2018 YOUNG MEN WHO HAVE SEX WITH MEN & YOUNG TRANSGENDER WOMEN OF COLOR INTERVENTION

REQUEST FOR APPLICATIONS (RFA)

The following RFA details an intervention

I. SUMMARY OF THE ISSUE

In the United States, young men who have sex with men (YMSM), particularly those of minority race and/or ethnicity, are at increased risk for HIV infection. According to the Centers for Disease Control and Prevention (CDC), in 2016, youth aged 13-24 made up 21% of all new HIV diagnoses in the United States. Most (81%) of those new diagnoses occurred among young gay and bisexual men. Young black/African American and Hispanic/Latinx gay and bisexual men were especially affected. Young Black men who have sex with men (YBMSM) experience the highest HIV incidence rates of all race, risk, and age subgroups. A recent meta-analysis estimated that YBMSM experience an HIV incidence rate of 6.73%. Because YMSM of minority race and/or ethnicity do not report higher levels of HIV behavioral risks, such as condomless anal sex or substance abuse, other factors have been proposed to explain this population's disparity in HIV incidence. This disparity has been attributed largely to higher background HIV viral load in Black MSM communities. Lowering HIV incidence rates among YMSM of color will require significantly improved linkage, retention, and re-engagement in medical care in order to effectuate viral suppression. Until such time as Treatment as Prevention (TasP) within these communities reaches greater saturation, other dedicated primary prevention approaches within this population are urgently needed, as existing HIV incidence estimates are projected to result in domestic HIV prevalence rates of more than 50% among Black MSM by the time they reach 40 years of age. Although data related to HIV incidence among young transgender women (YTW) is limited, a CDC-led meta-analysis demonstrated that Black trans women experience an HIV prevalence rate of approximately 50%.

In response to these national disparities, the University of Pittsburgh's HIV Prevention and Care Project (HPCP), in collaboration with the Pennsylvania Department of Health, received funding from the Centers of Disease Control and Prevention in 2012—2015 for a demonstration project to provide HIV/STI testing, linkage to care, and reengagement in care for YMSM and YTW of color. This project (Project Silk) achieved community-level diffusion, reaching well over 15% of the estimated total County-level target population per year. In addition, HIV/STI seropositivity rates were >5% per year, and overall HIV incidence was estimated to be >10%. Project Silk was also noted for its success in reengaging into care YMSM and YTW of color who had previously tested positive; this success has been chiefly attributed to its provision of social services across a broad spectrum in collaboration with a social service agency (Community Human Services, Inc.). Beginning in 2016, HPCP collaborated with Valley Youth House and Bradbury-Sullivan LGBT Center to adapt and replicate the Project Silk model in Allentown, PA (Project Silk-Lehigh Valley). In light of this public health issue and demonstration project data, as well as the recommendation of the Pennsylvania HIV Planning Group (HPG), funds are being provided in 2018--2019 to one or more agencies to act as diffusion sites for an intervention model for YMSM and YTW of color modelled on the core components of Project Silk. These funds will be subcontracted by the HPCP, who will also assist in providing capacity-building, technical assistance, and process evaluation to successfully funded pilot projects. Information on Project Silk and its diffusion in Pennsylvania can be found at http://www.stophiv.com/index.php/hiv-prevention-and-care-project/project-silk.

Awards: We seek applications for replication of the Project Silk model in other Pennsylvania locations with high localized HIV incidence and prevalence among YMSM and YTW of color. We anticipate approximately four months of start-up funding (approximately $80,000) beginning September 15, 2018 through December 31, 2018, anticipating that successful start-ups will be eligible for approximately $225,000 in programmatic funding from

January 1, 2019 to December 31, 2019. Future operational funding may be available based on programmatic successes and general funding availability.

