REQUEST FOR PROPOSALS

USING EVIDENCE-INFORMED INTERVENTIONS TO IMPROVE HEALTH OUTCOMES AMONG PEOPLE LIVING WITH HIV

INTERVENTION SITE APPLICATION

RELEASE DATE: DECEMBER 8, 2017

PROPOSAL DUE DATE: JANUARY 22, 2018
Part I. Overview Information

A. Funding Opportunity Title
Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV

B. Awarding Agency
U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau

C. Catalog of Federal Domestic Assistance (CFDA) Number
93.928

D. Federal Award Identification Number
U69HA31067

E. Number of Awards
Up to 24

F. Maximum Annual Award
$170,000

G. Dates
RFP Technical Assistance Webinar: Thursday, December 14, 2019, 3:00PM ET
Due Date of Application: Monday, January 22, 2018, 9:00PM ET
Estimated Award Date: April 2018

H. Executive Summary
In 2016, the Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB), released funding to support a new initiative entitled, “Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV.” The goal of this initiative is to identify and provide support for the implementation of evidence-informed interventions to reduce HIV-related health disparities and improve health outcomes, including increasing retention in care, improving treatment adherence, and improving viral suppression for PLWH, with the following four focus areas: 1) improving HIV health outcomes for transgender women; 2) improving HIV health outcomes for Black men who have sex with men; 3) integrating behavioral health with primary medical care for people living with HIV (PLWH); 4) identifying and addressing trauma among PLWH.

The Fenway Institute, in partnership with AIDS United, was selected to serve as the Coordinating Center for Technical Assistance (CCTA). In consultation with HRSA HAB, the CCTA is charged with soliciting, selecting, issuing, and monitoring subawards of up to $170,000 each to up to twenty-four (24) intervention sites to support the development and implementation of interventions in the four focus areas. The CCTA will also provide technical assistance to the selected sites for implementing the interventions and providing support to the sites to create a plan for addressing the long-term sustainability of successful interventions and associated costs.

The University of California San Francisco (UCSF) Center for AIDS Prevention Studies (CAPS) was selected to serve as the Evaluation Center (EC). In consultation with HRSA HAB, the EC will coordinate the site evaluation of this initiative using an Implementation Science approach. The evaluation will systematically collect and analyze project data in order to measure and monitor progress towards meeting the goals and objectives of the project, while also evaluating the ability of specific interventions to improve the HIV care continuum outcomes of linkage, retention, re-engagement, and viral suppression among client participants.
Part II. Funding Opportunity Description

A. Background

There is a pronounced need for implementation of evidence-informed interventions to reduce HIV-related health disparities and improve health outcomes, including improving retention in care, treatment adherence, and viral suppression for people living with HIV (PLWH). In 2016, 81.7% of PLWH in the U.S. were retained in care, and approximately 85% were virally suppressed. The need for these efforts is felt most deeply among racial/ethnic minority men who have sex with men (MSM) and among transgender women. Retention in care for young Black MSM (YBMSM) was lower (75%) than the national RWHAP average. 79% of transgender women has achieved viral suppression. Transgender Black/African American had lower percentages of viral suppression across demographic subgroups compared to transgender Hispanic/Latinos and whites.

PLWH often have complex behavioral health comorbidities that complicate their ability to maintain treatment adherence and continuous care. A 2010 survey of 246 Ryan White Part C medical providers found that 30% of PLWH had a substance use disorder and 35% had a serious mental illness. Other studies have found between 35-64% of PLWH suffer from PTSD. Although research has defined best practices for addressing steps along the HIV care continuum, the implementation of such interventions lags behind. This is especially true for the implementation of interventions that: 1) are tailored for Black MSM and transgender women; 2) address the co-occurring behavioral health needs of PLWH; 3) tackle the social, structural, and environmental barriers—including experiences of trauma—that hinder attainment of positive health outcomes.

This initiative will focus on supporting the implementation of interventions to improve HIV-related health outcomes in the above focus areas. The implementation of the interventions will be evaluated using an implementation science approach. The evaluation will systematically collect and analyze project data in order to measure and monitor progress towards meeting the goals and objectives of the project, while also evaluating the ability of specific interventions to improve the HIV care continuum outcomes of linkage, retention, re-engagement, and viral suppression among client participants. Lessons learned and best practices will be identified throughout the course of the initiative and will be shared rapidly with the larger field.

The Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB), has funded The Fenway Institute (TFI), which has subcontracted with AIDS United (AU), under a cooperative agreement as the Coordinating Center for Technical Assistance (CCTA), and has charged the CCTA with selecting, funding, and providing technical assistance to up to 24 intervention sites around the country in four areas of focus (six sites per focus area). Intervention sites funded through this new initiative will receive funding over an 18-33-month period, dependent upon intervention: three months for a formative (or program start-up) phase and up to 30 months for the implementation phase. As the Evaluation Center (EC), University of California San Francisco (UCSF) Center for AIDS Prevention Studies (CAPS) will lead the evaluation of intervention sites. This initiative will focus on implementation and evaluation of the interventions, as well as providing support to sites to plan for the sustainability of successful interventions into intervention sites’ standard scope of services.

B. Purpose

The Fenway Institute, in partnership with AIDS United, was selected to serve as the Coordinating Center for Technical Assistance (CCTA). In consultation with HRSA HAB, the CCTA is charged with soliciting, selecting, issuing, and monitoring subawards of up to $170,000 each to up to twenty-four (24) intervention sites to support the development and implementation of interventions in following four focus areas:

1) Improving HIV health outcomes for transgender women;
2) Improving HIV health outcomes for Black men who have sex with men (MSM);
3) Integrating behavioral health with primary medical care for people living with HIV (PLWH); and
4) Identifying and addressing trauma among PLWH.

Funding will be provided to currently funded RWHAP recipients or subrecipients that operate within the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and 6 U.S. Pacific jurisdictions. Maximum annual awards will be $170,000. Award amounts may vary based on type of intervention but will not exceed the maximum. Ongoing funding is based on successful achievement of stated goals and subject to future funds appropriated by Congress and awarded from HRSA to TFI/AU. Applicants should note that approval or exemption from an Institutional Review Board (IRB), if applicable is a contractual obligation.

The funding begins with a three-month formative phase to support start-up activities between April 15 - July 15, 2018. Formative phase funding will amount to approximately 25% of the award for year one. Detailed instructions for project budgets are included in the budget template attachment. During this time, grantees will be expected to prepare for implementation by hiring staff, formalizing organizational relationships with memoranda of understanding (MOU) as needed to implement the selected intervention, establishing protocols, considering data collection and IT needs, and working closely with AU, TFI and UCSF on program and evaluation planning activities. The CCTA will provide Technical Assistance (TA) to the intervention sites during the initial three-month formative or start-up phase as well as throughout implementation of the interventions. TA will be provided through regular conference calls, webinars, annual site visits, and via convenings of all sites which will occur twice per year.

The implementation phase will begin on July 15, 2018. Expected completion date is dependent upon intervention.

C. Eligibility Information

Those eligible for funding under this project include:

- Currently funded RWHAP recipients or subrecipients providing direct services, inclusive of sites providing core medical services and/or support services directly to clients
- Not currently implementing the same or a similar intervention as the one selected under this RFP for funding
- Must demonstrate via MOU a pre-existing relationship with an Outpatient Ambulatory Health Services (OAHS) site or in-house OAHS that will be able to collect and report to the applicant VL tests, retention, ART adherence, etc.

D. Program Expectations
Applicant organizations will propose to implement one (1) of the interventions in one (1) of the focus areas identified in the Appendix. For each intervention, the Appendix provides a description, links to background information, and intervention-specific evaluation requirements. The interventions were selected through a rigorous review process led by the CCTA. Community members, leading experts in the field, and HRSA HAB subject matter experts convened to review and select the final list of interventions. These interventions present 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 each intervention is to provide PLWH with the strategies and resources necessary to achieve viral suppression and/or to transform systems to better support and enable PLWH to engage in care and achieve viral suppression.

Each intervention site will be required to participate in an evaluation to assess progress, fidelity, and impact on specific client health outcomes of the intervention. Participation will include, but is not limited to, collecting data on clients served and providing those data to the EC through a web-based portal, participating in organizational assessments, and ensuring appropriate staffing of a Data Manager position. Further detail on general evaluation requirements is provided under the Program Expectations section below; additionally, evaluation requirements specific to each intervention can be found in the Appendix. The evaluation will inform future replication of successful interventions, highlight core elements that contribute to successful implementation, and lessons learned.

Please note: preference will not be given to applications proposing to implement an intervention from either the trauma or behavioral health integration focus areas with one of the subpopulations identified here as focus areas (transgender women or black MSM).

Please CLICK HERE to download the Appendix.

