HIV Prevention Projects
Pre-Proposal Conference

November 19, 2014
Presentation Outline

- Welcome and Introductions
- Key Dates
- Funding Available
- Eligible Programs and Activities
- Instructions for Completing an Application
- Evaluation Criteria
# Key Dates

<table>
<thead>
<tr>
<th>Release Date</th>
<th>Date</th>
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<tbody>
<tr>
<td>Release Date</td>
<td>November 12, 2014</td>
</tr>
<tr>
<td>Pre-Proposal Conference</td>
<td>November 19, 2014</td>
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<tr>
<td>Intent to Apply Form Due (Appendix A)</td>
<td>November 21, 2014</td>
</tr>
<tr>
<td>Application Due</td>
<td>December 8, 2014</td>
</tr>
<tr>
<td>Contract Start Date</td>
<td>January 1, 2015</td>
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Overview

• Identify non-profit organizations that will provide HIV Prevention services in the City of Chicago
• Support National HIV/AIDS Strategy goals: reduce new infections, increase access to care, improve health outcomes, and promote health equity
• Address recommendations from Unified Plan for Prevention, Care, Housing, and Essential Services developed by the Chicago Area HIV Integrated Services Council (CAHISC)
• Align with direction provided by Centers for Disease Control and Prevention
• $5,000,000 (Estimated Annually)
• Initial term is a two-year period
  • January 1, 2015 – December 31, 2016
• Budget submitted with application should be for a one-year period (January 1, 2015 – December 31, 2015)
• Contract extension is possible for up to two (2) additional periods, each not to exceed one year
  • Contingent on program funding availability and program and fiscal performance
Eligible Programs and Activities

- CDPH plans on funding 10 categories of services under this RFP.
- Respondents applying to provide services in more than one Category must submit a separate and complete proposal for each Category.
Eligible Programs and Activities

- Regions have been updated by Community Area (p.4)
- New program categories with required service components
- New projects – including demonstration projects and evaluator
- Focus on partnerships and collaboration
### Eligible Programs and Activities

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Est. Amount of Funding Annually</th>
<th>Est. # of Awards</th>
<th>Estimated Award Size (Annual)</th>
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</thead>
<tbody>
<tr>
<td><strong>Category A1</strong>: Targeted HIV Testing and Linkage to Care</td>
<td></td>
<td>$1,700,000</td>
<td>11-12</td>
<td>$125,000 - $175,000</td>
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<tr>
<td><strong>Category A2</strong>: Use of Social Network Strategies (SNS) for Targeted HIV Testing and Linkage to Care</td>
<td></td>
<td>$300,000</td>
<td>1-2</td>
<td>$125,000 - $175,000</td>
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<tr>
<td><strong>Category A3</strong>: HIV Testing and Linkage to Care in High Volume Clinical Settings Serving MSM and High-Risk Minority Male and Female Populations</td>
<td></td>
<td>$600,000</td>
<td>3</td>
<td>$200,000</td>
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<tr>
<td><strong>Category B</strong>: Citywide HIV Prevention with Intravenous Drug Users (IDU)</td>
<td></td>
<td>$550,000</td>
<td>1-2</td>
<td>$200,000 - $300,000</td>
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<tr>
<td><strong>Category C1</strong>: Prevention with Positives – CDC-Supported High-Impact Prevention (HIP) Behavioral Interventions</td>
<td></td>
<td>$350,000</td>
<td>3-5</td>
<td>$60,000-$100,000</td>
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<tr>
<td><strong>Category C2</strong>: Prevention with Positives – Innovative or Locally Developed Interventions</td>
<td></td>
<td>$350,000</td>
<td>3-6</td>
<td>$60,000-$100,000</td>
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<tr>
<td><strong>Category D1</strong>: Prevention with Negatives - PrEP Demonstration Projects</td>
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<td>$450,000</td>
<td>3</td>
<td>$125,000 - $175,000</td>
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<tr>
<td><strong>Category D2</strong>: Prevention with Negatives - Comprehensive Services to High-Risk Negatives Demonstration Project</td>
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<td>$200,000</td>
<td>1-2</td>
<td>$100,000 - $200,000</td>
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<tr>
<td><strong>Category D3</strong>: Prevention with Negatives - Behavioral Interventions for High-Risk HIV Negative Individuals</td>
<td></td>
<td>$350,000</td>
<td>4-6</td>
<td>$40,000 - $60,000</td>
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<tr>
<td><strong>Category E</strong>: Evaluation</td>
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<td>$150,000</td>
<td>1</td>
<td>$100,000 - $150,000</td>
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</table>
## Eligible Programs and Activities