II. INTERVENTION CORE COMPONENTS

The core components of the intervention should be considered, unless otherwise stated, to be required and essential components of the model. The intervention can exist as a dedicated drop-in center, or as an addition to a clinic space, provided that the core components are met. These components have been consolidated after extensive work piloting and refining the original Project Silk intervention and its replication, and include the following:

- **HIV testing, prevention and care linkage activities consistent with Ryan White Early Intervention Services.**

  This core component requires that agencies incorporate 1) targeted HIV testing to help the unaware learn of their HIV status and, if found to be HIV-positive, to receive referral to HIV care and treatment services; 2) referral services to improve HIV care and treatment services at key points of entry; 3) access and linkage to HIV care and treatment services, such as substance use care, medical case management, and HIV outpatient/ambulatory health services; and 4) outreach services and health education/risk reduction related to HIV diagnosis.

- **Asset-based youth development in program planning, staffing, recruitment, and engagement.**

  This core component expresses the need for youth partnership in project creation and control over significant programming decisions, including planning, staffing, recruitment, engagement, and ongoing needs assessment in order to optimize the relevance, resonance, and effectiveness of these activities. Recognizing that development opportunities not only increase youth involvement but likely can increase self-efficacy, public health knowledge, and valuable civic engagement, the Project Silk model requires that development opportunities be structurally infused. These opportunities can include volunteer roles, staffing opportunities, peer education and navigation, leadership positions on a youth advisory board, outreach, collaborations with other youth-serving agencies in para-professional/consultancy capacities, and others.

- **Demonstrated cultural competency in all staffing and volunteer roles.**

  Agencies that adopt the Project Silk model must have demonstrated cultural competency across a range of populations that encounter severe marginalization and report perceptions of stigma and discrimination as barriers to service-seeking. These competencies include youth (13-24); race/ethnicity (including Black populations and Latinx populations); and LGBT (including understanding biphobia and transphobia).

- **Recreation-based safe space, to be open at times convenient for target population members.**

  Characteristics of the recreation-based safe space include: a site that is physically accessible to members of the target population (e.g., near community-based businesses and in a transportation hub area); a site that is safe for participants to congregate in (e.g., in a well-policed and well-trafficked area); a site that is in a location that does not compel stigma for entering participants (e.g., as part of a mixed-use block or building where participants who enter are not targeted for discrimination or victimization by passersby who are aware of the space's purpose); a site whose use is monitored by staff for adherence to ground rules developed by staff and community advisory board members, and whose staff has training and experience in conflict resolution and de-escalation; a site whose amenities and décor are chosen to promote a sense of

belonging and comfort among participants (e.g., community advisory board members should help choose furnishings and audiovisual needs); a site that can contain at least three private offices (for concomitant provision of HIV/STI testing; social services provision; and mental health counseling).
Integral to recruitment and retention, the site should be based on recreational activities enjoyed by young adults, and thus should contain at least one open room of 100 square feet (e.g., to allow for recreation, for example a dance space; a movie/video game area). For safety, the site should allow for monitored entry and exit and that facilitates the discreet use of self-administered, tablet-based service requisitions (see below). Importantly, target population members should play a key role in assessing the utility of the space for the purposes above.

- **Strong agency buy-in and support (among all collaborating agencies if a collaborative is proposed).**

  Working with highly marginalized youth populations at high risk for HIV infection and/or retention in care necessitates very strong agency buy-in and support. This includes demonstrable support for the proposed project from the highest levels of the applicant organization (e.g., Board of Directors, Chief Executive Officer) and potential agency assets such as legal counsel and public relations/media affairs. This is chiefly due to the myriad challenges that agency staff will face when establishing and maintaining such programming. These challenges may include establishing late hours, working off-site, working with clients with poorly developed boundaries, and mediating verbal and physical altercations, among other difficulties. The Project Silk model of recreation-based community public health necessitates significant previous experience with target populations; administrative flexibility, e.g. to quickly react to staffing shortages or necessity of supplies (such as bus tickets); experience and/or demonstrated potential for effective academic-community-government partnerships; and significant experience in service provider/community collaborations. Collaborative applications (e.g, between organizations with complementary skills and experience) are encouraged but not required.

