

**RFA # 1612131029
Internal Program # 16-0004**

Grants Gateway #: DOH01-AICORA-2017 – Component A
 Grants Gateway #: DOH01-AICORB-2017 – Component B
 Grants Gateway #: DOH01-AICORC-2017 – Component C
 Grants Gateway #: DOH01-AICORD-2017 – Component D
 Grants Gateway #: DOH01-AICORE-2017 – Component E

New York State Department of Health
 Health Research, Inc. (HRI)

*AIDS Institute / Division of HIV/STD/HCV Prevention
 Bureau of Community Based Services*

**ADDENDUM #1
 February 3, 2017**

RFA Modifications:

The following has been updated/modified in the RFA. Strike-through indicates deleted text; Red underlined/bolded text is new.

INADVERTENT ERROR: Livingston Correctional Facility was omitted from the Facility Chart for the WENDE HUB/Geographic Service Area in error.

Livingston Correctional Facility is a facility within the WENDE HUB/Geographic Service Area and **should** have been included in the list of correctional facilities within that HUB. Inclusion of this facility does not change the service target numbers for the HUB, however all applicants are expected to conduct recruitment/engagement activities at each correctional facility within the HUB/Geographic Service Area as the primary mechanism for engaging the priority population(s) and promoting program services. (please refer to page 18 of this RFA).

Component B Facility Chart on pages 10-11 of the RFA has been updated to include Livingston Correctional Facility for the WENDE HUB/Geographic Service Area.

The *Updated* chart shall now read:

COMPONENT B - Updated Chart				
NYSDOCCS HUB / Geographic Service Area	Correctional Facilities	HUB Male Incarcerated Population Estimates (on any given day)*	Award Amount	Number of Awards
WENDE HUB	Attica	Total: 10,056	\$300,000	1
	Collins	# HIV Positive		
	Gowanda	161		
	Groveland	# HIV Positive		
	Lakeview	released/discharged		
	Livingston	90		
	Orleans			
	Wende			
	Wyoming			

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Request for Applications
Internal Program # 16-0004

CORRECTIONS TO COMMUNITY CARE CONTINUUM

**This is a procurement which encompasses 5 components.
In order to apply for either component, eligible applicants must submit separate
applications for each Component via the New York State Grants Gateway**

COMPONENT A: Corrections to Community Care for HIV Positive Women and Women Who Engage in High Risk Behaviors

COMPONENT B: Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors

COMPONENT C: Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors in the New York City (NYC) HUB

COMPONENT D: Community Reentry Coordination for HIV Positive Women and Men Released from a Correctional Facility to the New York City (NYC) Area

COMPONENT E: Hotline Promotion, Information, and Resource Services for Incarcerated Individuals

KEY DATES

Release Date:	January 10, 2017
Questions Due:	January 24, 2017 by 4:00 PM EST
Questions, Answers and Updates Posted (on or about):	February 7, 2017
Applications Due:	February 23, 2017 by 4:00 PM EST

DOH Contact Name & Address:

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Table of Contents

I. INTRODUCTION	3
II. WHO MAY APPLY	7
III. GUIDING PRINCIPLES	13
IV. PROGRAM MODELS AND REQUIRED SERVICE ELEMENTS	15
Components A and B	16
Component C	28
Component D	36
Component E	40
V. ADMINISTRATIVE REQUIREMENTS	43
A. Issuing Agency	43
B. Question and Answer Phase	43
C. Letter of Intent	44
D. Applicant Conference	44
E. How to file an application	44
F. Department of Health’s Reserved Rights	46
G. Term of Contract	47
H. Payment & Reporting Requirements of Grant Awardees	48
I. Minority & Woman-Owned Business Enterprise Requirements	49
J. Limits on Administrative Expenses and Executive Compensation	50
K. Vendor Identification Number	51
L. Vendor Responsibility Questionnaire	51
M. Vendor Prequalification for Not-for-Profits	51
N. General Specification	53
O. HRI General Terms and Conditions	54
VI. COMPLETING THE APPLICATION	54
A. Application Format/Content	54
Application Format and Content for Component A	54
Application Format and Content for Component B	61
Application Format and Content for Component C	68
Application Format and Content for Component D	74
Application Format and Content for Component E	79
B. Freedom of Information Law	83
C. Review & Award Process	84
VII. ATTACHMENTS	85

I. INTRODUCTION

A. Purpose

The [New York State \(NYS\) Department of Health \(DOH\)](#) AIDS Institute (AI) and Health Research, Inc. (HRI) announce the availability of State and HRI funds to support the implementation of peer training, education and support, anonymous HIV testing and other prevention and support services for individuals residing in a [NYS Department of Corrections and Community Supervision](#) (DOCCS) correctional facility. The RFA also prioritizes the provision of HIV linkage and navigation services for individuals within, as well as those who are recently released /discharged from a correctional facility.

The purpose of this Request for Applications (RFA) is to support NYS's implementation of [Ending the Epidemic](#) (ETE) goals and ETE [Blueprint](#) recommendations for incarcerated individuals, particularly those who are HIV positive and are returning to the community. The program model seeks to strengthen the existing NYSDOH AI partnership with the NYSDOCCS, which facilitates the provision of services to this vulnerable population.

This RFA contains five (5) components:

COMPONENT A: Corrections to Community Care for HIV Positive Women and Women Who Engage in High Risk Behaviors

COMPONENT B: Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors

COMPONENT C: Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors in the New York City (NYC) HUB

COMPONENT D: Community Reentry Coordination for HIV Positive Women and Men Released from a Correctional Facility to the New York City (NYC) Area

COMPONENT E: Hotline Promotion, Information, and Resource Services for Incarcerated Individuals

The Primary Goals of this RFA are to:

- Improve the overall coordination and linkage among criminal justice, public health, and community based agencies to address health and health care access for the reentry population;
- Facilitate prompt access to medical care and support services for HIV positive individuals at any point during incarceration and up to six months following release/discharge to the community;
- Strengthen self-management skills and motivate HIV positive individuals and people who engage in high risk behaviors to identify and apply personal strengths and self-advocacy skills needed to achieve optimal health outcomes;
- Offer HIV/STD/HCV peer education, training and support in NYSDOCCS correctional facilities;
- Increase awareness about treatment as prevention for HIV positive individuals and pre-exposure prophylaxis (PrEP)/post-exposure prophylaxis (PEP) for those who engage in high risk behaviors;

- Incorporate STD and HCV education and assist with linkage to STD and HCV screening and treatment;
- Enhance existing NYSDOCCS HIV testing efforts to increase the number of undiagnosed persons who know their HIV status and are promptly linked to care; and
- Integrate tailored stigma and discrimination reduction messaging in NYSDOCCS correctional facilities.

Priority Population:

- HIV positive individuals and people who engage in high risk behaviors (female, male, transgender) residing in a NYSDOCCS correctional facility; and
- HIV positive individuals reentering the community from a NYSDOCCS correctional facility.

B. Background

Ending the AIDS Epidemic (ETE)

On June 29, 2014, Governor Andrew M. Cuomo announced a three-point plan to significantly decrease new HIV infection estimates. In 2014, there were 3,000 newly diagnosed HIV infections. The goal of the plan is to reduce the number of new HIV infections to just 750 by the end of 2020.

The three-point plan includes:

1. Identifying persons with HIV who remain undiagnosed and linking them to health care;
2. Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission; and
3. Providing access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

The Ending the Epidemic Blueprint was formally released on April 29, 2015. This document provides recommendations to support the implementation of the three-point plan. The RFA specifically addresses BP#(s):

BP8: Enhance and streamline services to support the non-medical needs of all persons with HIV:

BP9: Provide enhanced services for patients within correctional and other institutions and specific programming for patients returning home from corrections or other institutional settings:

BP11: Undertake a statewide education campaign on PrEP and nPEP.

The Ending the Epidemic Blueprint is available on the NYSDOH's website at: www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf

Other relevant resources are the National HIV/AIDS Strategy (NHAS) and the New York State Prevention Agenda. The National HIV/AIDS Strategy is a five-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic.¹

¹ National HIV/AIDS Strategy

Information on the National HIV/AIDS Strategy and updates to the strategy through 2020 can be found at: <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/>. The New York State Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them.² The New York State Prevention Agenda can be found on the following website: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017.

Input from the NYSDOCCS was also sought during the development of this RFA.

Epidemiology: New York State

Over the last decade, New York has realized a 34 percent reduction in new HIV diagnoses and significant decreases in HIV diagnoses across most categories of race, ethnicity, gender, age, and risk. Over roughly the same period, a 19 percent reduction in new diagnoses was observed in the United States. While the burden of HIV is greatest in New York City, 25 percent of persons newly diagnosed with HIV infection resided outside the five boroughs in 2014. Improvement in the proportion of persons considered to be infectious for a period of time before becoming diagnosed with HIV/AIDS has also been recognized. Statewide in 2014, 20 percent of persons newly diagnosed with HIV had a concurrent AIDS diagnosis and an additional four (4) percent were diagnosed with AIDS within 12 months. In 2014, 26% had a concurrent AIDS diagnosis, with an additional 10% diagnosed within 12 months. While NYS has been the epicenter of the epidemic, it now makes up a smaller proportion of the national picture. New York State accounted for 13 percent of total diagnoses in the United States. By 2014 that proportion declined to eight (8) percent.³

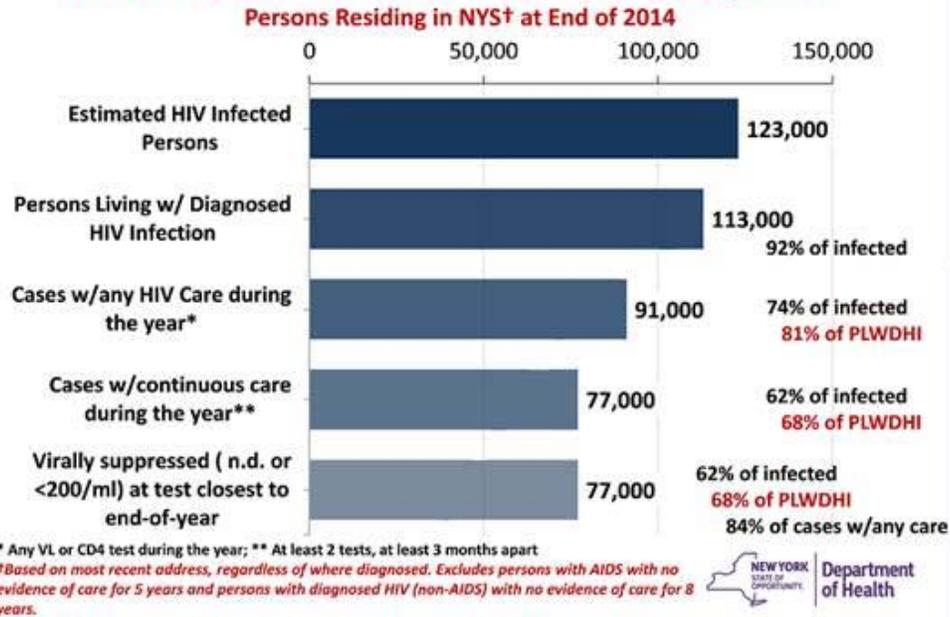
As of December 2014, about 113,000 persons residing in New York State were living with diagnosed HIV infection, with 24,500 (21%) living outside NYC.

The *Cascade of HIV Care* (below) describes the continuum of HIV care (“Cascade”) 2014 for NYS as a whole and NYS excluding NYC.

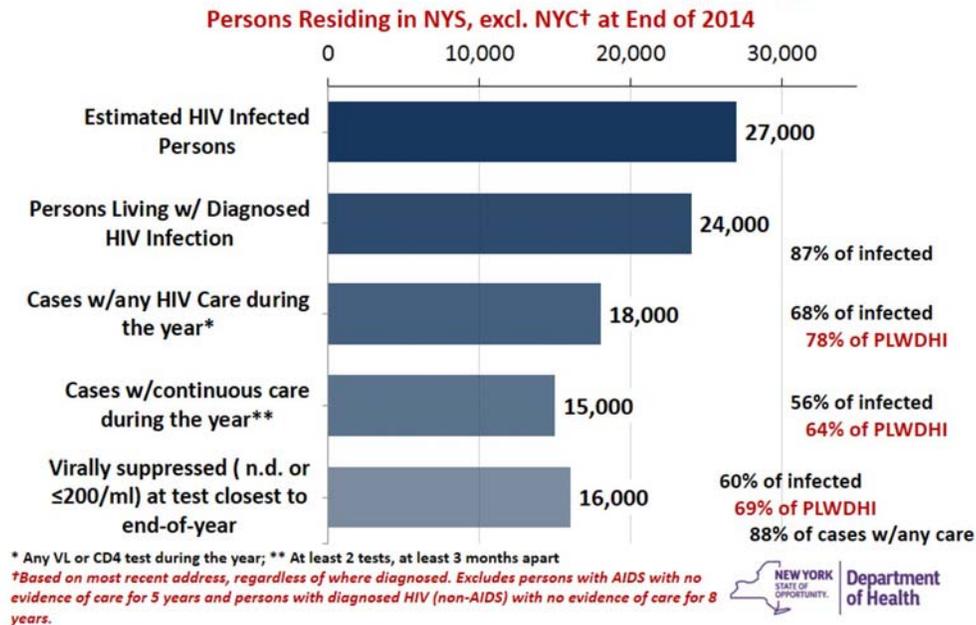
² NYS Prevention Agenda 2013-2018: New York State’s Health Improvement Plan

³ Bureau of HIV/AIDS Epidemiology, AIDS Institute

New York State Cascade of HIV Care, 2014

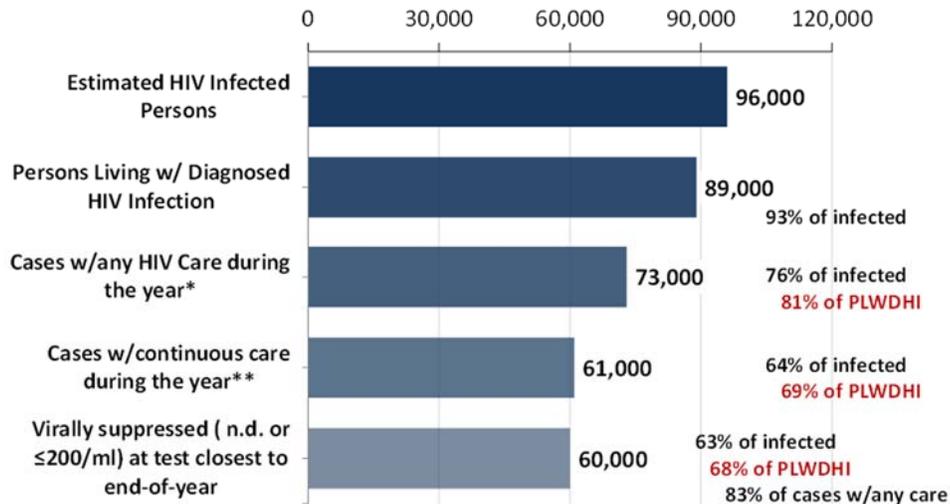


Cascade of HIV Care: NYS excluding NYC, 2014



Cascade of HIV Care: New York City, 2014

Persons Residing in NYC† at End of 2014 (6.7%)



* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart

†Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.



II. WHO MAY APPLY

This RFA is intended to solicit proposals from non-profit organizations with experience conducting HIV prevention activities and providing HIV prevention services, as well as experience providing other ancillary services. Applicants are instructed to follow the eligibility criteria listed below.

Minimum Eligibility Requirements: ALL COMPONENTS

- Be pre-qualified in the Grants Gateway, (<https://grantsreform.ny.gov>) if not exempt, on the date applications are due.
- Applicant must be a NYS registered not-for-profit and 501(c) (3) organization.

Additional Minimum Requirement: Component A ONLY

- **Component A applicants** must also implement, at a minimum, one trauma informed intervention/support service at each correctional facility within the HUB/Geographic Service Area targeted for services.

Additional Minimum Requirement: Component D ONLY

- **Component D applicants** are required to have an office location **within** the Geographic Service Area targeted for service. In cases where two (2) Geographic Service Areas are targeted for service (i.e., Queens County/Long Island), the applicant may have an office location in **either** geographic area.

