



REQUEST FOR PROPOSALS

USING INNOVATIVE INTERVENTION STRATEGIES TO IMPROVE HEALTH OUTCOMES AMONG PEOPLE WITH HIV IMPLEMENTATION SITE APPLICATION

RELEASE DATE: DECEMBER 3, 2021

PROPOSAL DUE DATE: JANUARY 12, 2022

Funding statement: This Request for Proposals was funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration under grant number U90HA42153.

Part I. Overview Information

A. Funding Opportunity Title

USING INNOVATIVE INTERVENTION STRATEGIES TO IMPROVE HEALTH OUTCOMES AMONG PEOPLE 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

U90HA42153

E. Number of Awards

Up to 20

F. Maximum Annual Award

\$190,000

G. Dates

RFP Release Date:	Friday, December 3, 2021
RFP Technical Assistance Webinar:	Thursday, December 9, 2021, at 3:00-4:00PM ET
Due Date of Application:	Wednesday, January 12, 2022, 11:59PM ET
Estimated Notification of Award:	March 30, 2022

H. Executive Summary

In Fiscal Year 2021, the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB), which administers the Ryan White HIV/AIDS Program (RWHAP), released funding to support a new initiative entitled, "Using Innovative Intervention Strategies to Improve Health Outcomes among People with HIV (2iS)." The purpose of the 2iS initiative is to identify and pilot test innovative intervention strategies in four (4) focus areas:

- (1) improving HIV health outcomes for people with substance use disorder (SUD),
- (2) improving HIV health outcomes for lesbian, gay, bisexual, transgender, or queer (LGBTQ+) youth (13-24 years old),
- (3) improving HIV health outcomes for people who are justice involved, and
- (4) improving HIV health outcomes by using telehealth services.

Based on the findings of the pilot test, the 2iS initiative team will develop accessible dissemination products to promote the replication and scale-up of the intervention strategies shown to be effective at improving HIV-related health outcomes for people with HIV who receive care and treatment in the RWHAP and other HIV service organizations nationally. To do this, the 2iS initiative team will evaluate and provide technical assistance (TA) for the implementation of intervention strategies at up to twenty (20) subawarded RWHAP sites.

The Fenway Institute (TFI), in partnership with AIDS United (AU), will solicit, select, issue, and monitor subawards of up to \$190,000 per funding year for three (3) years for each implementation site. TFI and AU will also serve as the Coordinating Center for Technical Assistance (CCTA), which will provide TA to each implementation site to implement one (1) intervention strategy in one (1) focus area. In addition, the CCTA will provide support to the sites to create a plan for addressing the long-term sustainability of successful intervention strategies and associated costs. The list of intervention strategies can be found in [the RFP Appendix](#).

The implementation of the intervention strategies will be evaluated by the University of California San Francisco (UCSF), Center for AIDS Prevention Studies (CAPS) which will serve as the Evaluation Center (EC) for this initiative. The EC will use the HRSA HIV/AIDS Bureau (HAB) [implementation science framework \(HAB IS\)](#) to systematically

collect and analyze data from sites, staff, and clients, including client medical record data, in order to evaluate the ability of specific intervention strategies to improve the HIV care continuum outcomes of linkage-to-care, re-engagement, retention in care, and viral suppression among participants.

Part II. Funding Opportunity Description

A. Background & Purpose

There is a marked need for rapid implementation of innovative intervention strategies to improve HIV-related health outcomes such as linkage-to-care, retention in care, antiretroviral treatment (ART) adherence, and viral suppression. The need is most pressing among populations with persistent HIV disparities, including the three priority populations identified for this initiative: people with SUD, LGBTQ+ youth, and people who are or have been justice involved. Existing intervention strategies hold promise for these populations, but too few have been tested and evaluated in real-world healthcare settings. Additionally, recent innovations in telehealth services present a key opportunity for reaching and engaging people with HIV who face barriers to accessing care.

This initiative will focus on supporting the implementation of intervention strategies to improve HIV-related health outcomes in the above focus areas. The purpose of this initiative is to: 1) apply the HAB IS framework to identify innovative intervention strategies in four focus areas; 2) implement and evaluate the intervention strategies in up to 20 sub-awarded RWHAP-funded sites; 3) provide TA to support implementation at the sites; and, 4) develop accessible dissemination products to promote the replication and scale-up of the intervention strategies in HIV service delivery organizations nationally. The selected intervention strategies have demonstrated effectiveness in improving health outcomes across the HIV care continuum in three priority populations and one area of opportunity to improve service delivery.