<table>
<thead>
<tr>
<th>Category</th>
<th>Description in RFP</th>
<th>Specific Program Questions to be answered in proposal [in addition to Abstract (p.17) and Agency Experience &amp; Cultural and Linguistic Capacity (p.18)]</th>
</tr>
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<tr>
<td><strong>Category A1</strong>: Targeted HIV Testing and Linkage to Care</td>
<td>P. 7-8</td>
<td>P. 18-20</td>
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<tr>
<td><strong>Category A2</strong>: Use of Social Network Strategies (SNS) for Targeted HIV Testing and Linkage to Care</td>
<td>P. 8-9</td>
<td>P. 21-23</td>
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<tr>
<td><strong>Category A3</strong>: HIV Testing and Linkage to Care in High Volume Clinical Settings Serving MSM and High-Risk Minority Male and Female Populations</td>
<td>P. 9-11</td>
<td>P. 23-25</td>
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<tr>
<td><strong>Category B</strong>: Citywide HIV Prevention with Intravenous Drug Users (IDU)</td>
<td>P. 11-12</td>
<td>P. 26-28</td>
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<tr>
<td><strong>Category C1</strong>: Prevention with Positives – CDC-Supported High-Impact Prevention (HIP) Behavioral Interventions</td>
<td>P. 12</td>
<td>P. 28-30</td>
</tr>
<tr>
<td><strong>Category C2</strong>: Prevention with Positives – Innovative or Locally Developed Interventions</td>
<td>P. 12-13</td>
<td>P. 30-31</td>
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<tr>
<td><strong>Category D1</strong>: Prevention with Negatives - PrEP Demonstration Projects</td>
<td>P. 13-14</td>
<td>P. 32-34</td>
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<tr>
<td><strong>Category D2</strong>: Prevention with Negatives - Comprehensive Services to High-Risk Negatives Demonstration Project</td>
<td>P. 14</td>
<td>P. 34-36</td>
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<tr>
<td><strong>Category D3</strong>: Prevention with Negatives - Behavioral Interventions for High-Risk HIV Negative Individuals</td>
<td>P. 15</td>
<td>P. 36-38</td>
</tr>
<tr>
<td><strong>Category E</strong>: Evaluation</td>
<td>P. 16</td>
<td>P. 39</td>
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</table>
Eligible Programs and Activities

• Be specific and detailed with your responses
  • Structure program and narrative response according to specific questions for the program category
Category A1: Targeted HIV Testing and Linkage to Care

• Target populations and geography
  – Updated geographic regions – North, South, West
  – Target Populations (listed on p. 7 of RFP)
  – Priority Populations (listed on p. 8 of RFP)

• Intended for provider and community-based organization partnerships

• Successful respondents will be funded at up to $175,000 (anticipated range is $125,000 - $175,000) and are expected to identify a minimum of 12 newly confirmed HIV positive persons annually

- Required services (p. 8)
  - Outreach and Recruitment
  - HIV Testing
    - Includes integrated testing for HIV, STI, viral hepatitis, and TB
  - Linkage to Care for HIV Positive Persons
  - Prevention and Support Services for High-risk Negatives
  - Condom Distribution
Category A2: Use of Social Network Strategies (SNS) for Targeted HIV Testing and Linkage to Care

• Similar to A1
  (Outreach and Recruitment, HIV Testing, Linkage to Care for HIV Positive Persons, Prevention and Support Services for High-risk Negatives, Condom Distribution)