- **Harm reduction philosophy.**

  The Project Silk model recognizes that HIV-related risks and service uptake is highly individualized, and recommends working with clients to assess and promote risk reduction and service uptake strategies that are non-judgmental and attainable. Broad examples of harm reduction strategies include sexual health discussion groups and anti-stigma campaigns; specific harm reduction strategies include PrEP, sero-adaptive behaviors, safer sex work strategies (including provision of housing/shelter and employment assistance), and referrals to pharmacies or syringe exchange programs for clean needles. Condoms and lubricant should be readily available in all areas, including bathrooms.

- **Peer navigation to PrEP/PEP, HIV-related medical care, and social services.**
  On par with the necessity of community participation in the planning process is the use of peer navigators. These individuals take on programming and HIV/STI testing responsibilities within the space as a way to increase community ownership of the project. It is of high importance that these peer navigators receive proper training, supervision, and guidance for keeping the "personal" and "professional" spheres separate. Other functions for peer navigators include "inreach", e.g. helping introduce participants to staff members at the space and outside the space who can help them initiate medical and/or social services uptake.

- **Social Network Strategy with social media components.**

As a community-based project, a Project Silk model can tap into a rich social network. The CDC has released guidelines for utilizing these social networks for testing individuals for HIV. Modifications of these strategies may help maximize the identification of new HIV infections and linkage/re-engagement for previously positive individuals. Incorporating social media avenues into Social Network Strategy may also help agencies reach participants who have not previously utilized the safe space or its service options.

- **Integrated HIV and STI testing, and self-testing (where possible).**

  As the Project Silk model relies on a recreation-based safe space, a core component is that medical services are brought to community participants at this space. On-site, private and confidential rapid HIV and syphilis testing and self-administered STI testing, with options for provision of testing/test facilitation and results by peers and non-peers, gives this model a "one-stop shop" community health foundation with myriad options to minimize barriers to access and uptake.

- **Co-located supportive services, and mental health provision (where possible).**

  Mental health and substance use are highly correlated with HIV seroconversion and, for those who are HIV positive, poor viral load suppression. As the Project Silk model relies on a recreation-based safe space, a core component is that mental health and other supportive services are brought to community participants at this space. On-site mental health care linkage and provision, coupled with on-site supportive services delivery and navigated and tracked referral across a broad range of services (including employment and education assistance, housing/shelter, transportation assistance, food, clothing, substance abuse, legal services) will help reduce incident HIV cases and increase viral suppression among those who are HIV positive.

- **Ability to gather and maintain secure data consistent with HIPAA regulations and Pennsylvania's State Act 148, and to use these data to create quarterly reports.**

  Organizations will be expected to collect, maintain, and analyze secure, client-level HIPAA-compliant data and to use these data to submit quarterly reports, to include the following outcomes:

  - Number of target population members tested for HIV;
  - Number of target population members receiving HIV positive test results;
  - Number of verifiably new HIV diagnoses among target population members receiving HIV testing;
  - Number of target population members with verifiably new HIV diagnoses who are successfully linked to medical care and supportive social services;
  - Number of target population members who have been previously tested HIV positive who are successfully re-engaged in medical care;
  - Number of target population members who have been previously tested HIV positive who are successfully engaged in supportive social services;
  - Number of target population members with verifiably new HIV diagnoses who are successfully referred to Partner Services;
  - Number of total target population members who are successfully engaged in supportive social services;
  - Number of target population members tested for sexually transmitted infections (STI);
  - Number of target population members receiving positive STI results;
  - Number of target population members who receive positive STI results and are successfully linked to medical care;

- Number of target population members who utilize the recreation-based safe space;
- Number of target population members who are successfully linked to PrEP providers.