The implementation of the intervention strategies will be monitored to assess progress toward meeting the goals and objectives of the projects and evaluated using an implementation science framework to assess the ability of specific intervention strategies to improve the HIV care continuum outcomes. Lessons learned and best practices will be identified throughout the course of the initiative and will be shared broadly through [HRSA HAB RWHAP's Best Practices Compilation](#) and among other HIV organizations.

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 \$190,000 over three (3) years: three (3) months for a formative (or program start-up) phase and up to 33 months for the client enrollment, implementation, and closeout phases. 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 the CCTA.

Selected sites will receive notification by March 30, 2022. Funding then begins with a three-month formative phase to support start-up activities between May 1 – July 31, 2022. 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 and updating 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 the CCTA and EC on program and evaluation planning activities. The CCTA will provide TA to the intervention sites during the initial three-month formative or start-up phase as well as throughout implementation of the intervention strategies. TA will be provided through required activities including regular conference calls, webinars, annual site visits, and via learning sessions of all sites, which will occur twice per year.

The implementation and data collection phase will begin on August 1, 2022; enrollment in the multi-site evaluation will end July 31, 2024; data collection will end January 31, 2025. Sites will continue to receive funding

through March of 2025 to implement and sustain their interventions. The CCTA will work with organizations to sustain intervention strategies after funding ends.

B. Eligibility Information

Sites eligible for funding under this project must be currently funded RWHAP recipients or subrecipients providing direct services, inclusive of sites providing core medical services and/or support services directly to clients.

In addition, eligible sites:

- Must not currently be implementing the same or a similar intervention strategy as the one selected under this RFP for funding
- Must have an in-house Outpatient Ambulatory Health Services (OAHS) or demonstrate via MOU a *pre-existing* relationship with an OAHS site that will be able to collect and report client medical record data, including demographic characteristics, dates of primary HIV care visits, prescription of ART, and dates and results of viral load tests

C. Program Expectations

Applicant organizations should propose to implement *one* (1) of the intervention strategies 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 intervention strategies were selected through a rigorous review process led by the CCTA. Community members, leading experts in the field, and other subject matter experts convened to review and select the final list of intervention strategies. These intervention strategies present an opportunity for organizations to incorporate an innovative, high-impact program that can effectively link, re-engage, and/or retain people with HIV in care. The goal of each intervention strategy is to provide people with HIV the strategies and resources necessary to achieve viral suppression and/or to transform systems to better support and enable people with HIV to engage in care and achieve viral suppression.

Each implementation site will be required to participate in an evaluation to assess implementation and clinical outcomes of the intervention strategy. Participation will include interviews and surveys with organizational leadership and staff, as well as electronic submission of information on enrolled clients, their exposure to the intervention strategy, and their health outcomes. Implementation sites will be required to ensure appropriate staffing of a data manager position to support this evaluation. Further details on evaluation requirements are provided below. The evaluation will inform future replication of successful intervention strategies, highlight core elements that contribute to successful implementation, and contribute to reports of lessons learned.

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 evaluation led by the EC. The EC will create tailored evaluation plans for each intervention strategy; each site will be expected to collect and report data in compliance with the evaluation plan. Full engagement in the evaluation includes the following:

Evaluation Staffing, Training, and Data Protections

- Hire or transition existing staff to fill the position of a .50 FTE data manager for medical sites (.75 FTE for non-medical sites). This person cannot be part of the intervention staff implementing the intervention activities
- Hire or transition existing staff to fill the position of a .25 FTE back-up data manager. This person cannot be part of the intervention staff implementing the intervention activities

- Provide administrative support to the data manager
- Participation in any required trainings to facilitate evaluation
- Adhere to EC evaluation protocols for data collection, including requirements related to confidentiality and data storage protocols
- Consult with site data protections administration to determine if human subjects review will be necessary
- Participate in all data collection activities and reporting
- Program leadership and implementation team will work with the EC during the formative phase to finalize an implementation plan that clearly identifies the implementation strategies that will be used for installation, early implementation, and full implementation of the chosen intervention
- Program leadership and implementation team will participate in regular organizational assessments, staff surveys, and interviews
- Program leadership will collect and submit information to the EC on the cost of delivering the intervention at specified intervals
- Intervention delivery staff will collect and submit information on individual client and service data at regular intervals as specified in intervention-specific evaluation plans; this may include dates and length of interactions with clients, types of activities with clients, etc.
- Data managers will be primarily responsible for collecting and submitting health outcome data such as HIV care visits, prescription of ART, and viral load tests
- 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
- Fit and feasibility of implementation of intervention given current organizational culture, structure, and processes.
- Additional considerations/requirements are listed per intervention in [the RFP Appendix](#).