• Differences
  – Specifically targeting MSM and transgender populations (within North, South or West Regions)
  – Outreach and recruitment utilizes Social Network Strategies (SNS)
  – Identify 15 new positives annually
Category A3: HIV Testing and Linkage to Care in High Volume Clinical Settings Serving MSM and High-Risk Minority Male and Female Populations

• Limited to the following respondents
  1) health care provider site that operates in a clinical setting,
  2) site is able to perform at least 4,500 HIV tests annually,
  3) site can meet expectation to identify 24 newly confirmed HIV positive persons annually,
  4) site has the capacity to provide Partner Services.

• Expand routine HIV testing in clinical settings and to provide linkage to care, including Partner Services, for persons identified as HIV positive.

• Target 1) African American and Hispanic adolescents and adults, and (2) MSM and IDUs, regardless of race or ethnicity.
Category A3: HIV Testing and Linkage to Care in High Volume Clinical Settings Serving MSM and High-Risk Minority Male and Female Populations - cont.

• Required services (p. 10)
  – Recruitment
  – HIV Testing
    • Opt-out HIV Testing in Clinical Settings, and integrated STI, viral hepatitis, and TB testing
  – Linkage to Care for HIV Positive Persons
  – Partner Services
  – Prevention and Support Services for High-risk Negatives
  – Condom Distribution
• Services are intended to be citywide.
• Required Services (p. 11)
  – Outreach and Syringe Exchange.
  – HIV Testing
  – Linkage to Care for HIV Positive Persons
  – Prevention and Support Services for Negatives
  – Condom Distribution
Category B: Citywide HIV Prevention for Intravenous Drug Users (IDU) – cont.

- Other/encouraged services (p. 11)
  - Provide information on prevention and transmission of infectious diseases and on safer sex and injection practices,
  - Conduct assessment of personal risk,
  - Provide training on how to use condoms correctly and the importance of using condoms consistently,
  - Provide counseling to address emotional or practical issues in practicing safe sex,
  - Provide training in safer sex negotiation,
  - Provide active referral to substance abuse treatment and social services (e.g., housing),
  - Offer or provide active referral for psychosocial support,
  - For those who test positive for an HIV or STD, notify CDPH to provide partner services to needle-sharing or sex partners,
  - Active referrals to relevant mental health and family planning services, and
  - Training in overdose prevention and provision of naloxone.

• Limited to CDC supported HIP behavioral interventions for newly diagnosed HIV-positive persons:
  – PROMISE, d-Up!, Mpowerment, Popular Opinion Leader, CLEAR, WILLOW, Healthy Relationships, CONNECT, Partnership for Health (Safer sex), and START
Category C1: Prevention with Positives – CDC- Supported High-Impact Prevention (HIP) Behavioral Interventions

• Indicate geographic region and target population to be served
• Provide justification for choosing intervention to be provided based on needs of target population
• Explain how fidelity to the intervention will be maintained
• Successful respondents will be required to work with CDPH and a research partner identified by CDPH to finalize their program monitoring and evaluation plan
Category C2: Prevention with Positives – Innovative or Locally Developed Interventions

• HIV prevention demonstration projects targeted to people living with HIV - proposed projects should have the potential for reducing HIV infections.

• Respondent must explain the evidence base for the program and justify its intended impact with the target population

• Successful respondents are required to participate in an evaluation with a research partner identified by CDPH. Will be allowed a three-month planning period to work with the research partner on planning the project before service delivery begins.
Category C1 and C2

• C1 is for CDC supported High-Impact Behavioral (HIP) Interventions
  – Apply for this category if you are proposing to implement one of the CDC currently supported preventions listed in the RFP
  – Explain if you are delivering it as developed by CDC or justify if you plan on modifying it

• C2 is for Prevention with Positives interventions that are new/innovative or locally developed
Category D1: Prevention with Negatives - PrEP Demonstration Projects