Based on pilot project findings, these core components will help foster the following targeted outcomes measures in funded projects:

- HIV seropositivity rate ≥3%
- STI seropositivity rate ≥5%
- Linkage to care rate ≥80%
- Linkage to Partner Services ≥80%
- Increase in PrEP uptake ≥30% compared to baseline
- Re-engagement in care/supportive services ≥10 people per year

III. DURATION AND FUNDING OF THE INTERVENTION

Annual funding to begin in 2019 is limited to $225,000.00, not including a four-month start-up period (September—December, 2018) limited to $80,000.00. Projects are anticipated to be funded for a total of 12-16 months under this mechanism, after which successful demonstration projects are recommended to pursue continuation funding from other sources. Year-to-year funding is contingent upon the grantee's annual reapplication, contractual obligations of HPCP, and funding availability.

IV. ELIGIBILITY

Collaborative applications (e.g, between organizations with complementary skills and experience) are encouraged but not required. Eligible applicants include:

- Private institutions of higher education;
- Public institutions of higher education;
- Community-based organizations;
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education;
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education;
- Healthcare systems designated as not-for-profit.

The following criteria will be considered in the selection of an appropriate site and application for this intervention:

- Demonstrates understanding of core components and clear evidence of ability to integrate core components (above, Section II; below, Section V) in application;
- Demonstrates understanding of integration of local, state, and national epidemiological data relating to HIV prevention and care among YMSM and YTW in application;
- Capacity to regularly present information to the Pennsylvania HIV Planning Group regarding intervention progress;
- Capacity to provide technical assistance to future subcontractors interested in replicating this intervention in Pennsylvania;
- Regional service area located within Pennsylvania, excluding City of Philadelphia. Priority Regions, based on the Pennsylvania HIV Epidemiologic Profile, include (in alphabetical order of Regional HIV Care grantees): AIDS Activities Coordinating Office, Northwest, Northeast, and Southcentral.

V. APPLICATION

We strongly encourage organizations considering applying to submit a brief (one-page), Letter of Intent (LOI) by July 10, 2018 (please email this LOI to bra25@pitt.edu). LOI will not be scored or considered commitments to apply; rather, they will allow for internal assessments of RFA distribution and reviewer allocation. Applicants who submit LOI will be invited to participate in a technical assistance webinar related to this RFA during July/August 2018.

Interested organizations must submit a written application of no more than 10 double-spaced pages (12-point font, one-inch margins) using the following format and including the following information. Please be sure to number the pages of your application.

Title Page. Must include organization title, address, current grant support sources, telephone and email contact, and application submission date (Title Page not included in 10-page limit).

A: Statement of Need. Specify target population and provide epidemiological information relevant to the local (e.g., city- and/or County-level) population of YMSM and/or YTW of color that you propose to serve. This statement should also reference how the proposed project is aligned with statewide (as described in Pennsylvania HIV Planning Group documents) and national (as described in the National HIV/AIDS Strategy) priorities. *(20 points)*

B: Experience and capacity. Describe the experience of your staff and the historical and current capacity of your organization to work with the proposed population(s) in relation to HIV testing, linkage-to-care, re-engagement in care, community engagement, and social service provision. *(20 points)*

C: Addressing Pennsylvania's HIV prevention and care plan. Discuss how this application addresses strategies promoted in the Pennsylvania Integrated HIV Prevention and Care Plan, 2017-2021 *(5 points)*

D1: Program Description. Provide an overarching description of the proposed project, with specific description of the programming you plan to implement, using core components (above, Section II) as a conceptual framework. *(15 points)*

D2: Workplan. A realistic workplan should be submitted. This workplan should detail start-up activities for the September 1, 2018—December 31, 2018 start-up period as well as programmatic activities for the January 1, 2019—December 31, 2019 operational period. Plans should be written in three sections: *(15 points)*

1) A quarterly outline of the project's intended goals and objectives, per program;
2) A narrative, which details the project's activities, which stem from the goals and objectives outlined in Section I;
3) A description of intended staff/intervention personnel including their qualifications and responsibilities, which should be clearly related to the workplan.