Preference Factors:

COMPONENTS A: Preference will be given to applicants that are able to demonstrate:

- At least two (2) years of experience with engagement of priority population(s), as defined in this RFA;
- At least two (2) years of experience linking HIV positive individuals to medical care, partner services and prevention interventions;
- At least two (2) years of experience implementing peer programs;
- At least two (2) years of experience and a successful history of providing HIV/STD and hepatitis C prevention interventions and support services to incarcerated individuals in NYSDOCCS correctional facilities;
- At least two (2) years of experience providing HIV/STD and hepatitis C related prevention and support services to individuals reentering the community from a NYSDOCCS facility (parolees and/or releasees); and
- At least two (2) years of experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program progress/data reports.

COMPONENT B: Preference will be given to applicants that are able to demonstrate:

- At least two (2) years of experience with engagement of priority population(s), as defined in this RFA;
- At least two (2) years of experience linking HIV positive individuals to medical care, partner services and prevention interventions;
- At least two (2) years of experience implementing peer programs;
- At least two (2) years of experience and a successful history of providing HIV/STD and hepatitis C prevention interventions and support services to incarcerated individuals in NYSDOCCS correctional facilities;
- At least two (2) years of experience providing HIV/STD and hepatitis C related prevention and support services to individuals reentering the community from a NYSDOCCS facility (parolees and/or releasees); and
- At least two (2) years of experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program progress/data reports.

COMPONENT C: Preference will be given to applicants that are able to demonstrate:

- At least two (2) years of experience with engagement of priority population(s), as defined in this RFA;
- At least two (2) years of experience linking HIV positive individuals to medical care, partner services and prevention interventions;
- At least two (2) years of experience and a successful history of providing HIV/STD and hepatitis C prevention interventions and support services to incarcerated individuals in NYSDOCCS correctional facilities;
- At least two (2) years of experience providing HIV/STD and hepatitis C related prevention and support services to individuals reentering the community from a NYSDOCCS facility (parolees and/or releasees); and
- At least two (2) years of experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program progress/data reports.

COMPONENT D: Preference will be given to applicants that demonstrate:

- At least two (2) years of experience providing transitional or discharge planning services to HIV positive individuals residing within a NYSDOCCS correctional facility;
- At least two (2) years linking HIV positive reentrants (female, male, transgender) to health and support services, such as coordinating healthcare, behavioral health services, health care coverage, education and training, and social/support services such as housing, adult education, mentoring and employment assistance programs; and
- At least two (2) years of experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program progress/data reports.

COMPONENT E: Preference will be given to applicants that demonstrate:

- Ability and capacity to accept collect calls from individuals residing in a NYSDOCCS correctional facility;
- Successful history of providing hotline information services in New York State; and
- At least two (2) years of experience with administrative, fiscal and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program progress/data reports.

NYSDOCCS HUB/Geographic Service Area and Available Funds

A total of **\$3,195,336 annually** in New York State and HRI (federal) funds from Health Resources and Services Administration are available to support this initiative.

Funding amounts have been determined using a combination of methods, including the number of facilities in each HUB/Geographic Service Area, the estimated total incarcerated population in each HUB, the estimated number of HIV positive individuals within each NYSDOCCS correctional facility, and the estimated number of HIV positive individuals released/discharged from each HUB/Geographic Service Area. Consideration has been given to NYC and its surrounding area HUBs as many incarcerated individuals (45%) are admitted from and return to NYC³. Furthermore, HIV prevalence is higher in NYC when compared to the rest of State, as is the number of HIV positive incarcerated individuals in need of linkage and navigation services, particularly following community reentry. As such, NYC and its surrounding area HUBs may see larger reentry/community caseloads when compared to other HUBs.

Consideration has also been given to NYSDOCCS correctional facilities housing women since the needs of incarcerated women are complex and unique⁴. For example, women are more likely than men to have a NYS Office of Mental Health service level classification of 1-4 (46% and 17% respectively).⁵ According to the DOH AI's unlinked seroprevalence study, the HIV seroprevalence for incarcerated women is 3.7% compared to 2.4% for incarcerated men⁶. Research has also shown that incarcerated women are fifteen times as likely as community based women to have HIV, fair less well at each point of the HIV care continuum than their male counterparts, and are more likely to be lost to follow up when transitioning to the community.⁷

3 http://www.doccs.ny.gov/Research/Reports/2016/UnderCustody_Report_2015.pdf

4 <http://www.correctionalassociation.org/wp-content/uploads/2015/10/WIPP-WOMEN-HIV-REPORT-FINAL-08-19-15-1.pdf>

5 http://www.doccs.ny.gov/Research/Reports/2016/UnderCustody_Report_2015.pdf

6 New York State Department of Health Bureau of HIV/AIDS Epidemiology

7 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3953795/pdf/AJPH.2013.301553.pdf>

Therefore, **Component A applicants** are required to propose a trauma informed intervention/support service at each correctional facility within the Geographic Service Area/HUB targeted.

It is not the intention of this RFA to support the delivery of services at NYSDOCCS shock camps and/or temporary release programs. However, upon request from NYSDOCCS, DOH or an incarcerated individual, the successful applicant is expected to provide linkage and navigation services to HIV positive individuals in such facilities (if any) within the HUB/Geographic Service Area targeted.

Component A: Corrections to Community Care for HIV Positive Women and Women Who Engage in High Risk Behaviors

A total of **\$425,000** in State and HRI funding is available to support successful applicants. The award amount is commensurate with the program model to be provided at selected correctional facilities/HUB of the NYSDOCCS where women are incarcerated. Refer to **Attachment 1: NYSDOCCS Facilities Map**.

COMPONENT A				
NYSDOCCS HUB / Geographic Service Area	Correctional Facilities	HUB Female Incarcerated Population Estimates (on any given day)*	Award Amount	Number of Awards
GREEN HAVEN HUB	Bedford Hills Taconic	Total: 1,118	\$225,000	1
		# HIV Positive 46		
		# HIV Positive released/discharged 63		
WENDE HUB	Albion	Total: 1,116	\$200,000	1
		# HIV Positive 27		
		# HIV Positive released/discharged 9		

* Source: NYSDOCCS (2014, 2015 data)

Component B: Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors

A total of **\$1,950,000** in State and HRI funding is available to support successful applicants. The award amount is commensurate with the program model to be provided at selected correctional facilities/HUB of the NYSDOCCS where men are incarcerated. Refer to **Attachment 1: NYSDOCCS Facilities Map**.

COMPONENT B				
NYSDOCCS HUB / Geographic Service Area	Correctional Facilities	HUB Male Incarcerated Population Estimates (on any given day)*	Award Amount	Number of Awards
WENDE HUB	Attica Collins Gowanda Groveland	Total: 10,056	\$300,000	1
		# HIV Positive 161		

COMPONENT B				
NYSDOCCS HUB / Geographic Service Area	Correctional Facilities	HUB Male Incarcerated Population Estimates (on any given day)*	Award Amount	Number of Awards
	Lakeview Orleans Wende Wyoming	# HIV Positive released/discharged 90		
CLINTON HUB	Adirondack Altona Bare Hill Clinton Franklin Upstate	Total: 8,060	\$275,000	1
		# HIV Positive 153		
		# HIV Positive released/discharged 49		
ELMIRA HUB	Auburn Cayuga Elmira Five Points Southport Willard	Total: 7,233	\$275,000	1
		# HIV Positive 121		
		# HIV Positive released/discharged 45		
GREEN HAVEN HUB	Downstate Fishkill Green Haven Sing-Sing	Total: 6,275	\$275,000	1
		# HIV Positive 150		
		# HIV Positive released/discharged 139		
GREAT MEADOW HUB	Coxsackie Great Meadow Greene Hudson Washington	Total: 5,372	\$225,000	1
		# HIV Positive 102		
		# HIV Positive released/discharged 47		
ONEIDA HUB	Hale Creek Marcy Mid-State Mohawk Oneida	Total: 4,463	\$200,000	1
		# HIV Positive 84		
		# HIV Positive released/discharged 60		
SULLIVAN HUB	Eastern Otisville Shawangunk Sullivan Wallkill Woodbourne	Total: 3,889	\$200,000	1
		# HIV Positive 86		
		# HIV Positive released/discharged 34		
WATERTOWN HUB	Cape Vincent Gouverneur Riverview Ogdensburg Watertown	Total: 3,640	\$200,000	1
		# HIV Positive 57		
		# HIV Positive released/discharged 37		

* Source: NYSDOCCS (2014, 2015 data)

COMPONENT C: Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors in the New York City (NYC) HUB

A total of **\$185,000** in HRI funding is available to support successful applicants. The award amount is commensurate with the program model to be provided at selected correctional facilities in the NYC HUB of the NYSDOCCS. Refer to **Attachment 1: NYSDOCCS Facilities Map**.

COMPONENT C				
NYSDOCCS HUB / Geographic Service Area	Correctional Facilities	HUB Male Incarcerated Population Estimates (on any given day)*	Award Amount	Number of Awards
NEW YORK CITY HUB	Queensboro ⁸ Lincoln Edgecomb	Total: 611	\$185,000	1
		# HIV Positive 5		
		# HIV Positive released/discharged 65		

* Source: NYSDOCCS (2014, 2015 data)

COMPONENT D: Community Reentry Coordination for HIV Positive Women and Men Released from a Correctional Facility to the New York City (NYC) Area

A total of **\$510,000** in HRI funding is available to support successful applicants. The award amount is commensurate with the program model to be provided in the selected borough of NYC where HIV positive women and men reenter the community upon release/discharge from NYSDOCCS correctional facilities.

COMPONENT D			
Geographic Service Area	Reentrants for Geographic Service Area, Estimates (on any given day)*	Award Amount	Number of Awards
Bronx County	130	\$170,000	1
New York County and Staten Island (Richmond County)	98	\$130,000	1
Brooklyn (Kings County)	68	\$110,000	1
Queens County /Long Island (Nassau and Suffolk Counties)	56	\$100,000	1

*Source: NYS DOH and NYSDOCCS (2014-2015 data)

COMPONENT E: Hotline Promotion, Information and Resource Services for Incarcerated Individuals

A total of **\$125,336** in State funding is available to support the successful applicant. The award amount is commensurate with the program model to support the operation of a statewide

⁸ Queensboro correctional facility offers Reentry Services. The facility provides incarcerated individuals having 90 days or less to serve with an opportunity to finalize their release plans and to work toward family and community re integration. Due to the high volume of release numbers in this facility, the total number of incarcerated individuals, HIV+ and HIV+ released is underrepresented as it reflects only a snapshot of facility count at a point in time.

telephone hotline to provide HIV/STD/HCV information, referrals, support services and linkage and navigation to incarcerated HIV positive individuals and persons who engage in high risk behaviors in NYS correctional facilities.

COMPONENT E		
Geographic Service Area	Award Amount	Number of Awards
STATEWIDE/all NYSDOCCS Correctional Facilities	\$125,336	1

Application Submission Requirements

Agencies may submit multiple applications under a Component of this RFA and may apply for multiple components; **however, applicants may not submit more than three (3) applications in total in response to the RFA.** If submitting more than one (1) application in response to this RFA, **applicants must submit a separate application per Component/each HUB for which funding is sought. PLEASE NOTE: Due to the way the Grants Gateway creates application PDFs, if an individual user is submitting more than one application per Component, you must wait 10 minutes between application submissions. Please give yourself enough time to do so. Applicants who fail to comply with this requirement will be deemed ineligible, and the application will not be reviewed.**

Applicants should indicate the Component and Geographic Service Area on the **Application Cover Sheet: Attachment 2.** This is the geographic service area that will be considered for funding.

If an insufficient number of acceptable applications available (scoring 60 or above) are received, the NYSDOH AI reserves the right to shift funding to another geographic service area.

If funding remains available after the maximum number of acceptable scoring applications is awarded to each geographic service area, the NYSDOH AI reserves the right to exceed the maximum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any geographic service area until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.

Should additional funding become available, the AIDS Institute and HRI may select a program from the pool of applicants deemed approved but not funded. If it is determined the needed expertise or services are not available among these organizations, the NYSDOH AI and HRI reserve the right to establish additional competitive solicitations.

The NYSDOH and HRI also reserve the right to revise the award amounts as necessary due to the changes in the availability of funding.

III. GUIDING PRINCIPLES

The AIDS Institute is committed to developing initiatives that promote optimal health through the implementation of HIV prevention activities and essential support services. The primary goal is to improve the health care outcomes of HIV positive individuals and those who engage in high

risk behaviors. Successful applicants will propose a program model that will incorporate the following guiding principles:

Anti-Stigma Framework

HIV related stigma and discrimination is a recognized barrier to access of HIV prevention and treatment services. While present in all spheres of life, it can be particularly damaging within NYSDOCCS correctional facilities where people living with HIV (or at risk of acquiring HIV) must seek essential care and support services, but, may be reluctant due to concerns about stigma from peer incarcerated individuals and/or NYSDOCCS staff⁹. Successful applicants are expected to contribute to the establishment of stigma and discrimination-free correctional facilities. A stigma-free correctional facility is one where individuals living with HIV and other affected/key populations are treated with respect, compassion and equity.

Coordination of Services and Linkages

Coordination with NYSDOCCS and all providers funded by this initiative is critical, particularly upon release/discharge from incarceration to increase access to care and improve overall logistics coordination of health and support services including behavioral health services, health care coverage, social and support services such as housing, adult education, mentoring and employment assistance programs, with services and interventions being provided using comprehensive systems navigation and in a client-centered manner.

Cultural and Linguistic Competency

Programs should be designed with an understanding of the differences that derive from language, culture, race/ethnicity, religion and developmental characteristics. Services should be provided in accordance with enhanced 2013 National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. These standards can be found at the following website: <https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednationalclasstandards.pdf>.

Development of Medical Self-Management

Self-management interventions, such as self-monitoring and informed decision making, can lead to improvements in health outcomes and health status, and builds client confidence. Medical self-management support transforms the client provider relationship into a more collaborative partnership and organizes the health care team around the pivotal role of the patient in their care. The process engages clients and providers to identify health goals, choose specific actions, acquire needed information and monitor progress.

Health Literacy Universal Precautions

Health literacy impacts all levels of the health care delivery system. Improving health literacy is critical to achieving the objectives set forth in Healthy People 2020 and, more broadly, key to the success of our national health agenda. Information on Healthy People 2020 can be found at the following site, <https://www.healthypeople.gov/>. Limited health literacy affects people of all ages, races, incomes, and educational levels. Even people who have adequate health literacy

⁹ <http://link.springer.com/article/10.1007/s10461-015-1098-7>

may experience difficulty processing and using information. Evidence shows that health information and the complexity of the health care system can overwhelm people regardless of their literacy or health literacy skill level. As a result, a universal precautions approach to health literacy is essential to improve health outcomes, reduce disparities and reduce costs. Health literacy universal precautions is defined as an approach that 1) assumes everyone could use help understanding health information, 2) considers it the responsibility of the health care system to make sure patients understand health information, 3) where providers make health literacy become an organizational value and ensures training for staff to communicate more effectively. Funded providers will integrate health literacy universal precautions into their funded program policies, staff training requirements, care models, and quality improvement activities to ensure patient understanding at all points of contact. Best practice recommendations for health literacy universal precautions include the expansion of these guiding principles agency wide. The New York State Department of Health website has additional information on health literacy: http://www.health.ny.gov/diseases/aids/providers/health_literacy

Integration of HIV/STD/HCV Prevention and Treatment

The AIDS Institute promotes a continuum of care inclusive of HIV/STD/HCV prevention and treatment. Prevention and support services to improve the health and well-being of persons living with STDs and viral hepatitis should be integrated into HIV primary care. Routine prevention and testing in general primary care contributes to early diagnoses, improved health outcomes and reduces transmission to others. Successful applicants are encouraged to use existing infrastructure in NYSDOCCS to support early identification and diagnosis of HIV infection through routine confidential HIV testing in medical units.

Trauma-Informed Approach^{10,11}

The experience of trauma is widespread, especially among those in the highest need of health services, social services and prevention services. Adverse life experiences have been found to be a risk factor for various serious health conditions and likely contribute to an individual's avoidance of and discomfort with medical procedures. Trauma informed services recognizes the presence of trauma in society, acknowledges the role that trauma plays, avoids re-traumatization, and incorporates strategies to promote an individual's comfort and engagement with primary care.

