

HIV Prevention Demonstration Projects

Questions and Answers for RFA #14-10607

October 31, 2014

1.	<p>The RFA says that the due date for submission of applications is December 5; the email from Karen Mark sent Oct 15 says that electronic application submission is due on December 15, 2014 by 5 pm. Which is correct?.</p> <p>The correct due date for electronic submission of applications is listed in the RFA itself and is <i>December 5, 2014</i>. An announcement confirming the correct submission date was sent to OA stakeholders on October 23, 2014 and has been posted on the OA website.</p>
2.	<p>We currently have sufficient funds to provide HIV testing. Would it be acceptable to leverage our resources and not propose testing in this RFA, and instead focus on linkage to and retention in care?</p> <p>Yes, this is acceptable. Whatever elements you choose to focus on, please remember that the overall intent of this RFA is to reach those not traditionally engaged through OA's current programs.</p>
3.	<p>If we subcontract with providers who will conduct HIV testing, can we provide the test kits?</p> <p>Yes, the county can include the purchase of test kits for this project, but OA will not provide the test kits through our regular mechanisms. Test kits should be budgeted for as needed.</p>
4.	<p>Can the funds for this project be used for items such as incentives, food, and entertainment?</p> <p>Project funds may be used for incentives to motivate high-risk individuals who might not otherwise accept HIV testing or engage/remain in care. The scientific evidence regarding use of incentives is inconclusive, but if you decide to use them, incentives must be offered equitably, must be appropriate and effective for the target population, and must not conflict with policies and guidelines established by your organization or jurisdiction.</p> <p>Project funds may be used for gift cards allowing participants to purchase (for example) food or movie tickets. Limited use of project funds for food or entertainment associated with targeted outreach activities may be allowable, but the rationale for and cost effectiveness of this use of funds would need to be justified in the application.</p> <p>General guidelines have been put forward by the Centers for Disease Control and Prevention (CDC) regarding use of incentives. You may find these helpful; they can be found in "Planning and Implementing HIV Testing Programs in Non-Clinical Settings: A Guide for Program Managers":</p>

	<p>https://www.effectiveinterventions.org/Libraries/Public_Health_Strategies_Docs/HIVTestingImplementationGuide_Final.sflb.ashx</p>
5.	<p>Can funds be used for marketing or promotion of testing events?</p> <p>Yes, project funds can be used for targeted, strategic and culturally competent marketing or promotion of testing events.</p>
6.	<p>Our jurisdiction does not bill for any direct services it provides. Subcontractors are able to bill for services they provide. If we propose a mix of direct County and subcontracted services, will the County have to bill?</p> <p>LHJs will not be asked to bill third parties if they currently have no mechanism to do so.</p>
7.	<p>Are there specific benchmarks or goals for each funding year, such as number tested, number linked, verified medical visits, and positivity rate?</p> <p>Because these are demonstration projects meant to highlight innovative approaches, OA is not defining specific benchmarks or goals. Our general expectation is to see measurable progress among vulnerable and underserved populations toward addressing project outcomes such as improved access to HIV screening and improved linkage to and retention in care.</p> <p>Applicants are encouraged to demonstrate that they will focus on populations experiencing high HIV positivity rates as well as health inequities related to linkage to and engagement in care. Defining and targeting high-risk populations that are likely to have an HIV prevalence of 1% or more will result in the most significant return on investment. However, OA realizes that working with high risk populations is challenging, and with these demonstration projects we hope to fund programs that are both innovative and effective. As projects move out of their startup phase, we will ask funded sites to work closely with OA's evaluation staff to define appropriate project goals and work together to evaluate outcomes.</p> <p>OA aligns its prevention work with the National HIV/AIDS Strategy and expectations put forward by the CDC. CDC-defined outcomes for High-Impact Prevention activities such as linking 90% of newly-identified HIV-positive persons to care within 90 days of diagnosis will not be applied as specific benchmarks, but can provide a general framework for considering demonstration project goals.</p>
8.	<p>What format does the budget need to be submitted in? Example Word, Excel, or Acrobat.</p> <p>The budget should be submitted in Excel.</p>

