U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HIV/AIDS Bureau
Office of Training and Capacity Development

Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men Who Have Sex with Men - Demonstration Sites

Funding Opportunity Number: HRSA-18-047
Funding Opportunity Type(s): Initial: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.928

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: February 5, 2018

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: December 5, 2017

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Authority: Public Health Service Act, Section 2691 (42 USC § 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau is accepting applications for a fiscal year (FY) 2018 Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS) Program initiative, *Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men Who Have Sex with Men* (BMSM) – *Demonstration Sites*. The purpose of this initiative is to support the implementation of evidence-informed interventions and/or models of care to engage, link and retain BMSM in HIV medical care and supportive services by addressing their behavioral health needs. Demonstration site outcomes will inform the development of implementation toolkits and other dissemination products in order to promote replication across the RWHAP and other health care settings.

The FY 2018 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. Applicants should note that this program may be cancelled prior to award recommendations.

Funding Opportunity Title:	Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men Who Have Sex with Men - Demonstration Sites
Funding Opportunity Number:	HRSA-18-047
Due Date for Applications:	February 5, 2018
Anticipated Total Annual Available FY18 Funding:	$2,100,000
Estimated Number and Type of Award(s):	Up to 7 grants
Estimated Award Amount:	Up to $300,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	August 1, 2018 through July 31, 2021 (3 years)
Eligible Applicants:	Entities eligible for funding under Parts A -D of Title XXVI of the Public Health Service (PHS) Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 including public and nonprofit private entities, state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community health centers receiving support under Section 330 of the PHS Act; Federally Qualified Health Centers as described in Title XIX, Section 1905 of

	the Social Security Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition. See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

HRSA strongly encourages all applicants to participate in a technical assistance (TA) webinar for this funding opportunity to ensure the successful submission of the application. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the NOFO.

Day and Date: Thursday, December 21, 2017
Time: 12 p.m. -1:30 p.m. ET
Call-In Number: 1-888-942-9573
Participant Code: 8381871
Weblink: https://hrsa.connectsolutions.com/hrsa18047-Demos

The webinar will be recorded and should be available for viewing by December 31, 2017 at https://careacttarget.org/library/hrsahab-notice-funding-opportunity-nofo-announcements.

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I. Program Funding Opportunity Description

1. Purpose

This notice of funding opportunity (NOFO) solicits applications for fiscal year (FY) 2018 for a new, 3-year initiative entitled *Implementation of Evidence-Informed Models to Improve HIV Health Outcomes for Black Men Who Have Sex with Men* (BMSM) – *Demonstration Sites.* The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) will award up to seven (7) grants of up to $300,000 each per year for 3 years, in order to support the implementation of evidence-informed behavioral health interventions and/or models of care to engage, link and retain BMSM living with HIV in medical care and supportive services. The proposed interventions and/or models of care will include strategies to integrate behavioral health services, including substance use disorder treatment, with HIV care to specifically address the needs of BMSM and improve their health outcomes. Demonstration site outcomes will inform the development of implementation toolkits and other dissemination products in order to promote replication across the Ryan White HIV/AIDS Program (RWHAP) and other health care settings.

In addition to adapting and implementing evidence-informed interventions and/or models of care in their own settings, the demonstration sites funded under this initiative will coordinate with the Evaluation and Technical Assistance Provider (ETAP), funded separately, to evaluate programmatic, clinical, and client-level outcomes of the implementation. In addition, the ETAP will assess the costs associated with the implementation of the evidence-informed interventions and/or models of care. In coordination with the ETAP, the demonstration sites will assist in development of implementation toolkits, trainings, and other dissemination products that will promote replication of evidence-informed interventions that were shown to improve health outcomes in other RWHAP and other health care settings.

Because award recipients under both NOFOs (HRSA-18-047 and HRSA-18-053) will need to work together to be successful, HRSA encourages applicants for this NOFO to read the companion announcement and be familiar with all program expectations within both NOFOs.

Key Definitions:
For the purposes of this initiative, **HIV care services** is defined as all of the HIV care and treatment services allowable through the RWHAP. For more information regarding RWHAP eligible services, refer to Policy Clarification Notice #16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds*.[1]

The term **behavioral health** refers to mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders. Problems that range from unhealthy stress or subclinical conditions to diagnosable and

[1] PCN# 16-02 can be viewed at https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters

treatable diseases such as serious mental illnesses and substance use disorders are included. These illnesses and disorders are often chronic in nature but people can and do recover from them with the help of a variety of interventions, including medical and psychosocial treatments, self-help, and mutual aid. The phrase "behavioral health" is also used to describe service systems that encompass prevention and promotion of emotional health; prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support. **Behavioral health care** includes screening and treatment of substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders.[2]

For the purposes of this initiative, **evidence-informed interventions** are strategies, models, or approaches that have been proven effective or have shown promise as a methodology, practice, or means of improving the care and treatment of people living with HIV (PLWH). Evidence-informed should be understood as distinct from evidence-based. Evidence-informed interventions with strong evidence bases may meet evidence-based criteria established by the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Disease Control and Prevention (CDC). However, evidence-informed interventions may demonstrate impact and strength of evidence without meeting AHRQ, CDC, or other criteria for being evidence-based.

Implementation and Adaptation of Evidence-informed interventions

Under a previous HRSA initiative, the National Alliance of State and Territorial AIDS Directors Center for Engaging BMSM across the Care Continuum (CEBACC) created an inventory of evidence-informed interventions for BMSM living with HIV across the care continuum. CEBACC has identified best practices and effective models for HIV clinical care and treatment in order to increase the capacity, quality, and effectiveness of health care providers to screen, diagnose, link, and retain BMSM in HIV clinical care. Additionally, the National Institute of Mental Health (NIMH) has identified two (2) previous HRSA/SPNS demonstration models as evidence-informed interventions for addressing behavioral health. This new initiative will build upon this work by adapting and implementing interventions such as those identified in the CEBACC and NIMH inventories that specifically address the behavioral health needs of BMSM living with HIV to improve their engagement and retention in care.