D3. Monitoring and Evaluation. Describe how the applicant will monitor and evaluate this project's goals, objectives, and coherence with core components from Section II. In order to ensure that your project is accomplishing its mission and to assist in program planning, it will be necessary to monitor and evaluate this project's goals and objectives (as outlined above). Provide a narrative explaining how you will monitor and evaluate the progress of your intervention. Both quantitative and qualitative methods can be employed, and should include process measures for start-up activities (e.g., community meetings, advisory board development). *(10 points)*

E: **Collaborators and partners.** Provide a description of the collaborators and partners you will work with to ensure programmatic success. Memoranda of Understanding (MOU) may be attached as Appendices. *(10 points)*

F: Training, capacity-building and technical assistance. Use this section to discuss any training, technical assistance and/or capacity-building your agency anticipates as necessary for project start-up and implementation. *(5 points)*

G: Budget. Provide a budget narrative that corresponds to the details of the workplan outlined in Part D2. Full detailed budgets for up to $80,000.00 for the four-month start-up period (September 1, 2018—December 31, 2018), and up to $112,500.00 for each six-month operating period thereafter (January 1, 2019—June 30, 2019 and July 1, 2019—December 31, 2019) should be provided in the Appendices. Budgets should include all program expenditures, using the following categories: personnel and fringe benefits; consultants/contractors; supplies; travel; and other costs (include indirect costs here). Budgets should be reasonable for the work proposed. *(Not scored)*

Appendices. Any and all charts, graphs, illustrations, logic models, detailed budgets, CLIA waivers, MOU, IRS tax status forms, and other supportive documentation referred to in Parts A-G above should be submitted as appendices. Please do not duplicate in your application those items included in the appendices. The appendices are not included in the application's 10-page limit. *(Not scored)*

VI. DEADLINE

All written applications must be received by 4:59pm EST on August 27, 2018. Applications will be reviewed by an independent review panel composed of public health researchers, public health practitioners, public health administrators, community members, and members of the HIV Planning Group. Pre-decisional site visits are expected to take place during August 2018. Final funding announcements are expected to be made by August 25, 2018. Applications should be emailed as .pdf files to: bra25@pitt.edu.

VII. EVALUATION OF APPLICATIONS

All applications meeting stated requirements in this RFA and received by the designated date and time will be reviewed by a committee of qualified personnel selected by HPCP, to include public health practitioners and researchers, community representatives, and civil servants. The Review Committee will recommend applications that most closely meet the evaluation criteria developed by the Department, based on the scoring system in Section V (above). If the Review Committee requires additional clarification of an application, HIV Prevention and Care Project staff will schedule an oral presentation and/or assign a due date for the submission of a written clarification.

The decision of the HIV Prevention and Care Project with regard to selection of applicants is final. The HIV Prevention and Care Project reserves the right to reject any and all applications received as a result of this request and to negotiate separately with competing applicants. Awarded applicants shall not be permitted to issue news releases pertaining to this project prior to official written notification of award by the Review Committee.

VIII. INQUIRIES

All applicants will receive official written notification of the status of their application from the HIV Prevention and Care Project. Unsuccessful applicants may request a debriefing. This request must be in writing and must be received by the HIV Prevention and Care Project within 30 calendar days of the written official notification of the status of the application. The HIV Prevention and Care Project will determine the time and place for the debriefing. The debriefing will be conducted individually by HIV Prevention and Care Project staff. Comparison of applications will not be provided. Applicants will not be given any information regarding the evaluation other than

the position of their application in relation to all other applications and the strengths and weaknesses in their individual application.

Inquiries should be sent by email to bra25@pitt.edu, or sent by regular mail to:

Attn: RFA2018YMSM
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