Sites funded through this initiative will be required to work collaboratively with the CCTA and the EC throughout the project period. Sites are expected to participate in the site evaluation led by the EC. The EC will create tailored evaluation plans for each intervention site; each site will be expected to collect and report data in compliance with the evaluation plan. Full engagement in the site evaluation includes the following:

1. Hire or transition existing staff to fill the position of a .25 FTE data manager for medical sites (.50 FTE for non-medical sites). This person cannot be part of the intervention staff implementing the intervention activities)
2. Provide administrative support to the data manager
3. Complete necessary training to facilitate evaluation:
   a. All intervention and study staff to complete EC training
   b. All intervention and study staff to complete human subjects training
4. Apply for IRB approval, if required by the intervention selected
5. Participate in an organizational assessment process as part of routinely conducted TA visits
6. Submit information on client characteristics
7. Adhere to EC evaluation protocols for data collection including requirements related to confidentiality and data storage protocols
8. Collect and submit information on individual client and service data at regular intervals as specified in intervention-specific evaluation plans; this may include length of interactions with clients, types of interactions and health outcome data such as viral load and CD4
9. Collect and submit information to the EC on the cost of delivering the intervention at specified intervals
10. Provide regular information related to implementation of the intervention through monitoring calls, annual site visits, and submission of related implementation documents

Applicants should carefully review the materials related to each intervention in order to select the one for which they will apply for funding. Considerations when selecting an intervention should include:

- Organization’s ability to address the need/gap in services for the focus area given current client demographics/characteristics
- Feasibility of implementation of intervention within the current organizational structure

Once sites are selected, the CCTA will conduct a brief organizational assessment with each site. This assessment will inform what TA will be necessary for each site and will assist in the adoption of each evidence-informed intervention for the selected sites. Sites will be required to implement the adapted intervention for which they are funded within the awarded project period.

Intervention sites will be required to send project staff to convenings of all funded sites, the first of which will be held in July 2018 in Washington, DC. Convenings will be held twice yearly between July 2018 and January 2021. Each site should plan to send two staff to the first convening on July 12-13, 2018; guidance on attendance expectations and locations for subsequent convenings will be provided.

AIDS United reserves the right to withdraw funding based on lack of or poor performance.

### E. Selection Process

Final selection of sites will be based on:

- Demonstrated organizational readiness to implement the selected intervention and to quickly hire and train the required staff
- Demonstrated ability to collect and transmit data required by the EC

Funding will be obligated through grants from AU to selected sites and will be managed on a monthly cost-reimbursement basis. Therefore, applicant organizations should be prepared to demonstrate that they have cash on hand to support the project in the period between incurring an expense and receiving reimbursement from AU (typically 30-60 days).

In addition, an attempt will be made to distribute funding to implementation sites across HHS regions of the country.

### Compliance

While grants will be issued by AU, funding is provided under HRSA HAB Ryan White HIV/AIDS Program (RWHAP). As such, all federal regulations included in 45 CFR 75 and RWHAP-related regulations will apply to the 24 selected intervention sites. AU will perform contract monitoring activities in accordance with federal guidelines.

### F. Application and Submission Information

All information outlined below must be submitted via the FoundationConnect online application system. Each question has a specific character limit, included at the bottom of each entry box.
Application materials will NOT be accepted through email, fax, mail, or express delivery. The maximum narrative length should adhere to the amount listed in the RFP in a word processing program using 12-point font. Proposals should strive to provide complete information as these following questions serve as review criteria.

The total length of the application may not exceed 25 pages, including the project narrative (no more than 15 pages) and budget documents. Letters of commitment and other attachments are not included in the page limit.

**Target Area and Intervention**
- For which focus area are you seeking funding?
- What intervention are you seeking to implement?

**Organizational Profile**
- Is your organization a Ryan White-funded provider of clinical medical services? If so, what Ryan White Part(s) are you funded by?
- Total organizational budget, rounded to the nearest dollar (current fiscal year)
- Current or previous funding for the population of focus or programs for the selected intervention, if any
- Summarize the organization’s mission (two to three sentences)
- Geographic area served (urban, suburban, rural, reservation-based, statewide, region, etc.)

**Narrative**

Most questions requiring more detailed responses have a character limit of 8,000-10,000 characters, including spaces. All formatting counts as HTML code and therefore increases how many characters are used. AU asks that responses to each question be no longer than 4,000-6,000 characters and recommends completing the application in a word processing program before submitting online in order to adhere to the maximum page count. If given the option, please make sure to 'paste as plain text' into the system.

The maximum length of the proposal narrative should be the equivalent of 15 pages in a word processing program such as MS Word. Proposals should strive to provide complete information; the following questions serve as review criteria.

This section should provide a comprehensive description of how your organization will implement the proposed intervention consistent with 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.

Detailed proposal scoring criteria is included below.