Demonstration sites will adapt and implement interventions and/or models of care that incorporate behavioral health treatment to improve health outcomes and address the unique needs of BMSM living with HIV. Specifically, demonstration sites will adapt and implement HIV treatment and service models and approaches that include both medical and behavioral health components that take into consideration social, economic, and cultural factors needed to engage, link and retain BMSM living with HIV in care and behavioral health services. In addition, demonstration sites will be expected to disseminate lessons learned and findings from models that have demonstrated improvements in health outcomes for BMSM to promote uptake and replication of those

[2] Substance Abuse and Mental Health Services Administration. National Behavioral Health Quality Framework. Available at: https://www.samhsa.gov/data/national-behavioral-health-quality-framework. Accessed September 23, 2017

models beyond the original implementing site.

Untreated behavioral health issues are often the root causes of poor retention and engagement in care, antiretroviral therapy (ART) adherence, and viral suppression.[3] Demonstration sites are expected to adapt and implement evidence-informed behavioral health interventions and/or models of care, through co-located services or establish networks to improve linkages to behavioral health treatment that specifically addresses the needs of BMSM living with HIV.

Sites will promote how the implementation of these interventions and/or models of care impact improvements in linkage, retention, and health outcomes. Sites will implement intervention plans that are designed so that RWHAP and other public health service providers can adopt and apply the same interventions in their own communities.

For the purposes of this initiative, demonstration sites are to select one (1) organizational intervention and/or model of care from the identified CEBACC and NIMH-identified HRSA/SPNS interventions and/or models of care addressing behavioral health conditions. Sites will modify and implement selected interventions and/or models of care in order to address the structural, provider and individual level barriers that limit engagement and retention in HIV care and viral suppression for BMSM living with HIV.

Eligible demonstration sites will collaborate with the ETAP to adapt and implement the following organizational interventions and/or models of care described below for HIV care and treatment. Applicants must propose to adapt and then implement one of the following identified organizational models to focus on improving health outcomes along the HIV care continuum for BMSM living with HIV. In the redesign, these efforts must focus on BMSM who are aware of their HIV status and who have fallen out of care, never entered into care, or are at risk of falling out of care. The redesigned interventions and/or models of care must integrate behavioral health care with HIV care to improve their health outcomes.[4]

Organizational Interventions/Models of Care	Summary	Website
Keeping them in "STYLE": finding, linking, and retaining young HIV-positive black and Latino men who have sex with men in care.	*STYLE* (Strength Through Youth Livin' Empowered) is a novel intervention that utilizes a social marketing campaign aimed to target youth and members of their sexual and social networks, testing and outreach, and a tightly linked medical-social support network to	https://www.ncbi.nlm.nih.gov/pubmed/21162690 https://www.cdc.gov/hiv/pdf/research/interventionrese

[3] Zuniga JA. The Role of Depression in Retention in Care for Persons Living with HIV. AIDS Patient Care STDS. 2016 Jan 1: 30(1): 34-38.

[4] The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings. Applicants requiring additional information and technical assistance material on the key components of integration, as well as how to help HIV provider organizations assess where they are on the continuum of integrated care should visit https://www.integration.samhsa.gov/about-us/about-cihs.

	diagnose, engage, and retain HIV-positive young BMSM in HIV primary care.	arch/compendium/cdc-hiv-style_ei_retention.pdf
A youth-focused case management intervention to engage and retain young gay men of color in HIV care	This intervention seeks to increase rates of engagement and retention in HIV care for HIV-positive Latino and Black/African-American young men who have sex with men (YMSM). Participants are enrolled into a psychosocial case management intervention administered by Bachelor-level peer case managers. Participants meet weekly with a case manager for the first two months and monthly for the next 22 months. Retention in HIV primary care at 3 and 6 months of follow-up are evaluated as well as factors associated with retention in care.	http://www.tandfonline.com/doi/abs/10.1080/09540121.2010.542125
CEBACC: Brothers United/The Damien Center	Targeted Linkage to Care Program for local Black LGBT communities. **Brothers United** and the **Damien Center**'s joint Linkage to Care (L2C) program connects clients to in-house and off-site medical and social services that help prevent HIV infection and maintain the health of people living with HIV/AIDS.	https://www.hishealth.org/models-of-care/brothers-united-damien-center
CEBACC: Project Silk	A recreation-based community health center that provides sexual health service delivery for Black LGBT patients. Project Silk's patient-driven approach engages clients and elicits their advice on program design and service delivery. Providing a stigma-free space is a core component of Project Silk's successful peer–driven community health model.	https://www.hishealth.org/models-of-care/project-silk http://projectsilk.org/

Strategies and activities funded under this NOFO must comply with Policy Clarification Notice (PCN) #16-02 *Ryan White HIV AIDS Program Services: Eligible Individuals & Allowable Uses of Funds* (https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf). You are encouraged to review PCN #16-02.

Multi-site Evaluation Requirements

The initiative's ETAP will coordinate a multi-site evaluation. Carefully read the

requirements for the ETAP under Announcement Number HRSA-18-053 to understand the requirements of the national, multi-site evaluation that will be coordinated by the ETAP. Demonstration sites will be expected to collect and report relevant quantitative and qualitative outcome, process and cost measures data for their interventions and/or models of care as part of the national multi-site evaluation. This data may include but is not limited to:

- Client demographic characteristics
- Biomedical and behavioral health indicators
- Utilization of core medical and support services (e.g., substance abuse, mental health, housing assistance)
- Barriers to accessing treatment and services
- Medication adherence measures; and other outcome measures as defined by the ETAP

Demonstration sites will be expected to report biomedical and behavioral health indicators. As such, the demonstration sites must be able to report these indicators, either as a direct clinical provider or through the execution of partnership agreements with a medical clinic for HIV health care services.

The ETAP will also provide technical assistance (TA) to the demonstration sites during regular teleconferences; through its website and webinars; during site visits; and at the twice-a-year national meetings where the ETAP will lead publication and dissemination activities, in collaboration with the demonstration sites and HRSA program staff.