Once implementation sites are selected, the CCTA/EC will conduct a needs assessment with each site. This assessment will identify potential challenges to implementation, clarify implementation strategies that are still in process, and inform TA that will support implementation planning and execution. Sites will be required to implement the intervention for which they are funded within the awarded project period.

Implementation sites will be required to send project staff to learning sessions featuring the entire cohort, the first of which will be held in August 2022. Learning sessions will be held twice yearly between August 2022 and February 2025. **Each site should plan to send two staff to the first learning session in August 2022;** guidance on attendance expectations and locations for subsequent learning sessions will be provided.

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

D. Selection Process

Final selection of sites will be based on:

- Demonstrated ability to recruit and enroll at least 50 clients to participate in the intervention strategy

- Demonstrated organizational readiness to implement the selected intervention strategy and to quickly hire and train the required staff
- Demonstrated strong existing partnerships with community organizations, particularly for those applying to implement an intervention strategy housed under the Justice Involved focus area. Additional information is included per intervention strategy in [the RFP Appendix](#).
- Demonstrated ability to collect and transmit data required by the EC

NOTE: During the selection process in February 2022, the CCTA may request a videoconference meeting with organizational leadership to answer additional questions about your organization’s capacity to implement the intervention strategy.

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 the financial ability to support the project in the period between incurring an expense and receiving reimbursement from AU (typically 30-60 days).

Compliance

While grants will be issued by AU to support sites during this project, funding is provided under HRSA HAB RWHAP. As such, all federal regulations included in 45 CFR 75 and RWHAP-related regulations will apply to all selected intervention sites. AU will perform contract monitoring activities in accordance with federal guidelines.

E. Application and Submission Information

All information outlined below must be submitted via the [online grantee portal application system](#). **Application materials will NOT be accepted through email, fax, mail, or express delivery.**

- The total length of the application **may not exceed 25 pages using 12-point font**, including the project narrative (no more than 15 pages) and budget documents. Letters of commitment, references, and other attachments are not included in the page limit.
- We recommend completing the application in a word processing program such as Microsoft Word 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.
- Each question in the narrative has a specific character limit included at the bottom of each entry box. Most questions requiring more detailed responses have a character limit 10,000 characters, including spaces. However, the CCTA asks that responses to each question be no longer than 4,000-6,000 characters because formatting counts as HTML code and therefore increases how many characters are used.

Focus Area and Intervention strategy

- 1. For which focus area are you seeking funding?
 - People with Substance Use Disorder (SUD)
 - LGBTQ+ youth
 - People who are or have been justice involved
 - Using Telehealth Services
- 2. Which intervention strategy under that focus area are you seeking to implement?
 - People with Substance Use Disorder (SUD)
 - Max Clinic

- Positive Affect Regulation + Contingency Management
 - LGBTQ+ youth
 - LGBTQ+ Youth-Friendly HIV Care Clinics
 - Reaching Viral Suppression in Youth with HIV
 - E-Volution
 - People who are or have been justice involved
 - Design for the Margins
 - Link 2
 - Using Telehealth Services
 - Intervention to Telehealth and Texting to Improve Engagement in Care (I2Tec)
- 3. Please provide the amount requested for the total period of funding. (This can be found by adding the budget totals for all implementation periods in your Budget Template document.)

Organizational Profile

- 1a. Is your organization a RWHAP-funded provider?
 - 1b. If so, what [RWHAP Part\(s\)](#) are you funded by?
- 2. Total organizational budget, rounded to the nearest dollar (current fiscal year)
- 3. Current or previous funding for the population of focus or programs related to the selected intervention strategy, if any
- 4. Summarize the organization’s mission (two to three sentences)
- 5. Geographic area served (urban, suburban, rural, reservation-based, statewide, region, etc.)

Narrative

Technical notes: The maximum length of the narrative should be the equivalent of 15 pages in 12-point font in a word processing program such as Microsoft Word.

The Narrative should provide a comprehensive description of how your organization will implement the proposed intervention strategy, a summary of the benefits anticipated for your organization and clientele, and an overview of the agency’s ability to successfully meet program expectations.

Proposals should strive to provide complete information. Detailed proposal scoring criteria are included below.

1. Statement of Need (15 points)—This section should describe the HIV epidemic in the area you intend to serve through the proposed intervention strategy. To demonstrate the acuity of need for the intervention strategy in your area and client population, please:

- Summarize any local public health data that is specific to your geographic area and the population of focus of the intervention strategy (and subpopulation, if relevant)
- Summarize any client population data that is specific to the intervention strategy’s focus area population/subpopulation.
- Do **NOT** include national data/statistics.