In particular, a significant number of women who engage in high risk behaviors or who are HIV positive are victims of violence and/or may have a history of childhood sexual abuse, rape or incest. Some women have experienced physical or emotional abuse upon disclosing HIV status to partners or family members. Co-factors such as substance use and mental health issues may also be present, further emphasizing the importance of providing comprehensive and integrated services with a trauma informed lens. Providers should have an understanding of the unique challenges that women who have experienced trauma may face and should effectively engage women who experience trauma and violence so that they are not further stigmatized but instead linked to appropriate treatment and support services.

IV. PROGRAM MODELS AND REQUIRED SERVICE ELEMENTS

10 <http://www.correctionalassociation.org/wp-content/uploads/2015/10/WIPP-WOMEN-HIV-REPORT-FINAL-08-19-15-1.pdf>

11 <http://www.samhsa.gov/nctic/trauma-interventions>

Applicants are required to implement the program model, as described, within the Component and HUB/Geographic Service Area targeted.

Failure to address all required service elements listed within the program model for the geographic area targeted will result in the application being deemed ineligible.

PROGRAM MODELS: Summary of Required Service Elements by Component

Required Service Elements	Blue Print	Component A: Women	Component B: Men	Component C: Men NYC HUB	Component D: Community Women and Men	Component E: Hotline
Individual Level Services						
Recruitment/Engagement		X	X	X		
In-Facility and Initial Release Linkage and Navigation for HIV+	BP4 BP8 BP9	X	X	X		X
Community Based Linkage and Navigation for HIV+	BP4 BP9				X	
Peer Education, Training and Support	BP8, BP9 BP11 BP21	X	X			
Trauma Informed Intervention/Support Service	BP30	X				
Anonymous HIV Testing	BP2 BP4	X	X	X		
Condom Promotion, Education and/or Distribution – In-facility – Promotion and Education only Community-Promotion, Education and Distribution		X	X	X	X	
Aggregate Level Services						
Hotline Promotion, Information and Resource Services for Incarcerated Individuals						X

DEFINITIONS OF SERVICE ELEMENTS, INDICATORS AND EXPECTED TARGETS BY COMPONENT

Components A and B: Corrections to Community Care for HIV Positive Women and Men and Individuals Who Engage in High Risk Behaviors

A growing body of evidence indicates that early initiation of *HIV medical care* and *antiretroviral treatment (ART)* and sustained high *adherence* to ART improves health outcomes and survival

rates and can prevent HIV transmission¹². Starting HIV medical care shortly after diagnosis and sustaining long-term care also provides opportunities to offer risk-reduction interventions, *partner services*, sexually transmitted disease services, and other services to prevent HIV transmission. Although treatment outcomes for persons in prison are good, retention in treatment after release is more challenging.¹³ NYSDOCCS correctional facilities offer a public health opportunity to proactively engage incarcerated individuals and provide education, facilitate HIV testing and disclosure of HIV status, and support continuous care for HIV positive individuals both during incarceration and following community reentry.

The model of pre-release linkage and navigation in NYSDOCCS correctional facilities funded through this RFA is strengths based, team oriented and highly proactive. It incorporates a diverse array of activities and interventions designed to encourage, support and enhance linkage to and navigation of care and supportive services for incarcerated HIV positive individuals.

Funded applicants will educate participants about:

- Medical care available in NYSDOCCS correctional facilities,
- The benefits of consistent medical care and treatment for HIV, and
- Provide support for linkage or re-linkage to medical care (e.g., address barriers to retention in NYSDOCCS care and treatment).

The model will also serve as a pathway to assist incarcerated individuals as they prepare to transition into the community and support positive health outcomes achieved during incarceration. HIV positive incarcerated individuals will learn to apply personal assets to effectively overcome self-identified individual and structural barriers to care. They will also gain the knowledge and skills necessary to effectively self-manage and navigate the full continuum of HIV care and support that is available in the correctional facility and, once released/discharged, in the community.

Applicants are also expected to implement in-facility HIV/STD/HCV peer education, training and support. The NYSDOH AI and NYSDOCCS recognize the important role of peer educators in disseminating general HIV related education to individuals who are incarcerated. As members of the priority group, peer educators are able to establish trust and comfort with their peers that allows for more open discussions of sensitive topics. Peer educators are also thought to have good access to informal networks/hidden populations that may have limited interaction with more traditional/structured programs.

NYSDOCCS medical units are responsible for routinely offering confidential HIV testing to individuals in their custody. Funded applicants will only provide anonymous HIV testing upon request of the incarcerated individual, or under circumstances where there is a back log of testing to be conducted by a NYSDOCCS medical unit. Providing anonymous HIV testing addresses the stigma associated with confidential testing within a medical unit, increasing the likelihood of identifying individuals who are HIV positive.

Successful applicants for Components A and B will propose a program model that will be thoughtfully tailored to meet the specific needs of incarcerated individuals who are HIV positive and persons who engage in high risk behaviors who do not know their status.

¹² <https://stacks.cdc.gov/view/cdc/26062>

¹³ <http://ajph.aphapublications.org/doi/10.2105/AJPH.2015.302635>

The following are definitions of each service element, related indicators and expected targets for Components A and B:

Recruitment/Engagement

Applicants are expected to propose innovative strategies to reach the priority population with a focus on those who are HIV positive and those who engage in high risk behaviors. The selected strategy or strategies should ensure accurate and timely results. Applicants are expected to propose a recruitment plan that reflects familiarity with NYSDOCCS policies and is responsive to the priority population. The plan should be incorporated into the program work flow.

Applicants should provide a brief description of how the strategy/strategies selected will engage the priority population in interventions/services within the program model for the HUB/Geographic Service Area. Strategies should incorporate appropriate messaging, be responsive to the priority population(s) and may include:

- Face to face engagement activities, such as a combination of promotional materials distribution, playing videos;
- Presentation during facility orientation or prior to release/discharge, i.e., Phase I (Introductory) and Phase III (Transitional);
- Discussions or case conferencing with NYSDOCCS Medical/Discharge Planning Unit (DPU), NYSDOCCS Regional Medical Units (RMU), NYSDOCCS Transitional Services, Community Supervision, and other appropriate NYSDOCCS programs; and,
- Presentations to and networking with other community based providers funded through this RFA.

Applicants should also identify other in-facility recruitment opportunities within its current programming as well as recruitment via traditional and non-traditional networks within NYSDOCCS.

All applicants are expected to conduct recruitment/engagement activities at each correctional facility within the HUB/Geographic Service Area as the primary mechanism for engaging the priority population(s) and promoting program services.

There are no specific service targets for this service element.

Linkage and Navigation Services for HIV Positive Individuals

Applicants must implement Linkage and Navigation (L&N) services for HIV positive individuals within NYSDOCCS correctional facilities in the HUB/Geographic Service Area targeted for services.

L&N is a team approach focused on improving health outcomes of HIV positive individuals through continuous engagement with medical care and support services at any point during incarceration, particularly 90 days prior to their return to the community.

L&N is accomplished through active methods of individual engagement:

- facilitating the scheduling of appointments;
- offering reminders; and

- providing education and treatment adherence support.

The goal is to actively engage the HIV positive individual in a comprehensive assessment to identify obstacles/unmet needs and develop a **Linkage Action Plan** to eliminate/minimize barriers, motivate and support positive change and ultimately strengthen the individual's self-management skills.

Completion of an Authorization for Release of Health Information and Confidential HIV Related Information form DOH-2557 is required for all linkage and navigation clients and should list all of the providers funded as result of this RFA, including the Hotline, to ensure a continuum of care is maintained in the event clients are transferred to a NYSDOCCS correctional facility outside of the service provider's HUB. DOH-2557 can be found at the following web address: <http://www.health.ny.gov/forms/doh-2557.pdf>.

Additional information about L&N as a service can be found by visiting the following link: <https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/BiomedicalInterventions/HIVNavigationServices.aspx>

This RFA seeks to fund, at a minimum, **one (1) full time (FTE) Linkage Specialist** to work in coordination with NYSDOCCS Medical/DPU staff as well as NYSDOCCS reentry and transitional services staff to provide linkage to or support medical care engagement in the facility and address reentry needs such as health insurance and benefits navigation, with priority given to those HIV positive individuals within 90 days of release/discharge. Please note that given the size of some HUBs within this component, more than **one (1) Linkage Specialist** may be necessary to implement the program and achieve the desired RFA outcomes.

The **Linkage Specialist** is expected to:

- 1) Complete the following training requirements within three (3) months of being hired:
 - a. Initial and ongoing training on agency operations, policies and procedures, program-specific information, and contract requirements;
 - b. Motivational Interviewing^{14,15};
 - c. Anti-retroviral Treatment and Access to Services (ARTAS) Linkage Case Management; and
 - d. New York State Department of Health's Confidentiality Policies and Procedures for Staff Conducting HIV/AIDS Surveillance and HIV Partner Notification Activities.

While completing training requirements, the agency should also obtain the appropriate DOCCS security clearance for the **Linkage Specialist**.

Upon completion of training requirements, the **Linkage Specialist** will use Motivational Interviewing techniques to:

- 2) Meet with HIV positive individuals **Known to NYSDOCCS Medical/DPU.**

¹⁴ For Motivational Interviewing training information visit <https://www.hivtrainingny.org/Home/CourseListings>

¹⁵ Motivational interviewing is defined as, "a directive, client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence. Initially, it was used to motivate patients who abused alcohol to modify their drinking behaviors. The goal of motivational interviewing is to help patients identify and change behaviors that place them at risk of developing health problems or that may be preventing optimal management of a chronic condition. Recognizing the dynamics of an individual patient's readiness to change behavior is integral to this approach. The goal of using motivational interviewing is to help patients move through the stages of readiness for change in dealing with risky or unhealthy behavior.

- a. Inform the HIV positive individual of in-facility services provided by the DOH AIDS Institute funded community based organization within that facility i.e., peer training.
 - b. Discuss current client concerns, if any, and offer to enroll in program.
 - c. Enroll HIV positive individuals interested in the program and conduct an assessment of need. Need is categorized based on:
 - i. HIV disclosure status
 - ii. engagement in medical care for HIV as well as essential support/prevention services
 - iii. date of release to the community
 - d. Develop a **Linkage Action Plan** for enrolled participants that outlines steps to address any care engagement and treatment adherence barriers, with priority given to HIV positive individuals within 90 days of release/discharge.
- 3) Coordinate reentry planning throughout the 90 day pre-release/discharge window for all HIV positive clients to ensure potential barriers (medical and non-medical) to continued medical care and treatment for HIV in the community are addressed.
- a. Revisit the reentry **Linkage Action Plan** in collaboration with the client, NYSDOCCS medical/DPU, and counselor (e.g., Offender Rehabilitation Counselor or ORC).
At a minimum, this action plan development and goal setting should be inclusive of:
 - i. Medical care: verify health insurance coverage (Medicaid, AIDS Drug Assistance Program), schedule initial HIV related medical care appointment, obtain the Comprehensive Medical Summary (CMS), and facilitate transfer of medical information to community health care provider.
 - ii. Support services: understand housing placement, secure documentation (i.e., identification, social security card), and provide linkage to benefits and social services critical to successful community reentry.
 - Provide a Prison Hotline # for support; and in the case of facility transfer, it can link the client with a community based organization (CBO) working in a transfer correctional facility.
 - Discuss the *Transition Guide: How to get a good start on the outside* ([DOH9531](#)) with the client. Use as a framework for identifying immediate and long term needs. Provide the individual with a copy of the Transition Guide. DOH9531 can be found at the following web address: <http://www.health.ny.gov/publications/9531.pdf>.
 - iii. Prevention/behavioral interventions: conduct a risk/behavioral health screening, provide information and address basic questions, present options for care, and stress the importance of these services as they relate to comprehensive HIV care, i.e., addressing issues in order to live a long, healthy and productive life upon return to family or loved ones.
- 4) Actively link (follow up to ensure connection) HIV positive individuals with a release/discharge date \leq 90 days to a DOH AIDS Institute funded provider serving the reentrant's community. An Authorization for Release of Health Information and Confidential HIV Related Information ([DOH-2557](#)) signed by the client is required to conduct this activity. This process should begin at a minimum 90 days prior to release date (listing NYSDOCCS staff, other CBO's funded under this RFA as well as community based providers used for linkages and referrals). DOH-2557 can be found at the following web address: <http://www.health.ny.gov/forms/doh-2557.pdf>.

- a. For incarcerated HIV positive women and men released/discharged to any of the five boroughs of NYC, the **Linkage Specialist** will transfer/actively link the individual to the **Community Linkage Specialist** from the community based organization funded under **Component C** of this RFA.
 - b. For incarcerated HIV positive women and men released/discharged outside of NYC, the **Linkage Specialist** will transfer/actively link the individual to a DOH AIDS Institute funded community based agency in the community of reentry. See **Attachment 3: AIDS Institute Regional and Targeted Prevention and Support Services Providers**.
- 5) Verify connection with the community based organization reentrant is being referred to within three (3) business days following release. Conduct follow up within two (2) weeks to ensure client successfully accessed (or is in the process of accessing) care and services identified in the action plan.

The following Linkage and Navigation Services will be required:

In-Facility and Pre-Release Linkage and Navigation Services

Group I – HIV positive incarcerated individuals whose **status is Known to NYSDOCCS Medical/DPU and agree to enroll in the program** will receive the following support for a 12 month period:

- 1) Engagement and support services.
 - a. Assess and monitor continued engagement in medical care every three (3) months (attend medical care appointments for HIV as scheduled by NYSDOCCS medical).
 - b. Support all HIV positive incarcerated individuals not taking (or inconsistently taking) antiretroviral therapy to (re-) engage in treatment and promote adherence.
 - c. Develop a **Linkage Action Plan**, when needed that ensures care coordination with NYSDOCCS Medical/DPU and outlines steps to address care engage and treatment adherence barriers, updated at every assessment.
 - d. Provide education and tools that support continued engagement in NYSDOCCS medical care and treatment adherence.
- 2) Prevention services: Provide information about HIV/STD and hepatitis C, and prevention services in the community such as PEP, PrEP, and Partner Services

Cases should be closed if the HIV positive client:

- a. No longer needs or wants services; or
 - b. Is moved to a correctional facility outside of the **Linkage Specialist's** HUB/Geographic Service Area.
 - i. If a client is moved to a correctional facility outside of the **Linkage Specialist's** HUB/Geographic Service Area, active linkage to the **Linkage Specialist** providing services in the correctional facility where the client is being transferred should occur. Aggressive follow up should be conducted and be documented to verify a connection was made between the client and the counterpart **Linkage Specialist**, particularly if the HIV individual is near his/her release date (90 days or less).
- 3) Approach all HIV positive incarcerated clients (if case is closed, reopened) and attempt to reengage in the program when they are within 90 days of their anticipated release date.

Reentry/pre-release linkage and navigation should be provided with an emphasis on services needed following release.

Group II – HIV positive incarcerated individuals referred to the program whose **status is Not Known to NYSDOCCS Medical/DPU and agree to enroll in the program**¹⁶ will receive the following support for <12 month period:

- 1) Disclosure and engagement services:
 - a. Assess risk and barriers to disclosure of HIV status and medical care engagement
 - b. Educate about the medical care available in NYSDOCCS correctional facilities.
 - c. Advise about the benefits of medical care and early treatment for HIV.
 - d. Assist with accessing HIV testing to document status (confidential testing) in order to receive care in NYSDOCCS.
 - e. Offer time-limited effective interventions that support medical care engagement (Anti-retroviral Treatment and Access to Services or ARTAS). Additional information on interventions that support disclosure and medical engagement can be found by visiting <https://effectiveinterventions.cdc.gov/en/home.aspx>

Clients who have not achieved readiness to link to medical care will be re-assessed for barriers to disclosure and medical care engagement every 3 months for a total of 12 months. If desired outcomes have not been achieved after 12 months, the client will be discharged from this level of linkage and navigation support with continuing disclosure readiness monitored by the **Linkage Specialist**.

- 2) Support and prevention services: Link to other agency programs/support services
 - a. Prevention education.
 - b. Support services.
 - c. HIV/STD/HCV Peer Educator Training.
 - d. Other services/programs (if applicable/available).