Demonstration sites must collect and report relevant quantitative and qualitative outcome, process, and cost measures data to the ETAP. Because of the data requirements of the project, proposed staffing plans must include at a minimum:

- A 10 percent full-time equivalent Evaluator (.10 FTE) to oversee the implementation of the multi-site evaluation activities conducted by the ETAP, and
- A 25 percent full-time equivalent (.25 FTE) Data Manager to assist in data collection and reporting.

The proposed staff should have demonstrated experience in clinical quality improvement and/or data collection and reporting for the Ryan White HIV/AIDS Program Services Report (RSR). In addition to the multi-site evaluation, the ETAP may also conduct focused studies related to aspects of engagement, linkage, retention, and viral suppression rates of BMSM living with HIV in care and treatment that addresses their behavioral health and HIV care needs. If so, demonstration sites are also expected to participate in these focused studies.

Data to be collected and used in this initiative are classified as either public health data or client-level data. Public health data, such as HIV surveillance data and RSR treatment and support services data, are reported without disclosure of protected health information (PHI). The Privacy Rule of Health Insurance Portability and Accountability Act (HIPAA) also grants exemptions to covered entities that collect and report PHI for the purposes of communicable disease surveillance in public health activities and quality improvement in health care operations. Demonstration sites will be required to follow all applicable HIPAA and Institutional Review Board (IRB) requirements. Demonstration sites also must cooperate with the ETAP and HRSA regarding the

privacy and confidentiality of study participants and their health-seeking efforts. Demonstration sites will be expected to conform to regulations for human research subjects protection as set forth in Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR part 46).

Demonstration sites are expected to attend two grant recipient meetings per year and host at least one site visit per year that the ETAP will conduct. The ETAP will convene two grant recipient meetings per year during the course of the 3-year period of performance. While the ETAP will coordinate the overall logistics, each demonstration site must cover their travel, lodging per diem and other incidental expenses associated with these meetings. Award recipient meetings will be held in the Washington, DC/Metropolitan area. The ETAP will also provide TA to the demonstration sites during regular teleconferences, through its website and webinars, during site visits, and at the twice-a-year national meetings where the ETAP will lead publication and dissemination activities, in collaboration with the demonstration sites and HRSA program staff.

Dissemination of Findings and Lessons Learned

The ETAP will document successful findings and best practices for purposes of dissemination and replication at the national level. Dissemination of lessons learned and best practices will help to build capacity and readiness of RWHAP recipient organizations and non-RWHAP recipient organizations to successfully engage, link and retain BMSM living with HIV in care and treatment that addresses their behavioral health and supportive service needs to ultimately improve HIV-related outcomes (e.g., viral suppression).

Demonstration sites must participate in the publication and dissemination of program findings and lessons learned in collaboration with the ETAP and HRSA program staff. Each demonstration site will be expected to designate at least one project staff member to fully participate on the initiative's publications and disseminations committee. Demonstration sites must have personnel with the necessary skills to communicate project findings and lessons learned to local communities, state and national conferences, and policymakers, as well as write and publish findings in peer-reviewed journals and making presentations at conferences.

The ETAP, in collaboration with the demonstration sites, will be responsible for producing and disseminating TA toolkits, materials, and products. Audiences for these materials and products include both award receipients under this project, and other RWHAP recipients/subrecipients and HIV providers not funded under this project. Mechanisms of dissemination may include peer reviewed journals, websites, presentations via webcast, the National Ryan White Conference on HIV Care and Treatment, and other meetings or national forums to inform lessons learned and how to replicate the models. This external dissemination includes tools and materials that can be used by RWHAP recipients not funded under this project to adapt the evidence-informed interventions and/or models of care within their own organizations and assess their impact. The ETAP will work with the TARGET Center (i.e., website for hosting tools, webcasts, trainings, and other resources to assist RWHAP-funded programs) as the web forum to disseminate all information, tools, materials, and products from this project. Accordingly, demonstration sites will be expected to participate in the

development of these dissemination materials and support further replication.

Recipients are strongly encouraged to collaborate with their regional AIDS Education and Training Center (AETC) programs for expert support to disseminate and replicate promising practices, lessons learned and implementation challenges. AETC contact information is available at https://aidsetc.org/aetc-program/regional-offices.

Overall Project Timeline for Demonstration Sites and ETAP

In Year 1, the demonstration sites will work with the ETAP to finalize adaptation and implementation plans. The ETAP will review the adaptation and implementation plans developed by the demonstration sites. Informed by this review, the ETAP will design a TA and capacity building assistance (CBA) plan tailored to each model. During this time, the demonstration sites will conduct start up activities to include any necessary adaptations to the selected evidence informed intervention and/or model of care in collaboration with the ETAP. Also in Year 1, the ETAP will design a multi-site evaluation plan to assess the fidelity, effectiveness and costs of these interventions and/or models of care when implemented in Years 2 and 3. Demonstration sites will contribute to the development of the multi-site evaluation plan. In Years 2 and 3, the demonstration sites will implement their interventions and/or models of care and submit outcome, process and cost data to the ETAP. In year 4, informed by its findings from the multi-site evaluation, the ETAP will produce web-based materials for publication on the TARGET Center website. The ETAP also will engage in publication and dissemination of findings from the initiative, including best practices, lessons learned and cost analyses to foster rapid, efficient replication of these evidence-informed interventions and/or models of care by other RWHAP-funded care and treatment organizations.

Below is a suggested timeline to assist in the preparation of your required project narrative.

