Center at [https://nextlevel.careacttarget.org/](https://nextlevel.careacttarget.org/) as you respond to each section.

Statement of Need (10 points)—This section should describe the HIV/AIDS epidemic in the area you intend to serve through the proposed project. Please summarize public health data specific to your geographic area and the target population of the intervention to help demonstrate acuity of need. Please do NOT include national data/statistics.

Overview of Organizational Capacity (15 points)—This section should describe why your organization is best positioned to take on the proposed project. Please describe whether you would hire new staff or transition existing staff to fill the positions in the Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care intervention staffing plan; if using existing staff, please describe their experience relevant to the intervention. Describe how your organization would manage the requirements of a cost-reimbursement contract, which requires sufficient cash on hand to support expenses incurred until reimbursement is made by AIDS United (typically 30-60 days).

Project Description (20 points)—This section should describe how your organization would implement the selected intervention with fidelity to the program model and how your organization would successfully enroll the expected number of participants. This intervention is designed to be implemented at a single site. However, if you propose to implement at two or more sites, please clearly describe how you will ensure implementation of the program model with fidelity at multiple sites. Please describe how your organization meaningfully involves people living with HIV/AIDS in identifying program priorities and strategies that address the local HIV epidemic.
Enrollment expectations for the Buprenorphine intervention are at least 25 participants enrolled in the first 12 months of implementation and at least an additional 25 enrolled in the following six months of implementation.

**Evaluation Capacity (15 points)**—This section should describe your organization’s experience and capacity to collect client-level data and conduct data entry into an online database, as well as experience working with an Institutional Review Board on research or program evaluation activities. Include a description of how your organization reports the Ryan White Services Report (RSR) and whether an intermediary organization (e.g., a Part A or Part B recipient) or consultants are involved.

**Program Integration (10 points)**—This section should describe how your organization intends to incorporate this intervention as part of your scope of services past the duration of AIDS United funding.

**Intervention-Specific Questions (30 points)**

**Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care**

1. Please describe your organization’s experience with the principles of Harm Reduction. How would these principles inform implementation of this intervention? *(6 points)*
2. AIDS United funds may not be used to purchase Buprenorphine. Please describe how your organization is able to cover the cost of Buprenorphine prescriptions, whether through third-party billing or access at a lower cost. Please describe whether your organization has a relationship with a local pharmacy that provides buprenorphine and the accessibility of the location for your clients. *(6 points)*
3. AIDS United funds may not be used to cover the costs of laboratory services. Please describe how your organization will cover the costs of lab services to monitor clients. *(6 points)*
4. Please describe your organization’s relationships with mental health and drug treatment providers to ensure clients are referred to appropriate support services. If there are gaps in the local service system that pose challenges in referring clients to needed services, please describe how you address this situation. *(6 points)*
5. Please describe how you will ensure your organization has physicians on staff who are ready to provide prescriptions for Buprenorphine no later than November 1, 2016. Please address how your organization will ensure prescribing physicians have procured the required waiver to prescribe Buprenorphine. *(6 points)*
6. **Letters of Support**: Please provide a letter of support from the clinic Medical Director as well as a residential treatment facility with which your organization has an established referral relationship.

**Financial and Other Attachments** - *Required for all applications. If you do not have components 2–4 below, please attach separate document(s) addressing each requirement.*

Please include the following in your application:

1. **A 3-year annual budget** that, in Year 1, delineates 1-month Formative from Implementation Phase. Do not use any budget format other than the one provided by AIDS United.
2. Organization’s **current annual operating budget**, including expenses and income.
3. Most recent **audited financial statements**, including cover page and the auditor’s notes/findings.
4. **A list of your or your Fiscal Sponsor’s Board of Directors with professional or community affiliations.** If the organization does not have a Board of Directors, please send your fiscal agent’s Board of Directors list. If neither is available, a letter of explanation is required.

5. Please provide the required **letters of support** noted above.

6. **Diversity Table**

**Submission Dates and Times**

Completed proposals are due via the FoundationConnect online application system by 5:00 pm Eastern Time, Tuesday, May 3, 2016. ALL COMPONENTS of your application must be in by this time! You can access FoundationConnect through the AIDS United website, as explained below. If you do not have Internet access, please contact AIDS United no later than April 5, 2016.

Late, incomplete, e-mailed, mailed, express-delivered, or faxed proposals will not be accepted. Funded organizations will be notified of decisions by June 15, 2016. Questions about the application process should be directed to hbryant@aidsunited.org, with your organization's name in the subject line of the message. You may also call Hannah Bryant at AIDS United at (202) 408-4848, ext. 261.

The online application and submission system may be accessed through https://www.foundationconnect.org/grantsmanager/pages/GrantApplication.aspx?OrgID=00Di0000000JkIY&RequestRT=012i0000001UPDk&IsDirect=true. Once inside the portal, select “Dissemination of Evidence-Informed Interventions” and follow the instructions. You **must** access the application through the link above, even if you already have a FoundationConnect account. The application MUST be submitted no later than 5:00 pm Eastern Time, Tuesday, May 3, 2016. We strongly encourage completing the application early to allow for unforeseen technical difficulties. Please make sure that you complete the submission process. If you do not receive an automated notification from FoundationConnect that your proposal was received, then your submission is not complete. AIDS United has no way of accessing applications that are not fully submitted.

**Proposal Assistance Webinar**

AIDS United will convene an optional webinar for the purpose of providing clarification about the grant announcement and key application submission tips. This webinar will be held on April 13, 2016 2:30-3:30 PM EST). Please register for the webinar at least one business day in advance.

**Additional Assistance throughout the Application Process**

AIDS United is committed to assisting eligible applicants with the preparation of a complete and responsive application to the Dissemination of Evidence-Informed Interventions initiative. Our staff will be available to answer any questions and to provide technical support. We prefer that you submit questions and requests for assistance to mclarke@aidsunited.org or enortrup@aidsunited.org, with your organization’s name in the subject line of the message. You may also call Marlene Clarke at AIDS United at (202) 408-4848, ext. 218 or Erin Nortrup at (202) 408-4848, ext. 259.

Thank you for your interest in the Dissemination of Evidence-Informed Interventions initiative and your ongoing commitment to fighting HIV/AIDS in your community.