• CDPH plans to fund up to three PrEP demonstration projects, one serving each geographic region.
• Must consist of a collaboration between a non-clinical community-based organization (CBO) and one or more clinical providers.
• Facilitate access to and adherence to PrEP for high-risk HIV negative populations.
• An expectation is that the funded organization will conduct outreach to both potential PrEP candidates and providers in their proposed geographic region – build capacity of providers
Category D1: Prevention with Negatives - PrEP Demonstration Projects - cont

• Preference is for both the CBO and collaborating clinic(s) to be physically located within the geographic region proposed by the respondent.
  – If either the CBO or collaborating clinic(s) are not located within the proposed geographic region to be served, the respondent must describe how they will facilitate access to on-site services.

• Respondents must describe how the project will enable them to increase the number of persons served with PrEP.

• Each project will need to propose eligibility criteria for the population(s) they intend to target
Category D1: Prevention with Negatives - PrEP Demonstration Projects - cont

• Funds are not intended to supplant organizations’ current funding or to pay for medications or clinical services that are supported through other payment or funding sources.

• Funds may support staff that conduct outreach to identify PrEP candidates, screen persons as candidates for PrEP, provide PrEP navigation or casework type services (scheduling appointments, appointment reminders, assistance with adherence), provide assistance with insurance/payment issues

• Successful respondents are required to participate in an evaluation with a research partner identified by CDPH. Will be allowed a three-month planning period to work with the research partner before service delivery begins.
Category D2: Prevention with Negatives – Comprehensive Services to High-Risk Negatives Demonstration Project

- Demonstration projects (1-2) that entail development and delivery of a holistic approach to primary HIV prevention
- Provide prevention case management and access to wrap-around services that address an array of clients’ health and other needs
- Purpose is to help high-risk negative individuals navigate a comprehensive system of services with the goal of keeping them HIV negative
Category D2: Prevention with Negatives – Comprehensive Services to High-Risk Negatives Demonstration Project – cont.

• Suggested services include, but are not limited to:
  – HIV and STI testing and treatment; education about HIV prevention and risk reduction; mental health and substance abuse screening treatment and services; case management; active referrals for primary care and other needed medical care; assistance accessing stable housing; education resources, insurance, and public benefits as indicted by the needs of the program participant; and help accessing other essential social services and supports.

• Successful respondents are required to participate in an evaluation with a research partner identified by CDPH. Will be allowed a three-month planning period to work with the research partner before service delivery begins.
Category D3: Prevention with Negatives - Behavioral Interventions for High-Risk HIV Negative Individuals

• Respondents may propose to provide a high-impact prevention (HIP) behavioral intervention currently supported by CDC
  — PROMISE, Popular Opinion, Leader, Sister to Sister, Personalized Cognitive Counseling, d-up!, VOICES/VOCES, Mpowerment, Safe in the City, and Many Men, Many Voices.

• Or respondents may propose another behavioral intervention or service developed and proposed by the respondent based on the needs of the target population.
Category D3: Prevention with Negatives - Behavioral Interventions for High-Risk HIV Negative Individuals - cont.

- If proposing a CDC-supported intervention
  - Provide justification for choosing intervention to be provided based on needs of target population
  - Explain how fidelity to the intervention will be maintained
  - Required to work with CDPH and a research partner identified by CDPH to finalize their program monitoring and evaluation plan

- In proposing an innovative or locally developed intervention
  - Must explain the evidence base for the program and justify its intended impact with the target population
  - Participate in an evaluation with a research partner identified by CDPH. Will be allowed a three-month planning period to work with the research partner on planning the project before service delivery begins.
Category E: HIV Prevention Program Evaluator

- Work directly with the delegate agencies that are funded through this RFP for demonstration projects
  - Categories C2, D1, D2, and D3
- In collaboration with these agencies and CDPH, further refine the demonstration projects’ implementation plans and logic models and develop and execute comprehensive evaluation plans.
- Three month start-up/planning period to work with agencies in 2015 before service delivery begins.
Required Submission Materials

See Appendix F. Application Checklist (p. 59)