Project Date	Demonstration Sites	ETAP
Year 1, Months 1-6	• Work with ETAP to finalize adaptation and implementation plans • Assess TA needs • Hire intervention/ evaluation staff, as needed	• Assist with intervention and implementation strategy adaptation • Develop needs assessment tools • Conduct needs assessment • Convene initial multi-site meeting
Year 1, Months 7-9	• Assist ETAP with developing multi-site evaluation data collection tools • Submit evaluation data collection	• Develop evaluation plan • Develop data collection systems and tools • Submit instruments to

	instruments to local Institutional Review Boards for approval	IRB for approval • Develop TA/CBA plans • Develop TA/CBA tools
Year 1, Months 10-12	• Begin implementation of evidence-informed intervention • Begin multi-site evaluation data collection and submission to ETAP	• Begin multi-site evaluation
Year 2	• Submit to IRB for renewal • Implementation of evidence-informed intervention • Mid-intervention implementation strategies (if needed)	• Submit to IRB for renewal • Collect data, conduct interim evaluation • Conduct annual site visits • Convene grant recipient meetings • Continue to provide TA/CBA using tools developed
Year 3, Months 1-6	• Submit to IRB for renewal • Implementation of • evidence-informed intervention	• Submit to IRB for renewal • Collect data, conduct outcome evaluation
Year 3, Months 6-10	• Wrap-up of evidence-informed interventions • Develop tools for replication of intervention models • Develop materials for dissemination	• Collect data, conduct outcome evaluation • Develop materials for dissemination • Final multi-site meeting • Work with AETC to help translate these materials into clinical practice
Year 3, Months 11-12	• Dissemination and promotion of materials	• Final data collection activities
Year 4	N/A	• Submit for IRB renewal • Analyze project data • Develop materials for

		dissemination • Disseminate findings from project, promote materials and replication

2. Background

The Special Projects of National Significance (SPNS) Program is authorized by Section 2691 of the Public Health Service Act (42 USC 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). The SPNS Program supports the development of innovative models of HIV care to respond to the emerging needs of clients served by the RWHAP.[5] The SPNS Program also evaluates the effectiveness of these models' design, implementation, utilization, cost, and health related outcomes, while promoting the dissemination and replication of successful models.[6]

Despite decreasing overall HIV incidence in the United States, Blacks/African Americans have higher HIV incidence rates when compared to other racial/ethnic groups. According to the CDC, Blacks/African Americans accounted for almost half (44.3 percent) of all new HIV diagnoses in 2015, among whom, 38.4 percent were gay and bisexual men.[7] Among all subpopulations with new diagnoses, BMSM were the most affected subpopulation. If current HIV diagnoses rates persist, about 1 in 2 BMSM in the United States will be diagnosed with HIV during their lifetime compared with 1 in 11 white MSM.[8] In 2014, over 400,000 Blacks/African Americans were living with diagnosed HIV infection (42.4 percent of all people living with diagnosed HIV); in addition, Blacks/African Americans comprised the highest number (6,888) and rate (17.4 per 100,000 population) of HIV-related deaths among all racial/ethnic groups.

Similar disparities also exist within the RWHAP. In 2015, the RWHAP served 533,036 clients, and among them 47.1 percent were Black/African American.[9] Among male clients, Blacks/African Americans comprised the largest racial/ethnic group (41.2 percent) of RWHAP clients. African Americans also comprised one-third of MSM clients, but 60.1 percent among MSM aged 13 - 24. Although the percentage of Black/African American men who were retained in care (78.6 percent) was close to the

[5] Current SPNS initiatives as well as previously funded projects can be found at: http://hab.hrsa.gov/abouthab/partfspns.html

[6] Publications and products from various SPNS initiatives can be found at: http://hab.hrsa.gov/abouthab/special/spnsproducts.html AND https://careacttarget.org/library/integrating-hiv-innovative-practices-ihip

[7] Centers for Disease Control and Prevention. HIV Surveillance Report, 2015; Volume 27, published November 2016. Accessed 12-1-16 from : https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf

[8] Centers for Disease Control and Prevention. Lifetime Risk of HIV Diagnosis. Conference on Retroviruses and Opportunistic Infection. February 2016. Accessed 0-28-2017 from: https://www.cdc.gov/nchhstp/newsroom/2016/croi-press-release-risk.html

[9] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015. HIV/AIDS Bureau, HRSA, December 2016. Accessed 8-14-17 from: http://hab.hrsa.gov/sites/default/files/hab/data/datareports/2015rwhapdatareport.pdf

national RWHAP average (80.6 percent), the percentage who achieved viral suppression was slightly lower (78.9 percent) than the national average (83.4 percent). Among all MSM racial/ethnic groups, viral suppression was lowest for African-Americans (77.7 percent). BMSM aged 13 - 24 years had noticeably lower levels of viral suppression (66.9 percent) compared to BMSM overall, with the lowest viral suppression among those with unstable housing (58.5 percent).

Studies have shown that BMSM experience more frequent and severe consequences of substance use than do White MSM, leading to health disparities such as poorer health outcomes.[10] Once HIV-positive, BMSM are at higher risk of having poor health outcomes, and those negative outcomes are further compounded by behavioral health issues such as depression. Among BMSM living with HIV, the stress that accompanies experiences of discrimination based on their race, sexual orientation, and HIV status adds to their cumulative burden of stress and increases their vulnerability for depression. Traumatic life experiences may enhance vulnerability of young BMSM to HIV and increased risk-taking behaviors. Understanding the relative contributions of different traumatic experiences on HIV risk is important in identifying interventions and/or models of care needed to improve the health of young BMSM.

National Goals to End the HIV Epidemic

The RWHAP promotes robust advances and innovations in HIV health care using national goals to end the epidemic as its framework. Therefore, activities funded by the RWHAP focus on addressing these four goals:

1) Reduce new HIV infections;
2) Increase access to care and optimize health outcomes for PLWH;
3) Reduce HIV-related health disparities and health inequities; and
4) Achieve a more coordinated national response to the HIV epidemic.

To achieve these shared goals and priorities, recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, to ensure that PLWH are linked to and retained in care, and have timely access to HIV treatment and the supports needed (e.g., mental health and substance abuse services) to achieve HIV viral suppression.

HIV Care Continuum

Diagnosing PLWH, linking PLWH to HIV primary care, and PLWH achieving viral suppression are important public health steps toward ending the HIV epidemic in the United States. The HIV care continuum has five main "steps" or stages including: HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression. The HIV care continuum provides a framework that depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication. It shows the proportion of individuals living with HIV or individuals diagnosed with HIV who are engaged at each stage. The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most

[10] Buttram ME, Kurtz SP, and Suratt HL. Substance Use and Sexual Risk Mediated by Social Support among Black Men. J Community Health. 2013 Feb; 38(1): 62–69.

effectively.