All HIV positive incarcerated individuals under **Group II** who engage in medical care with NYSDOCCS (e.g., attend ≥ 1 primary care appointment for HIV with NYSDOCCS medical) will be promoted to **Group I** which includes continuous linkage monitored by the **Linkage Specialist** to support sustained engagement in medical care.

Please refer to **Attachment 4: In-Facility Linkage and Navigation Services Flow Chart**

Indicators to measure program success will include, but are not limited to:

Group I Individuals (status known to NYSDOCCS)

- a. Number and % of HIV positive individuals reached (first meeting/call out).
- b. Number and % of HIV positive individuals that enrolled in the program after first meeting/call out.
- c. Number and % of HIV positive individuals with a completed **Linkage Action Plan**.
- d. Number and % of HIV positive individuals who are reengaged within 90 days of anticipated release date.

Group II Individuals (status not known to NYSDOCCS)

¹⁶ This activity will require coordination with NYS DOH HIV/STD Field Services Staff

- Number and % of HIV positive individuals who are referred from DOH staff with a documented first meeting/call out.
- Number and % of HIV positive individuals not known to NYSDOCCS who enroll in the program after first meeting/call out.
- Number and % of HIV positive individuals enrolled in the program with a completed action plan.
- Number and % of HIV positive individual enrolled in the program who disclose their status to NYSDOCCS and are linked to medical.
- Number and % of HIV positive individuals with a reported HIV negative partner in the community who are aware of Partner Services and PrEP/PEP.
- Number of HIV positive individuals who are connected to a **Linkage Specialist** in the community 90 days prior to release/discharge from NYSDOCCS facility.

Client Linkage Reports

- Track and submit status report on HIV positive clients referred by NYSDOCCS(Group I)
- Track and submit status report on HIV positive clients referred to agency and not known by NYSDOCCS (Group II)
- Document care engagement, treatment adherence, and viral load/CD4 count for all HIV positive clients enrolled in the program.
- Document all Linkage and Navigation case closures with final progress note summary
- Reports are submitted monthly to DOH AIDS Institute
- Ensure Confidentiality with data submission

In-Facility and Pre-Release Linkage and Navigation Service Targets:

Component A:

Linkage and Navigation for HIV positive Women in NYSDOCCS	HUB / Geographic Service Area	Annual HIV Positive Reentrants (Estimate*)
	Green Haven	109
	Wende	36

*Source NYSDOCCS (2014-2015 data)

Component B:

Linkage and Navigation for HIV positive Men in NYSDOCCS	HUB / Geographic Service Area	Annual HIV Positive Reentrants (Estimate*)
	Wende	244
	Clinton	202
	Elmira	166
	Green Haven	226
	Great Meadow	149
	Oneida	144
	Sullivan	120
	Watertown	94

*Source: NYSDOCCS (2014-2015 data)

Peer Education, Training and Support

Peer Education, Training and support include activities designed to train individuals to become HIV/STD/HCV peer educators, who in turn provide general HIV/STD/HCV related information to other incarcerated individuals. Peer training services also include support, supervision and ongoing skills development for peer trainees.

The NYSDOH AI has also established a two phase process for certifying HIV, HCV and Harm Reduction peers to work in the community. The first phase in the certification process is the completion of Foundational Training. Foundational Training provides an opportunity for individuals to achieve a level of understanding and mastery of their own HIV/HCV/behavioral health care needs, treatment, and psycho-social needs. These trainings ensure that participants understand the key components of their own care and can address ongoing issues related to recovery and treatment adherence; and can navigate complex systems of health and behavioral health care. Completion of foundational training affords participants an opportunity to “do their own work” to promote personal wellness as a precursor to being able to take on a formal role assisting others.

Successful applicants are required to implement peer education, training and support utilizing the most up to date version of the Criminal Justice Initiative Peer Curriculum. This curriculum meets certain components of Foundational Training requirements for community **Peer Certification** and can be found at the following web address: <https://www.hivtrainingny.org/Home/PeerCertification>. Although NYSDOH AI’s **Peer Certification** program is only available to individuals living with HIV/AIDS or Hepatitis C, or having experience accessing Harm Reduction services, all interested incarcerated individuals should be enrolled in CJI Peer Training.

Applicants are expected to ensure incarcerated individuals participating in Peer Education, Training and Support understand the following pertaining to the [Peer Certification](#) program:

- Only individuals living with HIV/AIDS or HCV, or having experience accessing Harm Reduction services can become Peer Certified;
- All sessions of the CJI Peer Training must be completed for it to be considered part of Foundational Training;
- Foundational Training is only the first step to NYSDOH [Peer Certification](#) - additional may requirements apply. For additional information regarding requirements visit <https://www.hivtrainingny.org/PeerCert/Foundational>
- The completion of [Peer Certification](#) is **only available in the community (not in prisons)**; and
- Access to NYS [Peer Certification](#) programs across the state is limited. Therefore an individual that completes the Foundational Training while incarcerated may not be able to complete certification in their home community.

Indicators to measure program success will include, but are not limited to:

- a. Reduce sexual and/or injection risk behavior(s) among HIV positive individuals and people who engage in high risk behaviors in priority population(s);
- b. Reduce new HIV and STD infections;
- c. Increase number of individuals linked to testing (HIV/STD/HCV); and

- d. Increase the number of individuals linked to a combination of prevention services, including medical treatment for HIV/STD/HCV and pre exposure prophylaxis as appropriate.

The proposed training plan should address peer recruitment, retention, initial and ongoing training, and oversight of peer-delivered activities.

Peer Training, Education and Support Service Targets:

Component A: Corrections to Community Care for HIV Positive Women and Women Who Engage in High Risk Behaviors

Peer Training, Education and Support in NYSDOCCS	HUB / Geographic Service Area	Total Annual Service Targets for Total Number of Incarcerated Individuals to be Trained
	GREEN HAVEN HUB	100
	WENDE HUB	80
<i>Please refer to the Program Model, Section III, for fundable service elements by Component and Geographic Area/HUB</i>		

Component B: Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors

Peer Training, Education and Support in NYSDOCCS	HUB / Geographic Service Area	Total Annual Service Targets for Total Number of Incarcerated Individuals to be Trained
	WENDE HUB	200
	CLINTON HUB	150
	ELMIRA HUB	150
	GREEN HAVEN HUB	100
	GREAT MEADOW HUB	100
	ONEIDA HUB	50
	SULLIVAN HUB	100
	WATERTOWN HUB	100
	<i>Please refer to the Program Model, Section III, for fundable service elements by Component and Geographic Area/HUB</i>	

Anonymous HIV Testing:

Routine HIV testing in healthcare settings has been supported by NYS Public Health Law since 2010. Licensed medical providers are required to offer HIV testing as part of routine primary care for all persons aged 13 years and over. As such, NYSDOCCS medical is responsible for offering routine HIV testing to individuals in their custody at multiple points during incarceration. Funded applicants will only be expected to provide in-facility anonymous HIV testing to people who engage in high risk behavior solely upon request of the individual or NYSDOCCS medical staff. Anonymous HIV testing represents an alternative to confidential testing with NYSDOCCS medical, making it more accessible and increasing the likelihood of identifying individuals who are positive in NYSDOCCS correctional facilities.

Applicants are expected to

- Conduct a brief risk screening to determine if HIV testing is appropriate, and discuss a plan of action to reduce the risk of future behaviors.
- Implement targeted HIV testing and adhere to [New York State Public Health Law](#), AIDS Institute requirements and program guidance as well as data collection and reporting expectations. New York State Public Health Law can be found at the following web address: <http://www.health.ny.gov/diseases/aids/providers/testing/>.
- Use rapid test technology. Agency policies and procedures for implementation of rapid testing must address confidentiality, anonymous to confidential conversion of test results, informed consent, counseling, record keeping, laboratory quality assurance activities, reporting of results, appropriate linkages to HIV primary care, partner services and prevention interventions for those HIV infected. Rapid testing is to be conducted in accordance to [The Clinical Laboratory Evaluation Program \(CLEP\)](#) requirements. CLEP requirements can be found at the following web address: <https://www.wadsworth.org/regulatory/clep/limited-service-lab-certs>. Applicants are required to hold and provide a copy of the applicant agency’s valid Clinical Laboratory Improvement Amendments (CLIA) registration through CLEP at the time the application is submitted. The CLIA permit should be uploaded as **Attachment 5**.

For individuals tested, indicators to measure program success will include:

- a. Number and % of individuals who engage in high risk behaviors who know their HIV status;
- b. Number and % of HIV positive individuals (newly identified and previously known) who are linked to:
 - medical care within 90 days of diagnosis
 - partner services (NYSDOH or local health unit) within 90 days
 - prevention services within 30 days; and
- c. Number and % of individuals who engage in high risk behaviors with ≤ 90 days to release/discharge date who are provided with pre-exposure prophylaxis (PrEP) information and are linked to a clinical site offering PrEP.

There are no specific service targets for this service element.

Trauma Informed Interventions/Support Service: COMPONENT A APPLICANTS ONLY:

Component A applicants (Female NYSDOCCS Correctional Facilities) are required to propose one (1) trauma informed intervention/support service activity to be conducted at each correctional facility within the HUB/Geographic Service Area targeted. Although Component A applicants are not required to propose a “packaged” intervention or support service (i.e., effective intervention, support group, supportive counseling) the proposed activity does need to incorporate the following key principles of a trauma informed approach¹⁷:

- Safety;
- Trustworthiness and Transparency;
- Peer Support;
- Collaboration and Mutuality;
- Empowerment, Voice, and Choice; and

¹⁷ [http://www.samhsa.gov/nctic/trauma-interventions#Seeking Safety](http://www.samhsa.gov/nctic/trauma-interventions#Seeking%20Safety)

- Cultural, Historical, and Gender Issues

From the AIDS Institute’s perspective, it is critical to understand history of trauma experiences and how it might be a barrier to desired health outcomes, particularly linkage to medical care and prevention services for HIV positive women.

Examples of evidence-based, trauma specific interventions including for justice involved populations can be found by accessing the following links:

http://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/rr/cdc-hiv-lift_best_rr.pdf
<http://mha.ohio.gov/Portals/0/assets/Initiatives/TIC/Trauma-Specific%20Interventions%20for%20Justice-Involved%20Individuals.pdf>

Indicators to measure program success will include, but are not limited to:

- Activity/intervention incorporates the key principles of trauma informed approaches.
- Number and % individuals who are enrolled and complete the intervention.
- Number and % of individuals enrolled in the intervention who are connected to NYSDOCCS medical.
- Number and % of HIV positive individuals enrolled in the intervention who are connected to other NYSDOCCS programs and appropriate agency services.

Trauma Informed Intervention/Support Services Service Targets

COMPONENT A ONLY		
Trauma Informed Intervention/Support Services	HUB / Geographic Service Area	Total Annual Service Targets
	Green Haven (2 facilities)	30
	Wende (1 facility)	15
<i>Please refer to the Program Model, Section III, for fundable service elements by Component and Geographic Area/HUB</i>		

Performance Evaluation and Reporting Requirements for Components A and B

Funded applications resulting from this RFA will be monitored on their ability to achieve program objectives and key performance measures. See **Attachment 6: Work Plan Component A** and **Attachment 7: Work Plan Component B**

Funded applicants must comply with all NYSDOH AIDS Institute data and program reporting requirements.

On a monthly basis, funded applicants will be required to:

1. Submit a program narrative report describing items such as highlights, accomplishments, and challenges/barriers during the reporting period.
2. Submit program data relevant to documenting progress in achieving objectives and key performance indicators.
3. Enter aggregate and/or individual-level data into the **AIDS Institute Reporting System (AIRS)*** for all funded activities and services including:
 - Individual Demographics
 - Individual Encounters

- Linkage to relevant prevention, support and medical/health services
 - Aggregate data such as number of events, individuals reached through social media efforts; etc.
4. Submit Client Linkage Reports
- Track and submit status report on HIV positive clients referred by NYSDOCCS(Group I)
 - Track and submit status report on HIV positive clients referred to agency and not known by NYSDOCCS (Group II)
 - Document care engagement, treatment adherence, and viral load/CD4 count for all HIV positive clients enrolled in the program.
 - Document all Linkage and Navigation case closures with final progress note summary
 - Ensure reports are submitted monthly to DOH AIDS Institute
 - Ensure Confidentiality with data submission

*The AIDS Institute provides and supports the AIRS software to enable providers to meet data submission requirements. As noted, funded applicants will be required to collect and report data using AIRS. Details on this software product may be obtained by accessing this internet address, www.airсны.org. Applicants are required to include the cost of data reporting (both personnel and hardware-related) in their proposed budgets, and they are required to demonstrate existing capacity to collect and report all required data using AIRS by completing **Attachment 8 – AIDS Institute Reporting Requirements**.

Additionally, successful applicants will be expected to have or develop systems to:

1. Conduct on-going Continuous Quality Improvement (CQI) activities (data collection, entry, results).
2. Include agency staff from relevant program areas in quality improvement activities.
3. Incorporate formalized mechanisms for client feedback or participation in the development and review of quality improvement activities.
4. Integrate results from CQI activities in program activities and make adjustments, as appropriate.

Also, depending on specific interventions and services funded, reporting on additional key performance indicators and outcomes may be required. The process and outcome monitoring activities described above are the minimum program evaluation activities contractors are expected to conduct. As such, funded applicants are strongly encouraged to implement additional program evaluation activities to assist in program improvement efforts.

Component C: Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors in the New York City (NYC) HUB

The model of pre-release linkage and navigation in NYSDOCCS correctional facilities funded through this RFA is strengths based; team oriented; and highly proactive. It incorporates a diverse array of activities and interventions designed to encourage, support, and enhance linkage to and navigation of care and supportive services for incarcerated HIV positive individuals.

Funded applicants will educate participants about:

- Medical care available in NYSDOCCS correctional facilities,
- The benefits of consistent medical care and treatment for HIV, and

- Provide support for linkage or re-linkage to medical care (e.g., address barriers to retention in NYSDOCCS care and treatment).

The model will also serve as a pathway to assist incarcerated individuals as they prepare to transition into the community and support positive health outcomes achieved during incarceration. HIV positive incarcerated individuals will learn to apply personal assets to effectively overcome self-identified individual and structural barriers to care. They will also gain the knowledge and skills necessary to effectively self-manage and navigate the full continuum of HIV care and support that is available in the correctional facility and, once released/discharged, in the community.

NYSDOCCS medical units are responsible for routinely offering confidential HIV testing to individuals in their custody. Funded applicants will only provide anonymous HIV testing upon request of the incarcerated individual, or under circumstances where there is a back log of testing to be conducted by a NYSDOCCS medical unit. Providing anonymous HIV testing addresses the stigma associated with confidential testing within a medical unit, increasing the likelihood of identifying individuals who are HIV positive.

Successful applicants for Components C will propose a program model that will be thoughtfully tailored to meet the specific needs of incarcerated individuals who are HIV positive and people who engage in high risk behaviors and are unaware of their status.

The following are definitions of each service element, related indicators and expected targets for Component C:

Recruitment/Engagement

Applicants are expected to propose innovative strategies to reach the priority population with a focus on those who are HIV positive and those who engage in high risk behaviors that put them at risk. The selected strategy or strategies should ensure accurate and timely results. Applicants are expected to propose a recruitment plan that reflects familiarity with NYSDOCCS policies and is responsive to the priority population. The plan should be incorporated into the program work flow.

Applicants should provide a brief description of how the strategy/strategies selected will engage the priority population in interventions/services within the program model for the HUB. Strategies should incorporate appropriate messaging, be responsive to the priority population(s) and may include:

- Face to face engagement activities, such as a combination of promotional materials distribution, playing videos;
- Presentation during facility orientation or prior to release/discharge, i.e., Phase I (Introductory) and Phase III (Transitional);
- Discussions or case conferencing with NYSDOCCS Medical/Discharge Planning Unit (DPU), NYSDOCCS Regional Medical Units (RMU), NYSDOCCS Transitional Services, Community Supervision, and other appropriate NYSDOCCS programs; and,
- Presentations to and networking with other community based providers funded through this RFA.

Applicants should also identify other in-facility recruitment opportunities within its current programming as well as recruitment via traditional and non-traditional networks within NYSDOCCS.