- Title Page
  - Appendix B (p. 49-53). Make sure to complete Part 1 (organization and contact information) and Part 2 (information on program category for the specific proposal you are submitting)

- Proposal Checklist
  - Appendix F (p. 59)

- Table of Contents
Required Submission Materials

- Application Narrative
  - Project Abstract (p. 17 – for all categories)
  - Agency Experience & Cultural Competency (p. 18 – for all categories)
  - Answer questions for specific program category (p. 18-39)

- Program Work Plan (Appendix C. p. 54)

- Program Logic Model (Appendix D. p. 55)

- Budget – Narrative questions for program category and budget forms
  - Complete 2 sets of budget forms: Program Costs and Administrative Costs (Administrative Costs not to exceed 10% of Program Costs)
## Logic Model - Example

### Inputs

- Partnerships [CBO and clinic(s)]
- Clinic resources (define)
- CBO resources (define)
- Screening criteria/protocols
- CDPH support
- Other financial resources (define – billing, other funders, payment assistance programs)

### Outputs

#### Activities
- Outreach (both to providers and to high-risk negative individuals)
- Screening and referral
- PrEP case mgmt, navigation/adherence support
- Insurance/payment assistance navigation, support

#### Participation
- Community Based Organization (outreach staff, PrEP case managers)
- Clinic Providers (prescribers, clinic staff, leadership)
- Target population (defined by respondent)

### Outcomes - Impact

<table>
<thead>
<tr>
<th>Short</th>
<th>Medium</th>
<th>Long</th>
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<tbody>
<tr>
<td>Increased knowledge - persons aware of PrEP (define)</td>
<td>Increased number of high-risk HIV negative persons on PrEP</td>
<td>Reduced incidence of HIV among high-risk negative persons</td>
</tr>
<tr>
<td>Increased provider capacity (define)</td>
<td>Increased adherence to PrEP</td>
<td></td>
</tr>
<tr>
<td>Increase in number of high-risk negative persons referred for PrEP</td>
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### Assumptions

- Lack of knowledge/misperceptions among community/potential PrEP candidates
- Need to build provider capacity

### External Factors

- Stigma
- Affordability
Required Submission Materials

Required Documentation
- Internal Revenue Service 501(c)3 tax exempt determination letter,
- Copy of Articles of Incorporation
- Copy of the most recent Financial Statement and OBM Circular A-133 Audit (if applicable)
- Board of Directors List (must include place of employment)
- Proof of insurance
- Memoranda of Agreement/Service Agreements
- Linkage to Care Protocol (for all programs performing HIV Testing and Linkage to Care)
Submission Format

- Minimum 1.5 line spacing and 12 point Times New Roman font
- Margins of at least ¾ inch on all sides
- Submit only unbound proposals (no staples, ring binders, or covers)
- All documents should be on 8 ½ X 11 inch paper
- Print single-sided
- Include a table of contents
- Attach only required supporting documentation
- Sequentially number all pages, including all attachments
Submission Format

- 1 original and 5 copies, and an electronic copy on a CD or memory device
- Submit to:
  
  Chicago Department of Public Health
  DePaul Center - Second Floor
  333 South State Street
  Chicago, IL 60604
  Attention: Teffany Anderson

Must be received by 4:30 pm Central on December 8, 2014
Evaluation Criteria

• Cultural and linguistic competence
• Experience providing the proposed services and prior outcomes achieved
• Justification of target population and demonstrated understanding of population(s) HIV prevention needs
• Description of the proposed project and soundness of proposed plan to conduct all required program components of the service category
• Rationale for program design, including evidence base for program and proposed interventions

- Proposed staffing plan and staff experience operating the program or providing similar services
- Plans for program sustainability
- Documented coordination and collaboration with other providers.
- Soundness of proposed budget, cost effectiveness
- Respondent’s financial capacity and stability to manage a program of the size and scope contemplated
Questions and Contact information

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DEBRA.JANISZEWSKI@CITYOFCHICAGO.ORG