According to recent data from the 2016 Ryan White Services Report (RSR), RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2010 to 2016, HIV viral suppression among RWHAP patients, defined as a patient who had at least one outpatient ambulatory health services visit and at least one viral load test during the measurement year, with the most recent HIV RNA level <200 copies/mL, increased from 69.5 percent to 84.9 percent, and racial/ethnic, age-based, and regional disparities have decreased.[11] These improved outcomes mean more PLWH in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.[12] In a September 27, 2017, Dear Colleague letter, CDC notes that scientific advances have shown that ART preserves the health of PLWH. There is also strong evidence of the prevention effectiveness of ART. When ART results in viral suppression, it prevents sexual HIV transmission. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their ART.

RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the performance measures developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects to have approximately $2,100,000 available annually to fund up to seven (7) recipients. You may apply for a ceiling amount of up to $300,000 total cost (includes both direct and indirect facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. The FY 2018 President's Budget does not request funding for this

[11] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016. http://hab.hrsa.gov/data/data-reports. Published December 2017. Accessed December 1, 2017.
[12] National Institute of Allergy and Infectious Disease (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: https://clinicaltrials.gov/ NLM Identifier: NCT00074581.

program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The period of performance is August 1, 2018 through July 31, 2021 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for this program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include entities eligible for funding under Parts A - D of Title XXVI of the Public Health Service (PHS) Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 including public and nonprofit private entities, state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community health centers receiving support under Section 330 of the PHS Act; Federally Qualified Health Centers as described in Title XIX, Section 1905 of the Social Security Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your workspace application package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the NOFO (also known as "Instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the Find Grant Opportunities page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. Applications must be submitted in the English language and must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it

nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 12: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*. In addition to the content required in the SF-424 Application Guide, the abstract must include the following:

- selected model that will be adapted/replicated;
- brief summary of the project goals, specific target population, service area setting;
- identify other sources of RWHAP funds by Part, if applicable; and
- overall methodology.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need*

  This section should briefly describe the purpose of the proposed project. Briefly describe your organization and any collaborating organizations. Identify the CEBACC or NIMH-identified HRSA/SPNS intervention and/or model of care you propose to adapt and/or implement. Provide a clear rationale for selecting the specific organizational intervention and/or model of care. Provide a succinct description of the proposed strategies that you will use to adapt the intervention and/or model of care, with collaboration from the ETAP, to link and retain BMSM living with HIV in care that addresses their behavioral health and supportive service needs to help them achieve and maintain viral suppression. Include a brief description of the proposed plan to ascertain and disseminate findings, lessons learned, and best practices.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*

  Provide a summary that demonstrates a comprehensive understanding of issues regarding the improvement of linkage, retention and viral suppression among BMSM living with HIV. Include in the summary a demonstration of your understanding of the behavioral health needs of BMSM living with HIV. Describe the need to integrate behavioral health services with HIV care and treatment. Describe the racial and/or ethnic minority population(s) you will serve. Include information about the incidence and/or prevalence rates of HIV infection in the identified BMSM population as well as issues specific to your service area that are barriers to engaging, linking and retaining BMSM living with HIV in HIV care.

  Utilizing the most recent available relevant local and/or national data and published research, describe the existing HIV medical, behavioral health, and support service needs currently available to meet the needs of the identified client population and any relevant gaps or barriers in the service area that the project plans to address. This section will help reviewers understand the community and/or organization that you will serve with the proposed project.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response*

  Identify which proposed intervention and/or model of care you will adapt and/or replicate, utilizing the organizational model and strategies, and the rationale for their use. Describe how the proposed intervention and/or model of care addresses key factors leading to unmet HIV care and treatment for BMSM, as identified in the data and research, as well as barriers within the service area limiting access, linkage, and retention in care for BMSM living with HIV experiencing behavioral health challenges. These barriers may include but are not limited to such issues as lack of consistent HIV care, the lack of HIV service provider education, the lack of diagnosis and treatment of mental illness, physical and sexual violence, substance use, or competing sustenance needs.

  Include information about how you will assist BMSM living with HIV with adherence and engagement in all proposed service components as well as how you will identify, engage, and re-engage clients to help them achieve viral suppression while addressing their behavioral health needs. Describe any partnerships, including those executed through an MOU or other contractual arrangement, developed to ensure the coordination of HIV health care, behavioral health care, and support services.

  The initiative seeks to promote innovative approaches and evaluate the implementation processes that integrate behavioral health services into HIV care to improve health outcomes among BMSM living with HIV most likely to be out- of-care and experiencing barriers in their continuity of HIV treatment. Through a thorough evaluation across multi-site demonstration projects, this initiative will assess what processes and the costs associated with implementing evidence informed interventions and/or models of care ensure engagement and retention in HIV medical care for BMSM.

Describe your plan to participate in all aspects of the rigorous national multi-site evaluation lead by the ETAP that will have maximum impact on practice and policy affecting the incorporation of behavioral health services in HIV primary care as a means to identify, engage, and retain BMSM living with HIV in care. Your plan should include the process for timely collection and submission of relevant quantitative and qualitative data related to the performance measures.

Describe your commitment to collaborate with the ETAP in the implementation of a cost analysis study that will collect labor, training, structural and other relevant costs incurred by the demonstration sites for the implementation of the intervention and/or model of care.

Describe your commitment to fully participate in the publication, dissemination and replication efforts for the initiative's findings and lessons learned, as coordinated by the ETAP and SPNS Program. Describe your plan to develop an intervention manual, which will document the methodology, implementation, and outcomes of your intervention project, in order to guide potential replication in the future. Describe your commitment to fully participate in potential studies of interest related to the engagement and retention of BMSM living with HIV in care or factors in the implementation of these types of interventions and/or models of care in HIV primary care settings, as coordinated by the ETAP and SPNS Program.