All applicants are expected to conduct client recruitment/engagement at each correctional facility within the HUB/Geographic Service Area as the primary mechanism for engaging the priority population(s) and promoting program services.

There are no specific service targets for this service element.

Linkage and Navigation Services for HIV Positive Individuals

Applicants are expected to implement linkage and navigation (L&N) services for HIV positive individuals within NYSDOCCS correctional facilities in the HUB/Geographic Service Area targeted for services.

L&N is a team approach focused on improving health outcomes of HIV positive individuals through continuous engagement with medical care and support services at any point during incarceration, particularly 90 days prior to their return to the community. L&N is accomplished through active methods of client engagement facilitating the scheduling of appointments, offering reminders, providing education, and treatment adherence support. The goal is to actively engage the HIV positive incarcerated individual in a comprehensive assessment to identify obstacles/unmet needs and develop an action plan to eliminate/minimize barriers, motivate and support positive change and ultimately strengthen the individual's self-management skills.

Completion of DOH-2557 is required for all linkage and navigation clients and should list all of the providers funded as result of this RFA, including the Prison Hotline, to ensure a continuum of care is maintained in the event clients are transferred to a NYSDOCCS correctional facility outside of the service provider's HUB/Geographic Service Area.

Additional information about L&N as a service can be found by visiting the following link: <https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/BiomedicalInterventions/HIVNavigationServices.aspx>

This RFA seeks to fund, at a minimum, **one (1) full time (FTE) Linkage Specialist** to work in coordination with NYSDOCCS Medical/DPU staff as well as NYSDOCCS reentry and transitional services staff to provide linkage to or support medical care engagement in the facility and address reentry needs such as health insurance and benefits navigation, with priority given to those HIV positive individuals within 90 days of release/discharge.

The **Linkage Specialist** is expected to:

- 1) Complete the following training requirements within three (3) months of being hired:
 - a. Initial and ongoing training on agency operations, policies and procedures, program-specific information, and contract requirements,
 - b. Motivational Interviewing,
 - c. Anti-retroviral Treatment and Access to Services (ARTAS) Linkage Case Management; and,

- d. New York State Department of Health's Confidentiality Policies and Procedures for Staff Conducting HIV/AIDS Surveillance and HIV Partner Notification Activities; and

While completing training requirements, the agency should also obtain the appropriate security clearance for the **Linkage Specialist**.

Upon completion of training requirements, the **Linkage Specialist** will use motivational interviewing techniques to:

- 2) Meet with HIV positive individuals **Known to NYSDOCCS Medical/DPU**.
 - a. Inform the HIV positive individual of in-facility services provided by the DOH AIDS Institute funded community based organization within that facility i.e., peer training. Discuss current client concerns, if any, and offer to enroll in program.
 - b. Enroll HIV positive individuals interested in the program and conduct an assessment of need. Need is categorized based on:
 - i. HIV disclosure status
 - ii. engagement in medical care for HIV as well as essential support/prevention services
 - iii. date of release to the community
 - c. Develop a **Linkage Action Plan** for enrolled participants outlining the steps to address any care engagement and treatment adherence barriers, with priority given to HIV positive individuals within 90 days of release/discharge.
- 3) Coordinate reentry planning throughout the 90 day pre-release/discharge window for all HIV positive clients to ensure potential barriers (medical and non-medical) to continued medical care and treatment for HIV in the community are addressed.
 - a. Revisit the reentry **Linkage Action Plan** in collaboration with the client, NYSDOCCS medical/DPU, and counselor (e.g., Offender Rehabilitation Counselor or ORC).
At a minimum, this action plan development and goal setting should be inclusive of:
 - i. Medical care: verify health insurance coverage (Medicaid, AIDS Drug Assistance Program), schedule initial HIV related medical care appointment, obtain the Comprehensive Medical Summary (CMS), and facilitate transfer of medical information to community health care provider.
 - ii. Support services: provide a Prison Hotline # for support; and in the case of facility transfer, it can link the client with a community based organization (CBO) working in a transfer correctional facility. Understand housing placement, secure documentation (i.e., identification, social security card), and provide linkage to benefits and social services critical to successful community reentry. Discuss the *Transition Guide: How to get a good start on the outside* ([DOH9531](#)) with the client. Use as a framework for identifying immediate and long term needs. Provide the individual with a copy of the Transition Guide.
 - iii. Prevention/behavioral interventions: conduct a risk/behavioral health screening, provide information and address basic questions, present options for care, and stress the importance of these services as they relates to comprehensive HIV care, i.e., addressing issues in order to live a long, healthy and productive life upon return to family or loved ones

- 4) Actively link (follow up to ensure connection) HIV positive individuals with a release/discharge date \leq 90 days to a DOH AIDS Institute funded provider serving the reentrant's community. A [DOH-2557](#) is required to conduct this activity. This process should begin at a minimum 90 days prior to release date (listing NYSDOCCS staff, other CBO's funded under this RFA as well as community based providers used for linkages and referrals).
 - a. For incarcerated HIV positive women and men released/discharged to any of the five boroughs of NYC, the **Linkage Specialist** will transfer/actively link the individual to the **Community Linkage Specialist** of the community based organization funded under **Component C** of this RFA.
 - b. For incarcerated HIV positive women and men released/discharged outside of NYC, the **Linkage Specialist** will transfer/actively link the individual to a DOH AIDS Institute funded community based agency in the community of reentry. See **Attachment 3: AIDS Institute Regional and Targeted Prevention and Support Services Providers**.
- 5) Verify connection with the community based organization reentrant is being referred to within three (3) business days following release. Conduct follow up within two (2) weeks to ensure client successfully accessed (or is in the process of accessing) care and services identified in the action plan.

The following Linkage and Navigation services will be required:

In-Facility and Pre-Release Linkage and Navigation Services

Group I – HIV positive incarcerated individuals whose **status is Known to NYSDOCCS Medical/DPU and agree to enroll in the program** will receive the following support for a 12-month period:

- 1) Engagement and support services:
 - a. Assess and monitor continued engagement in medical care every three (3) months (i.e., attend medical care appointments for HIV as scheduled by NYSDOCCS medical);
 - b. Support all HIV positive incarcerated individuals not taking (or inconsistently taking) antiretroviral therapy to (re-) engage in treatment and promote adherence;
 - c. Develop a **Linkage Action Plan**, when needed, that ensures care coordination with NYSDOCCS Medical/DPU and outlines steps to address care engage and treatment adherence barriers, updated at every assessment; and
 - d. Provide education and tools that support continued engagement in NYSDOCCS medical care and treatment adherence.
- 2) Prevention services: Provide information about HIV/STD and hepatitis C, and prevention services in the community such as PEP, PrEP and Partner Services

Cases should be closed if the HIV positive incarcerated individual (client):

- a. No longer needs or wants services, or
- b. Is moved to a correctional facility outside of the **Linkage Specialist's** HUB/Geographic Service Area.
 - i. If a client is moved to a correctional facility outside of the **Linkage Specialist's** HUB/Geographic Service Area, active linkage to the **Linkage Specialist** providing services in the correctional facility where the client is being transferred should occur. Aggressive follow up should be conducted and be documented to verify a connection was made between the client and the counterpart **Linkage**

Specialist, particularly if the HIV individual is near his/her release date (90 days or less).

- 3) Approach all HIV positive incarcerated clients (if case is closed, reopened) and attempt to reengage in the program when they are within 90 days of their anticipated release date. Reentry/pre-release linkage and navigation should be provided with an emphasis on services needed following release.

Group II – HIV positive incarcerated individuals referred to the program whose **status is Not Known to NYSDOCCS Medical/DPU and agree to enroll in the program**¹⁸ will receive the following support for <12 month period:

- 1) Disclosure and engagement services:
 - a. Assess risk and barriers to disclosure and medical care engagement;
 - b. Educate about the quality of care in NYSDOCCS correctional facilities;
 - c. Advise about the benefits of medical care and early treatment for HIV;
 - d. Assist with accessing HIV testing to document status (confidential testing) in order to receive care in NYSDOCCS; and
 - e. Offer time-limited effective interventions that support medical care engagement (Anti-retroviral Treatment and Access to Services or ARTAS). Additional information on interventions that support disclosure and medical engagement can be found by visiting <https://effectiveinterventions.cdc.gov/en/home.aspx>

Upon completion of the time-limited effective intervention, clients who have not achieved readiness to link to medical care will be re-assessed for barriers to disclosure and medical care engagement every three (3) months for a total of 12 months. If desired outcomes have not been achieved after 12 months, the client will be discharged from this level of linkage and navigation support with continuing disclosure readiness monitored by the **Linkage Specialist**.

- 2) Support and prevention services: Link to other agency programs/support services
 - a. Prevention education;
 - b. Support services; and
 - c. Other services (if applicable/available).

All HIV positive incarcerated individuals under **Group II** who engage in medical care with NYSDOCCS (e.g., attend ≥ 1 primary care appointment for HIV with NYSDOCCS medical) will be promoted to **Group I** which includes continuous linkage monitored by the **Linkage Specialist** to support sustained engagement in medical care.

Please refer to **Attachment 4: In-Facility Linkage and Navigation Services Flow Chart**

Indicators to measure program success will include, but are not limited to:

Group I Individuals (status known to NYSDOCCS)

- a. Number and % of HIV positive individuals reached (first meeting/call out).
- b. Number and % of HIV positive individuals that enrolled in the program after first meeting/call out.

¹⁸ This activity will require coordination with NYS DOH HIV/STD Field Services Staff

- c. Number and % of HIV positive individuals with a completed action plan.
- d. Number and % of HIV positive individuals who are reengaged within 90 days of anticipated release date.

Group II Individuals (status not known to NYSDOCCS)

- a. Number and % of HIV positive individuals who are referred from DOH staff with a documented first meeting/call out.
- b. Number and % of HIV positive individuals not known to NYSDOCCS who enroll in the program after first meeting/call out.
- c. Number and % of HIV positive individuals enrolled in the program with a completed action plan
- d. Number and % of HIV positive individuals enrolled in the program who disclose their status to NYSDOCCS and are linked to medical.
- e. Number and % of HIV positive individuals with a reported HIV negative partner in the community who are aware of Partner Services and PrEP/PEP.
- f. Number of HIV positive individuals who are connected to a **Linkage Specialist** in the community 90 days prior to release/discharge from a NYSDOCCS facility.

In-Facility and Pre-Release Linkage and Navigation Service Targets:

Component C:

Linkage and Navigation for HIV positive Men in NYC HUB/NYSDOCCS	HUB / Geographic Service Area	HIV Positive (Estimate)
	NYC	70

*Source NYSDOCCS (2014, 2015 data)

Anonymous HIV Testing:

Routine HIV testing in healthcare settings has been supported by NYS Public Health Law since 2010. Licensed medical providers are required to offer HIV testing as part of routine primary care for all persons aged 13 years and over. As such, NYSDOCCS medical is responsible for offering routine HIV testing to individuals in their custody at multiple points during incarceration. Funded applicants will only be expected to provide in-facility anonymous HIV testing to people who engage in high risk behavior solely upon request of the individual or NYSDOCCS medical staff. Anonymous HIV testing represents an alternative to confidential testing with NYSDOCCS medical, making it more accessible and increasing the likelihood of identifying individuals who are positive in NYSDOCCS correctional facilities.

Applicants are expected to

- Conduct a brief risk screening to determine if HIV testing is appropriate, and discuss a plan of action to reduce the risk of future behaviors.
- Implement targeted HIV testing and adhere to **New York State Public Health Law**, AIDS Institute requirements and program guidance as well as data collection and reporting expectations. New York State Public Health Law can be found at the following web address: <http://www.health.ny.gov/diseases/aids/providers/testing/>.
- Use rapid test technology. Agency policies and procedures for implementation of rapid testing must address confidentiality, anonymous to confidential conversion of test results, informed consent, counseling, record keeping, laboratory quality assurance activities, reporting of results, appropriate linkages to HIV primary care, partner services and

prevention interventions for those HIV infected. Rapid testing is to be conducted in accordance to [The Clinical Laboratory Evaluation Program \(CLEP\)](#) requirements. CLEP requirements can be found at the following web address: <https://www.wadsworth.org/regulatory/clep/limited-service-lab-certs>. Applicants are required to have and provide a copy of the applicant agency's valid Clinical Laboratory Improvement Amendments (CLIA) registration through CLEP at the time the application is submitted. The CLIA permit should be uploaded as **Attachment 5**.

For individuals tested, indicators to measure program success will include:

- a. Number and % of clients who engage in high risk behaviors who know their HIV status;
- b. Number and % of HIV positive individuals (newly identified and previously known) who are linked to:
 - medical care within 90 days of diagnosis
 - partner services (NYSDOH or local health unit) within 90 days
 - prevention services within 30 days; and
- c. Number and % of individuals who engage in high risk behaviors who are provided with pre-exposure prophylaxis (PrEP) information and are linked to a clinical site offering PrEP.

There are no specific service targets for this service element.

Performance Evaluation and Reporting Requirements for Component C

Funded applications resulting from this RFA will be monitored on their ability to achieve program objectives and key performance measures. See **Attachment 9: Work Plan Component C**.

Funded applicants must comply with all NYSDOH AIDS Institute data and program reporting requirements.

On a monthly basis, funded applicants will be required to:

1. Submit a program narrative report describing items such as highlights, accomplishments, and challenges/barriers during the reporting period.
2. Submit program data relevant to documenting progress in achieving objectives and key performance indicators.
3. Enter aggregate and/or individual-level data into the **AIDS Institute Reporting System (AIRS)*** for all funded activities and services including:
 - Individual Demographics
 - Individual Encounters
 - Linkage to relevant prevention, support and medical/health services
 - Aggregate data such as number of events, individuals reached thorough social media efforts; etc.
4. Submit Client Linkage Reports
 - Track and submit status report on HIV positive clients referred by NYSDOCCS (Group I)
 - Track and submit status report on HIV positive clients referred to agency and not known by NYSDOCCS (Group II)
 - Document care engagement, treatment adherence, and viral load/CD4 count for all

- HIV positive clients enrolled in the program.
- Document all Linkage and Navigation case closures with final progress note summary
- Reports are submitted monthly to DOH AIDS Institute
- Ensure Confidentiality with data submission

*The AIDS Institute provides and supports the AIRS software to enable providers to meet data submission requirements. As noted, funded applicants will be required to collect and report data using AIRS. Details on this software product may be obtained by accessing this internet address, www.airсны.org. Applicants are required to include the cost of data reporting (both personnel and hardware-related) in their proposed budgets, and they are required to demonstrate existing capacity to collect and report all required data using AIRS by completing **Attachment 8 – AIDS Institute Reporting Requirements**.

Additionally, successful applicants will be expected to have or develop systems to:

1. Conduct on-going Continuous Quality Improvement (CQI) activities (data collection, entry, results).
2. Include agency staff from relevant program areas in quality improvement activities.
3. Incorporate formalized mechanisms for client feedback or participation in the development and review of quality improvement activities.
4. Integrate results from CQI activities in program activities and make adjustments, as appropriate.

Also, depending on specific interventions and services funded, reporting on additional key performance indicators and outcomes may be required. The process and outcome monitoring activities described above are the minimum program evaluation activities contractors are expected to conduct. As such, funded applicants are strongly encouraged to implement additional program evaluation activities to assist in program improvement efforts.

Component D: Community Reentry Coordination for HIV Positive Women and Men Released from a Correctional Facility to the New York City (NYC) Area

Applicants are expected to implement linkage and navigation (L&N) services for HIV Positive individuals returning to the community from a NYSDOCCS correctional facility.

Linkage and navigation is a team approach focused on improving health outcomes of HIV positive individuals through continuous engagement with medical care and support services at any point during incarceration, 90 days prior to their return to the community and up to six (6) months post-release. L&N is accomplished through active methods of client engagement facilitating the scheduling of appointments, offering reminders, providing education, and treatment adherence support. The goal is to actively engage the HIV positive incarcerated individual in a comprehensive assessment to identify obstacles/unmet needs and develop an action plan to eliminate/minimize barriers, motivate and support positive change and ultimately strengthen the individual's self-management skills.