In addition, this section should include:

- Brief description of barriers related to meeting the need that the selected intervention strategy focused on
- Brief description of how the selected intervention strategy would address these barriers
- Data on services provided by the organization that are related to the selected intervention strategy, if any, and that can demonstrate the need for the selected intervention strategy

2. 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 strategy 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 incorporating existing staff, please describe their experience relevant to the intervention strategy. Please describe your organization’s ability and existing capacity to/history of providing services remotely. Describe how your organization would manage the requirements of a cost-reimbursement contract, which requires sufficient financial ability to support expenses incurred until reimbursement is made by AU (typically 30-60 days).

- Proposals for the intervention strategies designed to **Improve HIV Health Outcomes among People with SUD** should describe the organization’s history and capacity to serve this population, including ability to create and foster an affirming environment, as well as information on current use of the organization’s services by people with SUD.
- Proposals for intervention strategies designed to **Improve HIV health outcomes among LGBTQ+ Youth** should describe the organization’s history and capacity to serve this population, including ability to create and foster an affirming environment, as well as information on current use of the organization’s services by LGBTQ+ youth.
- Proposals for the intervention strategies designed to **Improve HIV Health Outcomes among People Who Are or Have Been Justice Involved** should describe the organization’s history and capacity to serve this population, including ability to create and foster an affirming environment, as well as information on current use of the organization’s services by people who have been justice involved.
- Proposals for the intervention strategies promoting the **Use of Telehealth Services among People with HIV** should describe the organization’s current use of telehealth services and their level of integration into client care plans. Describe the level of personnel who use telehealth services and current use of telehealth services by the population served.

Finally, please describe activities your organization will undertake during the funding period to ensure the sustainability of successful intervention strategies after the award period.

3. 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 why the intervention is deemed acceptable by your organization and appropriate to the clients you serve, strategies you have taken and will take to ensure successful implementation (e.g., stakeholder engagement, planning process, training, and quality management), and your organization’s capability to enroll at least 50 clients for the selected intervention. Please describe how your organization meaningfully involves people 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 with HIV is available [here](#)). Describe the outcome/impact your organization would like to achieve with the selected intervention.

4. Evaluation Capacity (15 points)—This section should describe your organization’s experience and capacity to collect client-level data and conduct data entry, plan for staffing of Data Manager and back-up Data Manager positions, and experience working with client data protections on research or program evaluation activities. Please clearly describe your organization’s ability to meet the requirements detailed in the Program Expectations section and intervention-specific [Appendix](#).

5. Program Integration (10 points)—This section should describe how your organization intends to incorporate this intervention strategy as part of your scope of services during and past the funding period, given your organization’s policy and financial environment. Describe how the organization plans to incorporate new staff, if applicable.

6. 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 AU.
- (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 sponsor’s Board of Directors list. If neither is available, a letter of explanation is required.
- (5) [Completed Representation Table](#). Do not use any form other than the one provided by AU.
- (6) Memoranda of Agreement and/or Letters of Support from partner organizations.
- (7) Fiscal Sponsor Agreement, if applicable.

F. Submission Dates and Times

Completed proposals are due via [the online grantee portal](#) by 11:59PM Eastern Time, Wednesday, January 12, 2022. ALL COMPONENTS of your application must be in by this time! You can access grantee portal through the AIDS United website, as explained below. If you do not have Internet access, please contact AIDS United no later than December 15, 2021.

Late, incomplete, e-mailed, mailed, express-delivered, or faxed proposals will NOT be accepted. Funded organizations will be notified of decisions by March 30, 2022. 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 Joseph Stango, Senior Program Manager, at AIDS United at (203) 565-8102, or email him directly at jstango@aidsunited.org.

The online grantee portal may be accessed via AU’s website (www.aidsunited.org) starting on December 7, 2021. Once inside the portal, select “Using Innovative Intervention Strategies” and follow the instructions. You **must** access the application through the specific link on the website, even if you already have grantee portal account. **The application MUST be submitted no later than 11:59PM Eastern Time, Wednesday, January 12, 2022. 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 the grantee portal 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
- Project Narrative

- [Project Budget Template](#)
- Current Annual Operating Budget**
- Audit**
- Board of Directors List**
- [Representation Table](#)
- Memoranda of Agreement or Letters of Support**
- Fiscal Sponsor Agreement, if applicable**

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 9, 2021 3:00-4:00 PM ET**.

Please [register for the webinar](#) here.

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 Innovative Intervention Strategies 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 Joseph Stango, Senior Program Manager, at AIDS United at (203) 565-8102, or email him directly at jstango@aidsunited.org.

**Thank you for your interest in the 2iS initiative and
for your ongoing work in supporting people with and affected by HIV.**