Describe how you will collect and manage data, including using any electronic medical record or electronic health record (EMR/EHR) or data management software that allows for accurate and timely reporting of performance and implementation outcomes. Include information about how you will collect and share data with the ETAP. Include a description of your plan to develop policies and procedures that ensure the privacy and confidentiality of clients participating in the proposed intervention and/or model of care. This description must indicate what types of data sharing agreements partner agencies must have in place in order to access required data and how the agencies will ensure that these agreements are in place within the first six (6) months of the award. Include a description of procedures for the electronic and physical protection of study participant information and data, in accordance with HIPAA and human subjects protections regulations. Describe your plan to obtain and submit documentation of local IRB approval on all evaluation and data collection instruments for both local IRB approval on all evaluation and data collection instruments for local evaluation activities.

Include a plan or strategy for project sustainability and program integration into existing programmatic or clinical practice (i.e., how you plan to integrate your proposed model into standard operating procedures). Include information about how you will work with the ETAP and partners to sustain the program after the period of performance ends by creating a system that incorporates positive results from the demonstration project and will lead to improved HIV health outcomes and viral suppression for BMSM living with HIV.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

Provide a work plan that clearly outlines the overall goals, objectives and action steps associated with adapting, implementing and evaluating the selected evidence-informed intervention. If awarded, you will use the work plan as a tool to actively manage the project by measuring progress, identifying necessary changes, and quantifying accomplishments. The work plan should directly relate to the program components described in the Methodology section as well as the program requirements and expectations detailed in this NOFO. Describe the activities or steps you will use over the lifetime of the award to achieve each of the strategies proposed in the Methodology section. Additionally, identify meaningful support and collaboration with key stakeholders and partners in planning, designing and implementing all activities.

The work plan should include: (1) goals for the entire proposed 3-year period of performance; (2) objectives that are specific, time-framed, and measurable; (3) activities or action steps to achieve the stated objectives with anticipated start and completion dates; and (4) staff responsible for each action step. Include all aspects of planning, implementation, and evaluation, along with the role of key personnel involved in each activity.

Goals are broad statements of what the program seeks to accomplish, and for whom. Focus the objectives on the most critical organizational issues and outcomes that need to be addressed to achieve the stated goals.

First year objectives should describe key action steps or activities that you will undertake to implement the intervention and/or model of care and the evaluation protocol. Objectives may include but are not limited to hiring appropriate staff, developing and implementing client assessment tools, outreaching to the intended PLWH population, coordinating with the ETAP on the development of multi-site data components, establishing quality control mechanisms, as well as addressing IRB and HIPAA requirements. Clearly indicate the anticipated start date of the intervention and/or model of care, and provide numbers, not just percentages, for targeted outcomes where applicable. Be sure that the work plan clearly indicates how you will ensure service delivery to BMSM living with HIV and the implementation of data collection processes within the first six (6) months of the award. Include the project's work plan in **Attachment 2**. This section is often best presented and/or summarized in a chart format.

Include the project's logic model in **Attachment 3**. You must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention and/or model of care, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget,

other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion # 2 Response*

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the application's methodology and work plan as well as the approaches that you will use to resolve such challenges. If applicable, include information about initiating, managing, and sustaining communication including data collection and reporting among multiple partner organizations.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/ Capabilities*

  You must describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. You must describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

  Describe how you will ensure data collection and reporting per the requirements outlined in Section 1 of the NOFO. Include a timeline for developing processes for collecting client-level data from all of the partnering agencies associated with implementing the selected evidence-informed intervention and/or model of care to the ETAP. Identify any barriers to meeting these requirements including but not limited to lack of data sharing agreements, concerns about client confidentiality, and coordinating disparate data systems (e.g., EMRs). Describe how you plan to address these barriers in the designated timeframes.

  Describe the prior experience of proposed key personnel (including any consultants, partner organization staff, subrecipients and contractors) in participating in a multi-site evaluation of national scope. Describe the experience of proposed key project personnel (including any consultants, partner organization staff, subrecipients and contractors) in writing and publishing study findings in peer-reviewed journals and in disseminating findings to local communities, national conferences, and to policy makers.

Identify the IRB that will review evaluation instruments and protocols. If your organization does not operate its own IRB, then describe your plan for securing an IRB review using commercially available review boards. Describe any training proposed key personnel have in human subjects research protections.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities*

  Succinctly describe your organization's current mission and structure, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Include an organizational chart. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how you routinely assess and respond to the unique needs of target populations of the communities served.

  Describe your experience serving BMSM living with HIV. Include information about your HIV experience, and expertise in identifying and addressing barriers associated with access, linkage and retention in care for this population experiencing behavioral health challenges. These barriers may include but are not limited to such issues as lack of consistent HIV care, the lack of HIV service provider education, the lack of diagnosis and treatment of mental illness, physical and sexual violence, substance use, or competing sustenance needs.

  Include a description of the services currently available to assist the identified BMSM living with HIV population and the funding sources for those services. Describe how these all contribute to your ability to conduct the proposed project and meet program expectations. Provide information on your resources and capabilities to support the proposed project. Describe the participation or inclusion of personnel with the necessary skills to communicate project findings to local communities, state and national conferences, and policymakers, and to collaborate in writing and publishing findings in peer-reviewed journals.

  Provide a staffing plan (**Attachment 5**) that identifies staff credentials and commitments to the proposed project components. Include information on all partnering organization*s' current mission and structure, scope of current activities, BMSM living with HIV service delivery experience, and expertise in serving BMSM who are at-risk for poor health outcomes. Describe the services currently available at the organization for the identified population and the funding sources for those services. Describe how the organizational staff and collaborating partners will contribute to the ability of the project to conduct the proposed intervention and/or model of care and meet program expectations. If applicable, provide information on the partnering organizations' resources and capabilities to support the proposed project.

  Describe how you and your partnering organizations, if applicable, routinely assess and address the unique needs of the BMSM living with HIV population.

Describe how consumers have been involved in the agency's operations, contributed to the formulation of the proposal and how the service providers incorporate consumer issues and preferences into their service delivery.