Additional information about L&N as a service can be found by visiting the following link: <https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/BiomedicalInterventions/HIVNavigationServices.aspx>

This RFA seeks to fund, at a minimum, **one full time (FTE) Community Linkage Specialist**, who will work closely with in-facility providers funded by this RFA (Components A, B and C), NYSDOCCS Medical/DPU, NYSDOCCS Transitional Services and NYSDOCCS Community Supervision staff to provide linkage to, navigation, coordination and active follow up of medical care engagement in the community and address reentry needs such as health insurance and benefits navigation, as appropriate, utilizing the reentrants existing **Linkage Action Plan**.

Community Linkage and Navigation Services for HIV Positive Individuals

Using Motivational Interviewing¹⁹ techniques, the Community Reentry Linkage Specialist will ensure the implementation of the **Linkage Action Plan** and assist reentrants with access to HIV medical care, behavioral health services, health care coverage, prevention and social/support services such as benefits (social services, social security disability, and food stamps), transportation, housing, and employment assistance programs.

The **Community Linkage Specialist** is expected to:

- 1) Meet with reentrant immediately upon release (if not logistically possible, within the first 24 hours), twice a week the first week following release, weekly for the following two (2) weeks and then at approximately two (2) week intervals up to six (6) months after release. Contact can occur via face-to-face encounters, telephone, text, email, etc. A minimum of one (1) face to face encounter is expected per month. All contact attempts, regardless of whether or not contact is achieved, must be documented.
 - a. The **Community Linkage Specialist** will escort and transport the reentrant from point of community entry to the first parole appointment and housing within 24 hours of release.
- 2) Maintain diligent efforts throughout the six (6) month post release period to engage/locate clients lost to follow up. Successful applicants will detail prevention measures to avoid loss to follow up and develop a detailed lost to follow up protocol identifying minimum standards for locating reentrants in the community (such as utilization of State and local health unit disease investigation staff (partner services), search engines, Community Supervision contact, letters, home visits, phone calls, text messages, social networks, etc.)
- 3) Navigate access to medical and other support services.
 - a. Provide health insurance navigation assistance if appropriate (Medicaid, Uninsured Care Program: AIDS Drug Assistance Program or ADAP Plus);
 - b. Assist with enrollment in a Medicaid Health Home Care Management Program;
 - c. Assistance with securing appropriate and stable housing should be provided as needed and determined in collaboration with the reentrant and appropriate NYSDOCCS staff;
 - d. Assess the reentrant for other benefit/entitlement services needs and assist with acquisition/verification of documentation (birth certificate, identification, insurance cards) needed to access them; and
 - e. Provide escort and or transportation to initial benefit/entitlement services appointment.
- 4) Facilitate linkage to HIV primary care appointments.

¹⁹ For information about Motivational Interviewing training visit <https://www.hivtrainingny.org/Home/CourseListings>

- a. Escort the reentrant to the first post-release primary care appointment for HIV with reentrant preferred provider. First post-release primary care appointment for HIV to occur within first two (2) weeks of release; and
 - b. Provide appointment reminder(s), escort, transportation conveyance, advocacy, translation services and accompaniment (to be provided as need dictates).
- 5) Provide or refer to behavioral health services (includes mental health and/or substance use treatment services, as needed).
- a. Develop individually tailored prevention plans addressing behavioral, biomedical or structural interventions. If reentrant is not linked or engaged in HIV care utilize behavioral interventions such as ARTAS, HEART, SMART Couples etc.;
 - b. Initiate ongoing conversations about disclosure of HIV status and partner notification;
 - c. Address co-occurring chronic conditions that may affect decision making including mental health and substance use, intimate partner violence and past/current traumatic experiences; and
 - d. Provide condoms and safer sex materials at each reentrant encounter.
- 6) Close the case if HIV positive reentrant:
- a. No longer needs or wants services;
 - b. Moves to a community outside of the **Community Linkage Specialist** service area; or
 - c. Transitions to a more appropriate program (Medicaid Health Home).

Indicators to measure program success will include:

- a. Number and % of HIV positive reentrants who show evidence of successful linkage to medical care in the community after release/discharge from a NYSDOCCS facility;
- b. Number and % of HIV positive reentrants who are linked (complete DOH-2557) to **Community Linkage Specialist** prior to release/discharge from a NYSDOCCS correctional facility; and
- c. Number and % of HIV positive reentrants who are retained in HIV-related medical care six (6) months post release.

Component D: Service Targets for HIV Positive Reentrants

COMPONENT D	
Geographic Service Area	Total Annual Service Targets for HIV Positive Reentrants for Geographic Service Area, Estimates *
Bronx County	130
New York County and Staten Island (Richmond County)	98
Brooklyn (Kings County)	68
Queens County /Long Island (Nassau and Suffolk Counties)	58

*Source: NYSDOCCS and NYSDOH Bureau of HIV/AIDS Epidemiology (2014, 2015 data)

Condom Promotion, Education and Distribution: Community

Correct and consistent use of condoms continues to be the most effective means of reducing the transmission of HIV and STDs. Condom availability programming is intended to reduce the

financial, logistical and social barriers that would otherwise deter sexually active individuals from using condoms to reduce their risk for HIV/STD infection. Condom availability programs make condoms available at no cost and increases access to condoms in ways that reduce embarrassment or discomfort when acknowledging sexual activity.

Applicants are expected to integrate condom promotion and education into all funded service elements.

Condom distribution is only required as a component of the community services provided to reentrants. It is important that programs make both male and female condoms:

- Available in the environment where members of the priority population are found;
- Accessible and free (e.g., conveniently located in multiple locations, unrestricted access), and;
- Acceptable to the priority population.

Indicators to measure program success will include, but are not limited to:

- a. Number and % of HIV positive and individuals who engage in high risk behaviors who are aware of where condoms are available; and
- b. Number and % of HIV positive and individuals who engage in high risk behaviors from the priority population who have access to most appropriate condoms.

All applicants are expected to conduct condom promotion, education and distribution during all program services. There are no specific service targets for this service element.

Performance Evaluation and Reporting Requirements for Component D

Funded applications resulting from this RFA will be monitored on their ability to achieve program objectives and key performance measures. See **Attachment 10: Work Plan Component D.**

Funded applicants must comply with all NYSDOH AIDS Institute data and program reporting requirements.

On a monthly basis, funded applicants will be required to:

1. Submit a program narrative report describing items such as highlights, accomplishments, and challenges/barriers during the reporting period.
2. Submit program data relevant to documenting progress in achieving objectives and key performance indicators.
3. Enter aggregate and/or individual-level data into the **AIDS Institute Reporting System (AIRS)*** for all funded activities and services including:
 - Individual Demographics
 - Individual Encounters
 - Linkage to relevant prevention, support and medical/health services
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1. Conduct on-going Continuous Quality Improvement (CQI) activities (data collection, entry, results);
2. Include agency staff from relevant program areas in quality improvement activities;
3. Incorporate formalized mechanisms for client feedback or participation in the development and review of quality improvement activities; and
4. Integrate results from CQI activities in program activities and make adjustments, as appropriate.

Also, depending on specific interventions and services funded, reporting on additional key performance indicators and outcomes may be required. The process and outcome monitoring activities described above are the minimum program evaluation activities contractors are expected to conduct. As such, funded applicants are strongly encouraged to implement additional program evaluation activities to assist in program improvement efforts.

Component E: Hotline Promotion, Information and Resource Services for Incarcerated Individuals

Component E will support the operation of a telephone Hotline for the provision of information and referrals, support services to high risk and HIV positive individuals incarcerated in NYS correctional facilities. Additionally, the Hotline will provide abbreviated Linkage and Navigation Services to HIV positive incarcerated individuals to be released to the community. The **Corrections Hotline Program** is a telephone bridge that connects incarcerated individuals to appropriate correctional facility resources or community based services when preparing for release/discharge. Hotline services should be client centered and address the needs of the caller. Additionally, services are intended to be limited and short term.

Activities and services supported through the operation of the Hotline include the following:

- 1) Promotion of Hotline Services: activities within correctional settings that are designed to ensure incarcerated individuals are aware of this hotline service.

Client outreach / program promotion approaches supported with this funding include:

- Activities targeted to NYS correctional facilities and community based agencies that seek to promote the hotline number and services including the distribution of marketing materials.
 - Activities designed to develop and implement effective strategies to inform NYSDOCCS staff as well as incarcerated men and women about hotline services.
- 2) Information, Education, Referral and Support Services: activities designed to provide HIV/STD and hepatitis C education/ information and referrals to prevention interventions and support services for incarcerated HIV positive individuals and individuals who engage in high risk behavior. The hotline will provide callers with accurate answers and reliable information in a friendly, non-threatening, non-judgmental manner. Activities may include the provision of information on HIV/STD and hepatitis C and benefits of early identification, information on disease treatment and adherence, and HIV testing and partner services. This service model should allow dedicated time to dialogue and improve the caller's knowledge, build health protective skills, promote prevention behaviors and provide support as appropriate. The hotline should also provide referrals for needed services and free printed materials to callers on HIV/STD, hepatitis C and other health related topics.
- 3) In-Facility Linkage and Navigation Services: activities that are designed as a safety net for HIV positive incarcerated individuals prior to release (maximum 3 months) to ensure continuity of care and support in the community. These services will require conducting an abbreviated telephone intake/assessment to identify the immediate needs of the HIV positive incarcerated individual (caller), provide relevant information and facilitate community linkages as appropriate. This may also include the creation of an abbreviated **Linkage Action Plan** which is to be provided to the HIV positive incarcerated individual along with a copy of the **Transition Guide: How to get a good start on the outside** ([DOH9531](#)). The plan should include important information regarding community linkages/referrals provided (e.g., contact name, agency). Completion of [DOH-2557](#) is required.

Other Requirements for the Corrections Hotline Program:

- Accept collect calls from incarcerated individuals within NYSDOCCS correctional facilities;
- Operate hours and days that accommodate the variety of correctional facility programming and scheduling to optimize opportunities for callers to receive clear, accurate information, education, and referrals on matters related to HIV/STD and hepatitis C. Applicants will offer a minimum of 35 hours of Hotline services per week; and
- Provide training and on-going staff development for Hotline operators.

In addition, applicants should provide a Hotline promotion plan that, at a minimum, describes:

- Methods used to advertise and market the prison Hotline program to NYSDOCCS staff, Criminal Justice Initiative funded providers, and other community based agencies that provide social support services within NYS correctional facilities;

- Efforts to demonstrate how the promotion of the Hotline program will be coordinated with security and other staff in NYSDOCCS facilities; and
- Timeline of promotional activities to be conducted in months one through twelve of the first contract year.

Indicators to measure program success will include, but are not limited to:

- a. Number and % of individuals calling the Hotline who receive information and referral on matters related to HIV/STD and HCV;
- b. Number and % of HIV positive callers who receive Linkage and Navigation services;
- c. Number and % of collect calls received from incarcerated individuals housed within NYS correctional facilities (regardless of HIV status);
- d. Number and % of Hotline counselors who receive on-going staff development training; and
- e. Number and % of NYSDOCCS correctional facilities that receive promotional materials about Hotline services.

Performance Evaluation and Reporting Requirements for Component E

Funded applications resulting from this RFA will be monitored on their ability to achieve program objectives and key performance measures. See **Attachment 11: Work Plan Component E**.

Funded applicants must comply with all NYSDOH AIDS Institute data and program reporting requirements.

On a monthly basis, funded applicants will be required to:

1. Submit a program narrative report describing items such as highlights, accomplishments, and challenges/barriers during the reporting period.
2. Submit program data relevant to documenting progress in achieving objectives and key performance indicators.
3. Enter aggregate and/or individual-level data into the **AIDS Institute Reporting System (AIRS)*** for all funded activities and services including:
 - Individual Demographics
 - Individual Encounters
 - Linkage to relevant prevention, support and medical/health services
 - Aggregate data such as number of events, individuals reached through social media efforts; etc.
4. Submit Client Linkage Reports
 - Track and submit status report on HIV positive clients referred by NYSDOCCS(Group I)
 - Track and submit status report on HIV positive clients referred to agency and not known by NYSDOCCS (Group II)
 - Document care engagement, treatment adherence, and viral load/CD4 count for all HIV positive clients enrolled in the program.
 - Document all Linkage and Navigation case closures with final progress note summary
 - Reports are submitted monthly to DOH AIDS Institute
 - Ensure Confidentiality with data submission

*The AIDS Institute provides and supports the AIRS software to enable providers to meet data submission requirements. As noted, funded applicants will be required to collect and report data using AIRS. Details on this software product may be obtained by accessing this internet address, www.airсны.org. Applicants are required to include the cost of data reporting (both personnel and hardware-related) in their proposed budgets, and they are required to demonstrate existing capacity to collect and report all required data using AIRS by completing **Attachment 8 – AIDS Institute Reporting Requirements**.

Additionally, successful applicants will be expected to have or develop systems to:

1. Conduct on-going Continuous Quality Improvement (CQI) activities (data collection, entry, results);
2. Include agency staff from relevant program areas in quality improvement activities;
3. Incorporate formalized mechanisms for client feedback or participation in the development and review of quality improvement activities; and
4. Integrate results from CQI activities in program activities and make adjustments, as appropriate.

Also, depending on specific interventions and services funded, reporting on additional key performance indicators and outcomes may be required. The process and outcome monitoring activities described above are the minimum program evaluation activities contractors are expected to conduct. As such, funded applicants are strongly encouraged to implement additional program evaluation activities to assist in program improvement efforts.

V. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the New York State Department of Health AIDS Institute, Division of HIV/STD/HCV Prevention, Bureau of Community Based Services and Health Research, Inc. The Department and HRI are responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted via email to:

CorrectionsRFA@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA. This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

Questions of a technical nature can be addressed in writing by emailing questions to the attention of Rick Cook at the following Bureau Mail Log (BML):

Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the DOH contact listed on the cover of this RFA.

- <http://grantsreform.ny.gov/grantees>
- Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube: <http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>
<https://grantsgateway.ny.gov>
- Grants Reform Team Email: Grantsreform@its.ny.gov
Phone: 518-474-5595
Hours: Monday thru Friday 8am to 4:30pm
(Application Completion, Policy, and Registration questions)
- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(Technical questions)

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the NYS Grants Gateway website at: https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and the Department's public website at: <http://www.health.ny.gov/funding/>. The RFA is also posted on the Health Research, Inc. website at: <https://www.healthresearch.org/funding-opportunities/>

Questions and answers, as well as any updates and/or modifications, will also be posted on these websites. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Intent

A Letter of Intent is **not** requested for this project.

D. Applicant Conference

An Applicant Conference will **not** be held for this project.

E. How to file an application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA.

PLEASE NOTE: Due to a system issue, if an organization is submitting more than one application per Component, you must wait 10 minutes between application submissions. Please give yourself enough time to do so.

Reference materials and videos are available for Grantees applying for funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide Applications” from the menu on the left. There is also a more detailed “Grantee User Guide” available on this page as well. Training webinars are also provided by the Grants Reform Team. Dates and times for webinar instruction can be located at the following web address: <http://grantsreform.ny.gov/training-calendar>.

To apply for this opportunity:

1. Log into the Grants Gateway as either a “Grantee” or “Grantee Contract Signatory”.
2. Click on the “View Opportunities” button under “View Available Opportunities”.
3. In the Search Criteria, enter the Grant Opportunity name CORRECTIONS TO COMMUNITY CARE CONTINUUM and select the Department of Health as the Funding Agency.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least **48 hours prior to the due date and time**. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. Both DOH and Grants Reform staff are available to answer applicant’s technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Reform Team is available under Section V. B. of this RFA.

PLEASE NOTE: Although DOH and the Grants Reform staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding

The Grants Gateway will always notify applicants of successful submission. If a prospective grantee does not get a successful submission message assigning their application a unique ID number, it has not successfully submitted an application. During the application process, please pay particular attention to the following:

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990,

Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit's prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.

- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.66 of the Grantee User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also be aware of the restriction on file size (10 MB) when uploading documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

F. Department of Health’s and HRI’s Reserved Rights

The Department of Health and HRI reserve the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s and HRI’s sole discretion.
3. Make an award under the RFA in whole or in part.

4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department or HRI be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State or HRI.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state or HRI.

G. Term of Contract

Any State contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller. Any HRI contract resulting from this RFA will be effective only upon approval by HRI. **Refer to Attachment 12 – General Terms and Conditions – Health Research Incorporated Contracts.** Contract periods may vary based on the source of funding.