9.	<p>On Page 8, Section G, 1, you request a Letter of Intent. What information do we need to provide in the Letter of Intent? Please provide guidelines.</p> <p>As stated in the RFA, the mandatory electronic Letter of Intent must be submitted by 5pm PST on Friday, November 7 and must be signed by an official authorized to enter into a contractual agreement on behalf of the applicant.</p> <p>The letter should simply state that your jurisdiction or organization intends to apply for the HIV Demonstration Projects RFA (RFA 14-10607) and should provide the email, telephone, and mailing address for the individual designated as the main point of contact for the application process.</p>
10.	<p>On Page 3, Section C, you list the terms of the resulting contract for a three-year period. Is the time frame from February 1, 2015- June 30, 2015 considered start-up for the demonstration project? If so, are there any specific budget guidelines that cover this time period for process outcomes?</p> <p>The timeframe from February 1, 2015 – June 30, 2015 is not considered start-up for the demonstration project. While all projects will require startup time, some may not need the entirety of February 1 – June 30. There are no specific budget guidelines for process outcomes specific to this time period.</p> <p>The legislation restricts these projects to two year terms. The terms of the resulting contracts are consistent with the California State Fiscal Year.</p>
11.	<p>On page 3, Section D, second full paragraph, there is a statement that reads “the resulting demonstration projects will result in two year contracts.” Can you please clarify if the contract is for two years or three years?</p> <p>The term of the resulting contracts will be from February 1, 2015 to January 31, 2017. The contract term for the project is two years; one contract for a total of 24 months.</p> <p>The budget periods for the resulting 24 month contracts are:</p> <p>Year One: February 1, 2015 to June 30, 2015</p> <p>Year Two: July 1, 2015 to June 30, 2016</p> <p>Year Three: July 1, 2016 to January 31, 2017</p>
12.	<p>Page 5, Section E, 4 --- Can you provide any guidelines on the types of data grantees may be required to submit in addition to data submitted via LEO?</p> <p>Detailed draft data requirements are delineated in Appendices 2 (Negatives) and 3 (Positives). Project proposals should also include a plan for collecting any additional data that would be needed to assess performance on innovative aspects of the proposed activities. Finalized requirements for these aspects will be discussed with funded agencies after funding has been awarded, prior to beginning service delivery.</p>

13.	<p>Do applicants need to propose a scope of work addressing all 3 primary goals or can any primary goal be selected?</p> <p>There is no one approach that will address all project goals, and needs vary from jurisdiction to jurisdiction. As a result, applicants may focus on one or two primary areas. In those instances, applicants should clearly describe formalized collaborations and leveraging of associated resources in order to provide comprehensive services that encompass RFA priorities.</p>
14.	<p>Page 1, Schedule of Events, shows that there is a two-week period between the application deadline, December 5th, and the Noticed of Intent to Award Released, December 19th. If selected for a site-visit, when will the applicant be notified of the possible visit? Who and how will the person be notified of a site visit? Can you provide any specific guidelines for what the site visit will entail?</p> <p>Upon reviewing the RFA timeline, we concluded that scheduling pre-award site visits within the very short time frame available would result in an unreasonable burden to applicants. As a result, pre-award site visits will not be conducted as part of the application review process.</p> <p>Applications will be reviewed based on the process described in section 2b of the RFA ('Standard Application Review Process'). An evaluation committee will be convened to review and score submitted applications and application criteria and scoring will be adjusted to account for the elimination of the pre-award site visit component.</p>
15.	<p>Are there any letters of support required with this application?</p> <p>The RFA states that if applicants plan to coordinate with outside providers for linkage to HIV care and/or prevention services, letters of support will be required. The RFA also states that if an applicant proposes to use subcontractors and those subcontractors are identified by name, then a letter of support from each proposed subcontractor must be included in the application.</p>
16.	<p>How will the awards be allocated?</p> <ul style="list-style-type: none"> a. Geographic size of region? b. County/jurisdiction population? c. Special targeted regions? d. Current morbidity? e. Other? <p>All of those factors will be taken into account. Other considerations will include whether the application adequately targets underserved and vulnerable populations and represents innovative approaches for addressing outcomes put forward in the RFA such as increased access to HIV screening and enhanced patient engagement within the HIV care system. Section B, 'Purpose of the RFA', provides more detail.</p>
17.	<p>What is the total prospective grant award allocation per grantee?</p>

	<p>There is not a pre-determined total prospective grant award per grantee. Applicants must determine a reasonable budget consistent with the scope of their proposal.</p>
18.	<p>Do you expect the funded projects to be sustained at the same level post-grant period or will there be a continuation of funding to support awardees?</p> <p>The legislation states that these are two-year “demonstration” projects. The funding ends at the conclusion of the contract term for these projects. We cannot predict what funding the legislature may or may not make available after this time period.</p>
19.	<p>Can you define evidence-based? Is it based on a menu of options or can we have evidence-informed innovative local approaches?</p> <p>Evidence-based prevention interventions are typically based on behavioral science theory (behavioral interventions) and program planning models or biologic plausibility (biomedical interventions), are supported by data, and have been evaluated to show that their outcomes are clearly linked to the intervention itself. They are presented with sufficient detail and clarity to allow for consistent replication or the opportunity to build on their findings.</p> <p>The CDC ‘Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention’ includes a new chapter for interventions focused on linkage, retention, and re-engagement in HIV care, which can be accessed here. Use of these interventions is not required in this RFA, but applicants may find them to be helpful, and/or may consider modifying them to suit local needs.</p> <p>Locally-developed innovative interventions can be used in this RFA, but the rationale and evidence to support their use must be described. Some considerations for using a locally-developed intervention include: Is the intervention based on sound behavioral theory? Is it similar to other interventions that have been evaluated as effective? Can you demonstrate that it is likely to be a good intervention for your target population? Do you have partial evidence pointing to its effectiveness (process data, outcome monitoring data, or unpublished effectiveness data)? Have you developed, or will you develop as part of this RFA, a curriculum or protocols for the intervention so that it can be shared and staff can be trained in its use? Does your agency have sufficient capacity and resources to deliver the intervention?</p>
20.	<p>Are condoms, lube, safer sex supplies allowable expenditures?</p> <p>Yes</p>
21	<p><i>Can collaborative partners be for-profit agencies?</i></p> <p>The contractor may subcontract with for-profit agencies to carry out this contract.</p>