Describe the capacity of your information technology and management information system (MIS) to support the comprehensive evaluation including data collection, reporting, and secure storage of client-level data.

Include a project organizational chart as **Attachment 4.** The organizational chart should be a one-page figure that depicts the organizational structure of only the project, not the entire organization, and it should include subrecipients, contractors, partner organizations, and other significant collaborators.

If you will use consultants, subrecipients, and/or contractors to carry out aspects of the proposed project, describe their roles and responsibilities. Current and proposed collaborating organizations and individuals must demonstrate their commitment to fulfill the goals and objectives of the project through signed and dated letters of agreement, memorandums of agreement (MOAs), or memorandums of understanding (MOUs). If applicable, include any such letters or memoranda, and descriptions of any existing or proposed contracts relating to the proposed project, as **Attachment 7.**

Describe areas in which you anticipate needing TA in designing, implementing and evaluating your program. Describe areas in which you anticipate needing TA in adapting your intervention and/or model of care to include the organizational model to address the structural, provider and individual level barriers that limit engagement and retention in care for BMSM. Also describe anticipated staff training needs related to the proposed project and how you will meet these needs. If awarded, this information will assist HRSA and the ETAP to better address your needs.

Using the definition for cultural competence provided below, describe your, and, if applicable, your partnering organizations' resources and capabilities to support the provision of culturally and linguistically competent HIV care services. Provide examples of techniques, policies, and/or tools utilized and data to support and sustain successful outcomes.

Cultural competence means having a set of congruent behaviors, attitudes, and policies that come together in a system or organization or among professionals that enables effective work in cross-cultural situations. It includes an understanding of integrated patterns of human behavior, including language, beliefs, norms, and values, as well as socioeconomic and political factors that may have significant impact on psychological well-being and incorporating those variables into assessment, care and services.

NARRATIVE GUIDANCE To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The total project or program costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the SPNS program requires the following:

- Separate line item budgets for each year of the 3-year period of performance, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as appropriate (**Attachment 1**).

- As noted, the ETAP will conduct two meetings in each of the 3 years of the initiative with the demonstration sites. Include in the budget costs for travel, ground transportation, lodging, and per diem to attend these meetings.

The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202 states "None of the funds appropriated in this title shall be used to pay the salary of an

individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2018, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements (if applicable) will not count toward the page limit. Clearly label **each attachment**.

Attachment 1: Line Item Budgets Spreadsheet for Years 1 through 3, required.

Submit line item budgets for each year of the proposed period of performance as a single spreadsheet table, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs.

Attachment 2: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. If you will subaward or expend funds on contracts, describe how your organization will ensure the funds are properly documented.

Attachment 3: Logic Model

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 5: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of* HRSA's *SF-424 Application Guide)

Provide a staffing plan and justification for the plan that includes education, experience qualifications, and rationale for time being requested for each staff position (including consultants and contractors). Key personnel for this initiative include the Project Director, Project Coordinator, Evaluator and Data Manager. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff, including consultants and contractors.

Also, please include a description of your organization's time-keeping process to ensure that you comply with the federal standards related to documenting personnel costs.

Attachment 6: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 3, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual whom you have not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 7: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be signed and dated.

Attachment 8: Tables, Charts, etc., if applicable

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 9: Medical Record Availability Documentation.

Please provide documents to demonstrate that you have access (either directly or through a formal, written agreement) to clients' medical records to verify use of and retention in medical care and to collect health outcome information.

Attachment 10: Indirect Cost Rate agreement, if applicable (does not count toward page limit).

Attachments 11 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *February 5, 2018 at 11:59 p.m. Eastern Time*.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Special Projects of National Significance Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than $300,000 per year (inclusive of direct **and** indirect costs). The FY 2018 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

In addition to the funding restrictions included under 4.1.iv of HRSA's *SF-424 Application Guide*, you may not use funds under this announcement for the following purposes:

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare);
- Purchase or construction of new facilities or capital improvement to existing facilities;
- Purchase of or improvement to land;
- International travel;
- Cash payments to intended RWHAP clients (as opposed to non-cash incentives to encourage participation in evaluation activities);

- Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP) medications or the related medical services. (Please note that RWHAP recipients and providers may provide prevention counseling and information to eligible clients' partners – see RWHAP and PrEP Program Letter, June 22, 2016);[13]
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See https://www.aids.gov/federal-resources/policies/syringe-services-programs/; or
- To develop materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

You can find other non-allowable costs in 45 CFR part 75 – subpart E Cost Principles.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2018, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds is considered additive and must be used for approved project-related activities. Recipients are responsible for ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP requirements. Please see 45 CFR §75.307 and PCN 15-03 Clarifications Regarding the RWHAP and Program Income for additional information.

V. Application Review Information

1. Review Criteria

HRSA has instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards used to judge your application. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Please see the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The objective review will consider the entire proposal.

[13] See http://hab.hrsa.gov/sites/default/files/hab/Global/prepletter062216_0.pdf

Review criteria are used to review and rank applications. This program has six (6) review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

- Strength and clarity of the proposed intervention that incorporates one of the CEBACC or NIMH-identified HRSA/SPNS interventions and/or models of care to address behavioral health needs to improve HIV clinical care and treatment across the HIV care continuum.
- Strength and clarity of the rationale provided for selecting the specific organizational intervention or model and succinct description of the proposed adaptation and/or implementation strategies.
- Strength and clarity of the proposed intervention to increase the capacity, quality, and effectiveness of health care providers to link and retain BMSM in HIV clinical care by meeting their behavioral health needs.
- Extent to which the applicant demonstrates a comprehensive understanding of issues regarding the improvement of engagement and retention in HIV primary care for BMSM.
- Extent to which applicant utilizes the most recently available relevant local and/or national data and published research, to discuss the existing unmet needs for HIV care, behavioral health and support services in this population.
- Extent to which the applicant identifies the geographic area to be served, and the existing HIV medical, behavioral health and support services currently available to meet the needs of the identified client population and any relevant gaps or barriers in the service area that the project plans to address.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges

The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

Methodology (15 points)

- Extent to which the proposed intervention addresses key factors leading to unmet HIV care and treatment for BMSM, as identified in the data and research, as well as barriers within the service area limiting access, linkage and retention in care for BMSM living with HIV experiencing behavioral health challenges
- Extent to which the applicant describes strategies to assist BMSM living with HIV with adherence and engagement in all proposed service components as well as how they will identify and re-engage clients who do not remain engaged in these service components.
- Extent to which the applicant describes any partnerships, including those officiated through an MOU or other contractual arrangement, developed to ensure the coordination of HIV care, behavioral health services, and support services, and includes signed copies of such agreements in **Attachment 7**.