**Statement of Need (15 points)**—This section should describe the HIV epidemic in the area you intend to serve through the proposed project. Please summarize any public health data that is specific to your geographic area and the population of focus of the intervention to help demonstrate the acuity of need. Do NOT include national data/statistics. In addition, this section should address:
- Brief description of barriers related to meeting the need targeted by the selected intervention
- Brief description of how the selected intervention would address these barriers
- Data on services provided that are related to the selected intervention, if any, and that can demonstrate the need for the selected intervention
Overview of Organizational Capacity (25 points) — This section should describe why your organization is best positioned to take on the proposed project and how this intervention is different from services already offered. Please describe whether you would hire new staff or transition existing staff to fill the positions. If hiring new staff, please describe the hiring process and timeline. 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).

- Proposals for Interventions addressing Improving HIV Health Outcomes for Black men who have sex with men should describe organization’s history and capacity to serve this population, including ability to create and foster an affirming environment, as well as information on current utilization of organization’s services by Black MSM.

- Proposals for Interventions addressing Improving HIV health outcomes for Transgender Women should describe organization’s history and capacity to serve this population, including ability to create and foster an affirming environment, as well as information on current utilization of organization’s services by transgender women.

- Proposals for Integrating Behavioral Health with Primary Medical Care for People Living with HIV should describe your organization’s current behavioral health services and level of integration into primary care. Also describe level of personnel dedicated to behavioral health services and current utilization of behavioral health services by the population served.

- Proposals for Identifying and Addressing Trauma among People Living with HIV should describe your organization’s current level of integration of trauma-informed approaches and how this new intervention will impact your organization. Also describe the prevalence of trauma in the population you serve.

Finally, please describe activities your organization will undertake during the funding period in order to improve the sustainability of successful interventions after the award period.

Project Description (35 points) — This section should describe how your organization would implement the selected intervention based on level of requested funding. This should include a proposal of how the intervention might be adapted to fit your organization, strategies to ensure successful implementation, and how your organization will engage a substantial number of clients for the selected intervention. Please describe how your organization meaningfully involves people living with HIV, particularly people from the populations of focus in identifying program priorities and strategies that address the local HIV epidemic (more information in meaningful involvement of people living with HIV is available here). Describe what the outcome/impact your organization would like to achieve with the selected intervention.

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 portal, as well as experience working with an Institutional Review Board on research or program evaluation activities. Please reference the evaluation requirements in the Program Expectations section and clearly describe your organization’s ability to meet those requirements.
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 funding period. Describe how the organization plans to incorporate the new staff, if applicable.

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 to assure that we do not miss your explanations in the review process. These attachments do not count toward the 15-page maximum for the narrative noted above.

Please include the following in your application:

1. Completed Budget Template Do not use any budget form 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. Negative audit findings will be considered in funding decisions.
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. Completed Diversity Table. Do not use any form other than the one provided by AIDS United.
6. MOU(s) demonstrating a pre-existing relationship with an Outpatient Ambulatory Health Services (OAHS) site or in-house OAHS that will be able to collect and report to the applicant VL tests, retention, ART adherence, etc.

G. Submission Dates and Times

Completed proposals are due via the FoundationConnect online application system by 9:00 pm Eastern Time, Monday, January 22, 2018. 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 December 15, 2017.

Late, incomplete, e-mailed, mailed, express-delivered, or faxed proposals will not be accepted. Funded organizations will be notified of decisions by March 15, 2018. Questions about the application process should be directed to CCTA@aidsunited.org, with your organization's name in the subject line of the message. You may also call Marvell Terry, Program Manager, at AIDS United at (202) 876-2847.

The online application and submission system may be accessed through this link. You must access the application through the link above, even if you already have a FoundationConnect account. Once you have begun your application in FoundationConnect, you may access it to continue the application through this link. The application MUST be submitted no later than 9:00 PM Eastern Time, Monday, January 22, 2018. 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.

Please do not call or email to inquire about the status of your application during the review process.

Application Checklist

☐ Grant Application Information
H. Proposal Assistance Webinar

AIDS United will convene an optional webinar for the purpose of providing clarification about the RFP and key application submission tips. This webinar will be held on Thursday, December 14, 2017 3:00-4:00 PM EST.

Please register for the webinar at least one business day in advance.

I. 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 Using 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 CCTA@aidsunited.org, with your organization’s name in the subject line of the message. You may also call Venton Hill-Jones, Senior Program Manager, at AIDS United at (202) 876-2841.

Thank you for your interest in the Using Evidence-Informed Interventions initiative and for your ongoing work in supporting people living with and affected by HIV.