22	<p>How are you defining innovative and what are those boundaries?</p> <p>Innovation is difficult to define, but we can offer a few thoughts about the nature of innovation in public health and HIV prevention.</p> <p>An innovation is a new idea applied in practice. Innovations often address important challenges that don't yet have an agreed-upon response, and may attempt to answer questions that have incomplete or inconclusive answers.</p> <p>An innovative project should differ from established models in ways that can be clearly described, and there should be some indication that the proposed model can be successfully applied to target populations. It is helpful if proposed models and interventions are grounded in a strong theory or evidence base. Innovations may include variations of existing strategies, or may be completely new strategies.</p> <p>Because these are demonstration projects, OA is not setting rigid boundaries for project definition or implementation.</p>
23	<p>Will there be future opportunities for stakeholders to provide input and feedback about the RFA?</p> <p>OA will be convening a panel to review applications in response to the RFA, and panel participants will include community members and stakeholders. In general, involvement in the RFA process must take place within clearly defined parameters in order to ensure no conflict of interest.</p> <p>Information about the progress of the demonstration projects will be shared on a regular basis as the projects unfold. We hope and expect that this will be both exciting and informative, and that the lessons learned can be applied to HIV prevention work in future.</p>
24	<p>Why are smaller counties excluded from applying? It's understandable that case load has to be considered in distribution of funding, but shouldn't projects with demonstrated need, proven track records, and strong proposals be able to compete regardless of county size?</p> <p>OA aligns funding priorities with the direction established by the National HIV/AIDS Strategy (NHAS), Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and California's Integrated Surveillance, Prevention, and Care Plan. The NHAS recommends that public funding be allocated "to geographic areas consistent with the epidemic." This means our primary focus must be on jurisdictions contending with the greatest HIV burden, and that disproportionately large sums of money should not be allocated to jurisdictions with relatively little HIV burden.</p>

	<p>The legislation resulting in the current RFA for Prevention Demonstration Projects limits us to a total of 3-4 awards statewide, while also requiring that the outcomes of funded projects be evaluated for potential statewide replication. This precludes us from making multiple small awards. Our long-term hope is that we will be able to clearly demonstrate through the evaluation process that these projects are a cost-effective use of state General Fund dollars and can be effectively replicated, thus providing support for requesting continuation and expansion of funding.</p>
25	<p>In order to make this opportunity available to rural areas or jurisdictions with lower incidence, can you allow for one project to be granted a larger amount and encouraged to "satellite" with smaller jurisdictions as partners?</p> <p>Yes, the RFA supports and encourages these collaborations. We know that HIV infections continue to occur in smaller jurisdictions, and smaller jurisdictions and the CBOs within them may need support in addressing the needs of their vulnerable and underserved populations at high risk for HIV. We also know that HIV is transmitted within communities and sexual networks that are not necessarily defined by geopolitical boundaries. Our proposed solution is to encourage applicants to combine forces and submit collaborative proposals that (for example) include neighboring small or mid-sized jurisdictions or CBOs within these jurisdictions, all located within the same larger region.</p> <p>This is intended to address the reality that social, sexual, and health care networks, especially in rural areas, often cross jurisdictional boundaries. Collaborative proposals that focus outreach, testing, and linkage to and retention in health care for the most vulnerable and underserved individuals demonstrated to be at high risk for HIV infection, and which cross jurisdictional boundaries, are more likely to be successful than proposals which are limited to one jurisdiction but include sites which do not have a demonstrated ability to successfully serve high risk populations with a high seropositivity rate.</p> <p>We also want to make sure that jurisdictions that do not currently receive HIV prevention funding and are not eligible entities for funding under this RFA are aware of other resources available through the CDPH Office of AIDS to address HIV screening and linkage to and retention in care in their populations. Examples include, but are not limited to, Technical Assistance (TA) for testing in medical settings, Ryan White funding for testing when there is no other payer source, and Ryan White funding for linkage and retention in care among minority communities.</p>