It is expected that NYSDOH contracts resulting from this RFA will have the following multi-year time period: August 1, 2017 – July 31, 2022. Continued funding throughout this period is contingent upon satisfactory contract performance and availability of funding and state budget appropriations. DOH reserves the right to revise the award amounts as necessary due to changes in the availability of funding.

HRI funded contracts resulting from this RFA will be for 12 month terms. The anticipated start date of HRI contracts is August 1, 2017. However, depending on the funding source, the initial contract term could be for a shorter period of time. HRI awards may be renewed for up to four (4) additional annual contract periods based on satisfactory performance and availability of funds. HRI reserves the right to revise the award amounts as necessary due to changes in the availability of funding.

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed twenty-five (25) percent. Due to requirements of the federal funder, no advance payments will be allowed for HRI contracts resulting from this procurement.
2. The HRI funded contractor will be required to submit monthly invoices and required reports of expenditures to the State's designated payment office listed below. The State funded grant contractor will be required to submit monthly invoices and required reports of expenditures through the Grants Gateway to the designated payment office:

Fiscal Management Unit
Division of HIV/STD and Hepatitis C Prevention
New York State Department of Health, AIDS Institute
Empire State Plaza Station
P.O. Box 2055
Albany, NY 12220-2055

State grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment

procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Work plan.

3. The State grant contractor will be required to submit the following reports to the Department of Health at the address above and, in the future, through the Grants Gateway.
 - A monthly narrative addressing program implementation, barriers and accomplishments.
 - Monthly client service and outcome data through the AIDS Institute Reporting System (AIRS). Refer to **Attachment 8 - AIDS Institute Reporting Requirements**. Applicants are required to complete Attachment 8 and upload in the Pre-submission uploads section of the Grants Gateway.

For HRI contracts, contractors will be expected to submit voucher claims and reports of expenditures in the manner that HRI requires. Required forms will be provided with the contract package.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Grant Contract. For HRI contracts, payments and reporting requirements will be detailed in Exhibit "C" of the final contract.

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("DOH") recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **30%** as follows:

- 1) For Not-for Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
- 2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the budget in total.

The goal on the eligible portion of this contract will be **15%** for Minority-Owned Business Enterprises (“MBE”) participation and **15%** for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an **MWBE Utilization Plan** as directed in **Attachment 13** of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

- a) If a Grantee fails to submit a MWBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a notice of deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

J. Limits on Administrative Expenses and Executive Compensation

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo’s Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed

under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

K. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the **Application Cover Sheet (Attachment 2)**. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: http://www.osc.state.ny.us/vendor_management/issues_guidance.htm.

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

L. Vendor Responsibility Questionnaire

The New York State Department of Health recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at http://www.osc.state.ny.us/vendrep/vendor_index.htm or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at: http://www.osc.state.ny.us/vendrep/forms_vendor.htm or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form.

Applicants should complete and submit the **Vendor Responsibility Attestation (Attachment 14)**.

M. Vendor Prequalification for Not-for-Profits

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

1) Register for the Grants Gateway

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email grantsgateway@its.ny.gov. If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

2) Complete your Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsreform@budget.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

N. General Specifications

1. By signing the "**Application Cover Sheet**" (**Attachment 2**) each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to HRI or the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by HRI and the Department during the Question and Answer Phase (Section V.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
 - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department and HRI as to all matters arising in connection with or relating to the contract resulting from this RFA.
 - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State and HRI, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

c. If, in the judgement of the Department and HRI, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State and HRI, the Department acting on behalf of the State and HRI, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller and/or HRI, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller and HRI.

6. Maintain and active registration in the System for Award Management (SAM) at SAM.gov, have no exclusions or delinquent federal debt.

O. HRI General Terms and Conditions

Attachment 12 – General Terms and Conditions – Health Research Incorporated Contracts will be incorporated as an attachment into HRI contracts resulting from this Request for Applications.

VI. COMPLETING THE APPLICATION

A. Application Format/Content

Please refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at: www.grantsreform.ny.gov/Grantees.

Please respond to each of the following statements and questions. Your responses comprise your application. The maximum score value assigned to each section is an indication of the weight that section holds in relation to the overall application when your application is scored. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

The review team will base its scoring on the maximum points indicated for each section.

Application Format and Content for Component A

Corrections to Community Care for HIV Positive Women and Women Who Engage in High Risk Behaviors

Please refer to the GUIDING PRINCIPLES (Section III) and to the PROGRAM MODELS: Summary of REQUIRED SERVICE ELEMENTS for each Component in Section IV.

Application Format

Program Summary

Not Scored

Applicant Experience and Capability
Preference Factors
Program Design and Implementation
Staffing Plan for the Program
Program Monitoring and Evaluation
Budget and Justification
TOTAL

Maximum Section Score: 10 points
Maximum Additional: 5 points
Maximum Section Score: 50 points
Maximum Section Score: 15 points
Maximum Section Score: 5 points
Maximum Section Score: 20 points
105 Points

Application Content

1. Program Summary

Not Scored

Provide a concise description of your proposed program including:

- 1a) Purpose of your program;
- 1b) HUB/Geographic Service Area;
- 1c) Total number of unduplicated clients to be served per HUB/Geographic Service Area;
- 1d) Overall program design for the HUB/Geographic Service Area targeted including proposed staffing; and
- 1e) Anticipated program outcomes.

2. Applicant Experience and Capability points

Maximum Section Score: 10

Applicants should provide specific program data and make specific note of experience and competency serving the priority population(s) when responding to questions.

2a) Describe your agency's experience working within correctional settings. In particular, highlight the process and strategies for gaining access into NYS correctional facilities including the promotion of agency services within correctional settings.

2b) Describe your agency's experience partnering with other community-based agencies that traditionally serve incarcerated individuals and individuals returning to the community.

2c) Indicate your agency's experience working with NYSDOCCS Medical/Discharge Planning Unit (DPU), Transitional Services and Community Supervision to ensure coordination of service provision for incarcerated individuals and reentrants.

2d) Explain how the proposed program will be embedded and seamlessly integrated with your existing programs and services. If the applicant organization currently has contracts which serve the priority population within the NYSDOCCS HUB targeted, indicate how the proposed program will complement or support, but not duplicate, existing programming.

2e) Describe the applicant's experience providing culturally competent and linguistically appropriate services to the priority population. Include one example.

2f) Applicants are instructed to upload an organizational chart with names of key personnel and proposed program staffing to show how the program will be integrated in the organization. The organizational chart should clearly indicate the relationship of staff to each other, including the

management and supervisory structure for the proposed program and should include subcontractors, where applicable. The **Organizational Chart** should be uploaded as **Attachment 15** in the Pre-Submission Uploads section of the online application.

3. Preference Factors

Maximum Additional Points: 5 points

Applicants should provide specific program data and make specific note of experience and competency serving the priority population(s) when responding to questions.

When responding to preference factor questions 3a, 3b, 3c, 3d and 3e, applicants should specify length of time.

- 3a) Explain the agency's experience engaging the priority population, as defined in this RFA. Provide the following client information: Number of clients served, age, gender, race, sexual orientation, socioeconomic status, immigration status, insurance status, and risk factors. Indicate how many of the clients served by the agency were HIV positive. Provide the source of the data used to describe the population served. Applicants should indicate if the experience is at least two years.
- 3b) Describe the agency's experience in linking HIV positive individuals to medical care, partner services, and prevention interventions. Applicants should indicate if the experience is at least two years.
- 3c) Specify the agency's experience with the implementation of peer programs. Applicants should indicate if the experience is at least two years.
- 3d) Describe the agency's experience providing HIV/STD and Hepatitis C related prevention and support services to incarcerated individuals and individuals reentering the community from a NYSDOCCS correctional facility. Applicants should indicate if the experience is at least two years.
- 3e) Describe the agency's experience in the effective oversight of administrative, fiscal, and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program progress/data reports. Indicate if the agency ever had to terminate, or had a grant contract terminated, prior to contract end. If so, describe the circumstances related to the contract termination. Applicants should indicate if the experience is at least two years.

4. Program Design and Implementation

Sections 5 – 9 are worth up to 50 points

The Program Design and Implementation is comprised of five (5) sections. Sections 5-9 will be scored within the maximum score indicated.

5. Engagement/Recruitment

Maximum Subsection Score: 5 points

- 5a) Describe your proposed strategy or strategies for engaging the priority population in each of the service elements within the HUB/Geographic Service Area targeted. Explain the rationale for selection of the strategy/or strategies (who, what, where and how of your plan).

6. In-Facility and Pre-Release Linkage and Navigation Services

Maximum Subsection Score: 20 points

- 6a) Indicate how the program will engage HIV positive incarcerated individuals whose status is **Known** to NYSDOCCS and provide information about services and enroll those interested in participating into the program. Indicate how you will prioritize individuals to be released within 90 days.
- 6b) Describe how you will create a **Linkage Action Plan** with HIV positive incarcerated individuals who are enrolled in the program, particularly if not adherent to antiretroviral therapy (ARV). Include the steps you will take to assess need, address barriers to treatment and promote adherence. Explain how you will collaborate with NYSDOCCS Medical/DPU staff to ensure coordination of medical care.
- 6c) Explain how HIV positive incarcerated individuals who are enrolled in the program will be connected to needed support services that are either listed under the Service Elements in this RFA; provided by your agency; NYSDOCCS or other entities in the correctional facility. Indicate how follow-up will be conducted to confirm services were received /accessed. Explain how you will collaborate with NYSDOCCS staff to ensure coordination of support services.
- 6d) Describe the process for ensuring HIV positive incarcerated clients who are transferred to a different HUB/correctional facility are connected with the counterpart **Linkage Specialist** funded by this initiative.
- 6e) For HIV positive individuals who decline program enrollment while incarcerated; indicate how you will re-engage the individual at 90 days of the anticipated release date. Explain how you will collaborate with NYSDOCCS staff to ensure coordination of medical care and support services.
- 6f) Describe how HIV positive incarcerated individuals whose status is **Not Known** to NYSDOCCS will be engaged and enrolled in program services. Elaborate on the education and interventions to be utilized with the clients to inform them about the medical care available in NYSDOCCS correctional facilities as well as the benefits of medical care and early treatment for HIV.
- 6g) Describe the process for connecting the HIV positive incarcerated individuals to community based services to ensure continuity of medical care (such as linkage to a Health Home) and retention in care support (adherence support, nutrition, transportation) occurs following release. For NYC reentrants, explain how you will work with the **Community Linkage Specialist** funded by this RFA. For Rest of State, explain your process for linking the individual to an AIDS Institute Regional and/or Targeted Prevention and Support Services Provider.
- 6h) Describe the process and the staff responsible for completing and confidentially submitting the **Client Linkage Report** monthly.

6i) **Memorandum of Understandings (MOUs)/Linkage Agreements** with medical (including PrEP), prevention and supportive service providers should be uploaded as **Attachment 16** in the Pre-submission section of the Grants Gateway.

7. Peer Training, Education and Support

Maximum Subsection Score: 12 points

7a) Describe the Peer Training services to be provided. Address the following elements: curriculum, peer recruitment, retention, initial and ongoing training, and oversight/evaluation of peer-delivered activities.

7b) Describe how the proposed program will utilize peers, addressing the following:

- i. Number of peers to be recruited.
- ii. Responsibilities and activities of the peers, including a description of the core program deliverables the peers will provide (program recruitment, conduct formal and informal education session, facilitate group sessions etc.).
- iii. Peer supervision, support and evaluation to ensure program services, including peer delivered, are being conducted as expected.

7c) Indicate your plan for ensuring staff are appropriately trained to facilitate Peer Education and have the experience/skills required to conduct all proposed Peer Facilitation work. Describe specifically how staff is trained to address stigma and discrimination reduction efforts within NYSDOCCS correctional facilities.

8. Trauma Informed Interventions/Support Service

Maximum Subsection Score: 8 points

8a) Describe what Trauma Informed Intervention/Support Service you are proposing to implement. Include how many clients you are proposing to serve per intervention/support service and frequency of delivery. Explain the process for choosing the intervention(s)/support service(s) proposed and how the key principles of a trauma informed approach (see page 26) will be incorporated.

8b) Indicate how intervention participants will be navigated to medical care and essential support services within NYSDOCCS when needed/appropriate.

8c) Indicate how you will ensure program staff are trained in the intervention(s)/support services(s) chosen.

9. Anonymous HIV Testing

Maximum Subsection Score: 5 points

9a) Describe how, by whom, and where HIV testing will be provided. Indicate how confirmatory HIV testing will be conducted and how you will ensure the timely provision of test results for individuals testing HIV positive. Explain who will follow up with incarcerated individuals who test HIV positive and do not show up for a test result callout appointment.

9b) Explain how your program will facilitate HIV test conversion (anonymous to confidential)

with NYSDOCCS medical and facilitate linkage to medical care and partner services for all newly diagnosed HIV positive individuals including assisting with scheduling of the first medical appointment and follow up to confirm client kept their appointment.

9c) Explain your process for ensuring HIV positive individuals are linked to prevention services including behavioral interventions.

9d) Applicants are required to indicate which HIV test technology will be used. A copy of the agency's valid **CLIA Permit** should be uploaded as **Attachment 5** in the Grants Gateway online application.

10. Overall Staffing Plan for the Program Maximum Section Score: 15 points

10a) Describe staff responsible for providing direct intervention(s)/service(s) and whether this person will be a new hire or if the role is to be delegated to an existing staff member. Identify the titles of staff and roles and responsibilities of each position. Applicants are instructed to complete **Attachment 17 – Facility Services Table**. Attachment 17 can be found in the Pre-submission uploads section of the Grants Gateway. Once completed, **Attachment 17** should be uploaded to the Pre-submission section of the Grants Gateway.

10b) Explain how staff responsible for the implementation of specific service elements (L&N, Peer Training, etc.) will work together to ensure the delivery of intervention(s) / service(s) is interconnected and client centered.

10c) Indicate the staff that will be responsible for the general oversight and management of the proposed program (and its components) and if these will be positions supported by the proposed budget or provided in-kind.

10d) Explain the process for ensuring program staff are oriented to the agency's operations, policies and procedures, contract requirements, program guidance and updates as well as access to on-going program specific and/or pertinent staff training/support.

11. Work Plan

Applicants are not required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Applicants should review the performance measures as they are listed in **Attachment 6 – Component A Work Plan - Corrections to Community Care for HIV Positive Women and Women Who Engage in High Risk Behaviors**.

Funded applicants will be held to the performance measures as listed in Attachment 6 for Component A and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

12. Program Monitoring and Evaluation Maximum Section Score: 5 Points

Funded programs will be monitored on their ability to document achievement of the program objectives and corresponding performance measures. As such:

- 12a) Explain how you will conduct program evaluation activities to monitor your progress in meeting the proposed program objectives and corresponding performance measures. Indicate who will be responsible for implementing the evaluation plan for the proposed program and the frequency of evaluation of key indicators and performance measures.
- 12b) Explain how members of the priority community were involved in the planning and design of the proposed program. Indicate how you will ensure the priority population is able to provide continuous input/feedback.
- 12c) Indicate how you will use findings from evaluation and monitoring activities to inform your continuous quality improvement (CQI) process with an emphasis on future results. How will you use results from CQI activities to inform and/or make changes to the program?
- 12d) Applicants are instructed to complete **Attachment 8 – AIDS Institute Reporting Requirements** and upload to the Pre-Submission section of the Grants Gateway.

13. Budget and Justification

Maximum Score: 20 points

Complete and submit budgets following these instructions:

- 13a) The budget for year one (August 1, 2017 – July 31, 2018) should be entered into the Grants Gateway. Budgets for Years two through five should be uploaded as **Attachment 18**. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 19 - Guide to Completing Budget Forms**.

For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 18. The budgets for years two through five should be labeled as listed below and combined into **one (1) pdf** document, then uploaded to the Grants Gateway on line application as **Attachment 18**.