Work Plan (10 points)

- Strength, clarity and feasibility of the applicant's work plan and its goals for each year of the 3-year period of performance (**Attachment 2**).
- Extent to which the applicant's work plan delineates steps for implementing and evaluating evidence-informed models of care designed to engage, link and retain BMSM in HIV medical care and supportive services by addressing their behavioral health needs.
- Extent to which the applicant identifies key stakeholders and partners, if applicable, in planning, designing and implementing all activities, including the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.
- Evidence the applicant's objectives for the 3-year period of performance are specific to each goal, time-framed, and measurable.
- Strength and clarity of logic model (**Attachment 3**) for designing and managing the proposed project.

Resolution of Challenges (5 points)

- Extent to which the applicant identifies possible challenges that are likely to be encountered in designing and implementing the activities described in the proposed methodology and work plan.
- Extent to which the applicant identifies realistic and appropriate responses for resolving identified challenges.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's Evaluation and Technical Support

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- Strength of the proposed plan to fully participate in all aspects of the rigorous national multi-site evaluation lead by the ETAP that will have maximum impact on practice and policy affecting the incorporation of behavioral health services in HIV care as a means to identify, engage, and retain BMSM in HIV care.
- Strength of the experience of proposed key project personnel (including any consultants, partner organization staff, subrecipients, and contractors) in participating in a multi-site evaluation of national scope.
- Extent to which the applicant identifies the IRB that will review the multi-site evaluation data collection instruments as well as any training proposed key staff have in human subjects research protections.
- Strength and clarity of the plan to safeguard patients' privacy and confidentiality, including any protected health information to be used in the multi-site evaluation, and the organization's documented procedures for protecting both physically and electronically the privacy of patient information and data in accordance with HIPAA regulations and human subjects research protections.
- Strength and clarity of the applicant's plan to collect and manage data, including any EMR or EHR, or data management software, that allows for accurate and timely reporting of performance and implementation outcomes, as well as

information about how the agency will collect and share data among the partners and agencies (if applicable).

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan and Methodology

- The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope.
- Strength of proposed plan to develop an intervention manual for the purposes of replication.
- Strength and clarity of the sustainability and program integration plan or strategy including how the applicant will work with the ETAP and leveraged partners to sustain the project after the period of performance ends.
- The degree to which the project activities are replicable.
- Strength of the proposed intervention to address the behavioral health and HIV care needs of BMSM.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Evaluation and Technical Support and Organizational Information

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- Strength of the applicant organization's experience in serving BMSM living with HIV.
- Relevance of the organization's experience in implementing and managing HIV/AIDS care services, coordination, and evaluation, including programs serving marginalized and hard-to-reach populations.
- The extent to which the applicant and partner/leveraged organizations' current mission and structure, scope of current activities, HIV experience, and expertise including evidence that the current service portfolio demonstrates expertise in serving racial/ethnic minority communities at risk for poor health outcomes.
- Strength of the capacity of the applicant organization's management information system (MIS) to support comprehensive data collection, reporting, and secure storage of study participant data.
- The extent to which the staffing plan (**Attachment 5**) and project organizational chart (**Attachment 4**) are consistent with the project description and, proposed activities, and include the roles and responsibilities of any partnering/leveraged organizations, if applicable.
- The extent to which the applicant demonstrates the inclusion of consumers in the agency's operations, including the formulation of the proposal and the incorporation of consumer issues and preferences into the service delivery model.
- The extent to which the applicant demonstrates, with specific examples and data, the resources and capabilities to support the provision of culturally and linguistically competent HIV care to BMSM living with HIV.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget, budget narrative, the line item budget (Attachment 1), and the SF-424A

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which the narrative justification sufficiently justifies each line item.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- Strength and clarity of the applicant's budget justification narrative for each year of the 3-year period of performance and its appropriateness to the proposed work plan.
- If applicable, the extent to which the applicant clearly describes subawards and/or contracts for proposed subrecipients, contractors, and consultants in terms of scope of work; how costs were derived; payment mechanisms and deliverables are reasonable and appropriate.
- Evidence that the budget allocates sufficient resources to implement the multi-site evaluation plan and for three key personnel to attend required annual meetings in Washington, DC.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

HRSA will review applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of August 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of August 1, 2018. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's *SF-424 Application Guide*.

Human Subjects Protection:
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR part 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
2) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

You may request additional information regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Beverly Smith
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7065
Email: BSmith@hrsa.gov

You may request additional information regarding the overall program issues and/or TA related to this NOFO by contacting:

April Stubbs-Smith, MPH
Director, Division of Domestic HIV Programs
Attn: SPNS-BMSM Initiative Demo Sites (HRSA-18-047)
Office of Training and Capacity Development, HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09N112
Rockville, MD 20857
Telephone: (301) 443-7813
Email: AStubbs-Smith@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs).

For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Logic Models

Additional information on developing logic models can be found at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

HRSA strongly encourages all applicants to participate in a TA webinar for this funding opportunity to ensure the successful submission of the application. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the NOFO.

Day and Date: Thursday, December 21, 2017
Time: 12 p.m. – 1:30 p.m. ET
Call-In Number: 1-888-942-9573
Participant Code: 8381871
Weblink: https://hrsa.connectsolutions.com/hrsa18047-Demos

The webinar will be recorded and should be available for viewing by December 31, 2017 at https://careacttarget.org/library/hrsahab-notice-funding-opportunity-nofo-announcements.

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.