Years two through five budgets should be labeled as follows:

- Budget Year 2 – August 1, 2018 – July 31, 2019
- Budget Year 3 – August 1, 2019 – July 31, 2020
- Budget Year 4 – August 1, 2020 – July 31, 2021
- Budget Year 5 – August 1, 2021 – July 31, 2022

- 13b) The amount requested each year should be reasonable, cost effective, and relate directly to the activities described in your proposal. Include a justification for costs associated with staff travel and space (including satellite offices), and how these costs relate directly to the proposed program and the NYSDOCCS correctional facilities to be served. If proposing a joint application or subcontracting with another community-based organization to provide the proposed program within a HUB/Geographic Area targeted for services, provide a line item budget and work scope for the subcontracted agency.
- 13c) All budgeted positions should relate directly to the proposed services. Include in your justification how the percentage of effort for each supported position relates to the proposed program. Please note that, at a minimum, a **100% FTE Linkage Specialist** is required to be a supported position on this contract.

13d) Complete and upload **Attachment 20 (Grant and Foundation Funding from All Other Sources)**. **Attachment 20** is limited to 5 pages.

13e) Budgeted items should be justified and fundable under state and federal guidelines. Ineligible budget items will be removed prior to contracting. Ineligible items are those determined by NYSDOH/HRI personnel to be inadequately justified in relation to the proposed work plan or not fundable under state and federal guidelines (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible item(s). Funding for administrative and management costs may be requested to support a fair portion of the overall organizational structure to an extent that it allows the funded applicant to implement program activities and should adhere to the following guidelines:

Indirect overhead costs are limited to a maximum of 10% of total direct costs.

- Funds may NOT be used to supplant resources supporting existing services or activities.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA.

Application Format and Content for Component B

Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors

Please refer to the GUIDING PRINCIPLES (Section III) and to the PROGRAM MODELS and SUMMARY OF REQUIRED SERVICE ELEMENTS for each Component (Section IV).

Application Format

Program Summary	Not Scored
Applicant Experience and Capability	Maximum Section Score: 10 points
Preference Factors	Maximum Additional: 5 points
Program Design and Implementation	Maximum Section Score: 50 points
Staffing Plan for the Program	Maximum Section Score: 15 points
Program Monitoring and Evaluation	Maximum Section Score: 5 points
Budget and Justification	Maximum Section Score: 20 points
TOTAL	105 Points

Application Content

1. Program Summary

Not Scored

Provide a concise description of your proposed program including:

- 1a) Purpose of your program;
- 1b) HUB/Geographic Service Area;
- 1c) Total number of unduplicated clients to be served per HUB/Geographic Service Area;
- 1d) Overall program design for the HUB/Geographic Service Area targeted including proposed

staffing; and
1e) Anticipated program outcomes.

2. Applicant Experience and Capability

Maximum Section Score: 10 points

Applicants should provide specific program data and make specific note of experience and competency serving the priority population(s) when responding to questions.

2a) Describe your agency's experience working within correctional settings. In particular, highlight the process and strategies for gaining access into NYS correctional facilities including the promotion of agency services within correctional settings.

2b) Describe your agency's experience partnering with other community-based agencies that traditionally serve incarcerated individuals and individuals returning to the community.

2c) Indicate your agency's experience working with NYSDOCCS Medical/Discharge Planning Unit (DPU), Transitional Services and Community Supervision to ensure coordination of service provision for incarcerated individuals and reentrants.

2d) Explain how the proposed program will be embedded and seamlessly integrated with your existing programs and services. If the applicant organization currently has contracts which serve the priority population within the NYSDOCCS HUB targeted, indicate how the proposed program will complement or support, but not duplicate, existing programming.

2e) Describe the applicant's experience providing culturally competent and linguistically appropriate services to the priority population. Include one example.

2f) Applicants are instructed to upload an organizational chart with names of key personnel and proposed program staffing to show how the program will be integrated in the organization. The organizational chart should clearly indicate the relationship of staff to each other, including the management and supervisory structure for the proposed program and should include subcontractors, where applicable. The **Organizational Chart** should be uploaded as **Attachment 15** in the Pre-Submission Uploads section of the online application.

3. Preference Factors

Maximum Additional Points: 5 points

Applicants should provide specific program data and make specific note of experience and competency serving the priority population(s) when responding to questions.

When responding to preference factor questions 3a, 3b, 3c, 3d and 3e, applicants should specify length of time.

3a) Explain the agency's experience engaging the priority population, as defined in this RFA. Provide the following client information: Number of clients served, age, gender, race, sexual orientation, socioeconomic status, immigration status, insurance status, and risk factors. Indicate how many of the clients served by the agency were HIV positive. Provide the source of the data used to describe the population served. Applicants should indicate if the experience is at least two years.

- 3b) Describe the agency's experience in linking HIV positive individuals to medical care, partner services, and prevention interventions. Applicants should indicate if the experience is at least two years.
- 3c) Specify the agency's experience with the implementation of peer programs. Applicants should indicate if the experience is at least two years.
- 3d) Describe the agency's experience providing HIV/STD and Hepatitis C related prevention interventions and support services to incarcerated individuals and individuals reentering the community from a NYSDOCCS correctional facility. Applicants should indicate if the experience is at least two years.
- 3e) Describe the agency's experience in the effective oversight of administrative, fiscal, and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program progress/data reports. Indicate if the agency ever had to terminate, or had a grant contract terminated, prior to contract end. If so, describe the circumstances related to the contract termination. Applicants should indicate if the experience is at least two years.

4. Program Design and Implementation **Sections 5 – 8 are worth up to 50 points**

The Program Design and Implementation is comprised of four (4) sections. Sections 5-8 will be scored within the maximum score indicated.

5. Engagement/Recruitment **Maximum Subsection Score: 5 points**

- 5a) Describe your proposed strategy or strategies for engaging the priority population in each of the service elements within the HUB/Geographic Service Area targeted. Explain the rationale for selection of the strategy/or strategies (who, what, where and how of your plan).

6. In-Facility and Pre-Release Linkage and Navigation Services

Maximum Subsection Score: 28 points

- 6a) Indicate how the program will engage HIV positive incarcerated individuals whose status is **Known** to NYSDOCCS and provide information about services and enroll those interested in participating into the program. Indicate how you will prioritize individuals to be released within 90 days.
- 6b) Describe how you will create a **Linkage Action Plan** with HIV positive incarcerated individuals who are enrolled in the program, particularly if not adherent to antiretroviral therapy (ARV). Include the steps you will take to assess need, address barriers to treatment and promote adherence. Explain how you will collaborate with NYSDOCCS Medical/DPU staff to ensure coordination of medical care.
- 6c) Explain how clients identified as HIV positive incarcerated individuals who are enrolled in the program will be connected to needed support services that are either listed under the Service Elements in this RFA, provided by your agency, NYSDOCCS or other entities in the correctional facility. Indicate how follow-up will be conducted to confirm services were

received /accessed. Explain how you will collaborate with NYSDOCCS staff to ensure coordination of support services.

- 6d) Describe the process for ensuring HIV positive incarcerated clients who are transferred to a different HUB/correctional facility are connected with the counterpart **Linkage Specialist** funded by this initiative.
- 6e) For HIV positive individuals who decline program enrollment while incarcerated; indicate how you will re-engage the individual at 90 days of the anticipated release date. Explain how you will collaborate with NYSDOCCS staff to ensure coordination of medical care and support services.
- 6f) Describe how HIV positive incarcerated individuals whose status is **Not Known** to NYSDOCCS will be engaged and enrolled in program services. Elaborate on the education and interventions to be utilized with the clients to inform them about the medical care available in NYSDOCCS correctional facilities as well as the benefits of medical care and early treatment for HIV.
- 6g) Describe the process for connecting the HIV positive incarcerated individuals to community based services to ensure continuity of medical care (such as linkage to a Health Home) and retention in care support (adherence support, nutrition, transportation) occurs following release. For NYC reentrants, explain how you will work with the **Community Linkage Specialist** funded by this RFA. For Rest of State, explain your process for linking the individual to an AIDS Institute Regional and/or Targeted Prevention and Support Services Provider.
- 6h) Describe the process and the staff responsible for completing and confidentially submitting the **Client Linkage Report** monthly.
- 6i) **Memorandum of Understandings (MOUs)/Linkage Agreements** with medical (including PrEP), prevention and supportive service providers should be uploaded as **Attachment 16** in the Pre-submission section of the Grants Gateway.

7. Peer Training, Education and Support

Maximum Subsection Score: 12 points

- 7a) Describe the Peer Training services to be provided. Address the following elements: curriculum, peer recruitment, retention, initial and ongoing training, and oversight of peer-delivered activities.
- 7b) Describe how the proposed program will utilize peers, addressing the following:
- i. Number of peers to be recruited.
 - ii. Responsibilities and activities of the peers, including a description of the core program deliverables the peers will provide (program recruitment, conduct formal and informal education session, facilitate group sessions etc.).
 - iii. Peer supervision, support and evaluation to ensure program services, including peer delivered, are being conducted as expected.
- 7c) Indicate your plan for ensuring staff are appropriately trained to facilitate Peer Education and have the experience/skills required to conduct all proposed Peer Facilitation work. Describe

specifically how staff is trained to address stigma and discrimination reduction efforts within NYSDOCCS correctional facilities.

8. Anonymous HIV Testing

Maximum Section Score: 5 points

- 8a) Describe how, by whom, and where HIV testing will be provided. Indicate how confirmatory HIV testing will be conducted and how you will ensure the timely provision of test results for individuals testing HIV positive. Explain who will follow up with incarcerated individuals who test HIV positive and do not show up for a test result callout appointment.
- 8b) Explain how your program will facilitate HIV test conversion (anonymous to confidential) with NYSDOCCS medical and facilitate linkage to medical care and partner services for all newly diagnosed HIV positive individuals including assisting with scheduling of the first medical appointment and follow up to confirm client kept their appointment.
- 8c) Explain your process for ensuring HIV positive individuals are linked to prevention services including behavioral interventions.
- 8d) Applicants are required to indicate which HIV test technology will be used. A copy of the agency's valid **CLIA Permit** should be uploaded as **Attachment 5** in the Grants Gateway online application.

9. Overall Staffing Plan for the Program

Maximum Section Score: 15 points

- 9a) Describe staff responsible for providing direct intervention(s)/service(s) and whether this person will be a new hire or if the role is to be delegated to an existing staff member. Identify the titles of staff and roles and responsibilities of each position. Applicants are instructed to complete **Attachment 17 – Facility Services Table**. Attachment 17 can be found in the Pre-submission uploads section of the Grants Gateway. Once completed, **Attachment 17** should be uploaded to the Pre-submission section of the Grants Gateway.
- 9b) Explain how staff responsible for the implementation of specific service elements (L&N, Peer Training, etc.) will work together to ensure the delivery of intervention(s) service(s) are interconnected and client centered.
- 9c) Indicate the staff that will be responsible for the general oversight and management of the proposed program (and its components) and if these will be positions supported by the proposed budget or provided in-kind.
- 9d) Explain your process for ensuring program staff are oriented to the agency's operations, policies and procedures, contract requirements, program guidance and updates as well as access to on-going program specific and/or pertinent staff training/support.

10. Work Plan

Applicants are not required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Applicants should review the performance

measures as they are listed in **Attachment 7 – Component B Work Plan** - Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors.

Funded applicants will be held to the performance measures as listed in Attachment 7 for Component B and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

11. Program Monitoring and Evaluation

Maximum Section Score: 5 Points

Funded programs will be monitored on their ability to document achievement of the program objectives and corresponding performance measures. As such:

- 11a) Explain how you will conduct program evaluation activities to monitor your progress in meeting the proposed program objectives and corresponding performance measures. Indicate who will be responsible for implementing the evaluation plan for the proposed program and the frequency of evaluation of key indicators and performance measures.
- 11b) Explain how you involved members of the priority community in the planning and design of the proposed program. Indicate how you will ensure the priority population is able to provide continuous input/feedback.
- 11c) Indicate how you will use findings from evaluation and monitoring activities to inform your continuous quality improvement (CQI) process with an emphasis on future results. How will you use results from CQI activities to inform and/or make changes to the program?
- 11d) Applicants are instructed to complete **Attachment 8 – AIDS Institute Reporting Requirements** and upload to the Pre-Submission section of the Grants Gateway.

12. Budget and Justification

Maximum Score: 20 points

Complete and submit budgets following these instructions:

- 12a) The budget for year one (August 1, 2017 – July 31, 2018) should be entered into the Grants Gateway. Budgets for Years two through five should be uploaded as **Attachment 18**. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 19, “Guide to Completing Budget Forms”**.

For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 18. The budgets for years two through five should be labeled as listed below and combined into **one (1) pdf** document, then uploaded to the Grants Gateway on line application as **Attachment 18**.

Years two through five budgets should be labeled as follows:

- Budget Year 2 – August 1, 2018 – July 31, 2019
- Budget Year 3 – August 1, 2019 – July 31, 2020
- Budget Year 4 – August 1, 2020 – July 31, 2021

- 12b) The amount requested each year should be reasonable, cost effective, and relate directly to the activities described in your proposal. Include a justification for costs associated with staff travel and space (including satellite offices), and how these costs relate directly to the proposed program and the NYSDOCCS correctional facilities to be served. If proposing a joint application or subcontracting with another community-based organization to provide the proposed program within a HUB/Geographic Area targeted for services, provide a line item budget and work scope for the subcontracted agency.
- 12c) All budgeted positions should relate directly to the proposed services. Include in your justification how the percentage of effort for each supported position relates to the proposed program. Please note that, at a minimum, a **100% FTE Linkage Specialist** is required to be a supported position on this contract.
- 12d) Complete and upload **Attachment 20 (Grant and Foundation Funding from All Other Sources)**. **Attachment 20** is limited to 5 pages.
- 12e) Budgeted items should be justified and fundable under state and federal guidelines. Ineligible budget items will be removed prior to contracting. Ineligible items are those determined by NYSDOH/HRI personnel to be inadequately justified in relation to the proposed work plan or not fundable under state and federal guidelines (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible item(s). Funding for administrative and management costs may be requested to support a fair portion of the overall organizational structure to an extent that it allows the funded applicant to implement program activities and should adhere to the following guidelines:
- Indirect overhead costs are limited to a maximum of 10% of total direct costs.
 - Funds may NOT be used to supplant resources supporting existing services or activities.
 - Funding may only be used to expand existing activities and create new activities pursuant to this RFA.

Application Format and Content for Component C

Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors in the New York City (NYC) HUB

Please refer to the GUIDING PRINCIPLES (Section III) and to the PROGRAM MODELS AND REQUIRED SERVICE ELEMENTS for each Component (Section IV).

Application Format

Program Summary	Not Scored
Applicant Experience and Capability	Maximum Section Score: 10 points
Preference Factors	Maximum Additional: 5 points
Program Design and Implementation	Maximum Section Score: 50 points
Staffing Plan for the Program	Maximum Section Score: 15 points
Program Monitoring and Evaluation	Maximum Section Score: 5 points
Budget and Justification	Maximum Section Score: 20 points
TOTAL	105 Points

Application Content

1. Program Summary

Not Scored

Provide a concise description of your proposed program including:

- 1a) Purpose of your program;
- 1b) HUB/Geographic Service Area;
- 1c) Total number of unduplicated clients to be served per HUB/Geographic Service Area;
- 1d) Overall program design for the HUB /Geographic Service Area targeted including proposed staffing; and
- 1e) Anticipated program outcomes.

2. Applicant Experience and Capability

Maximum Section Score: 10 points

Applicants should provide specific program data and make specific note of experience and competency serving the priority population(s) when responding to questions.

2a) Describe your agency's experience working within correctional settings. In particular, highlight the process and strategies for gaining access into NYS correctional facilities including the promotion of agency services within correctional settings.

2b) Describe your agency's experience partnering with other community-based agencies that traditionally serve incarcerated individuals and individuals returning to the community.

2c) Indicate your agency's experience working with NYSDOCCS Medical/Discharge Planning Unit (DPU), Transitional Services and Community Supervision to ensure coordination of service provision for incarcerated individuals and reentrants.

2d) Explain how the proposed program will be embedded and seamlessly integrated with your existing programs and services. If the applicant organization currently has contracts which serve the priority population within the NYSDOCCS HUB targeted, indicate how the proposed program will complement or support, but not duplicate, existing programming.

2e) Describe the applicant's experience providing culturally competent and linguistically appropriate services to the priority population. Include one example.

2f) Applicants are instructed to upload an organizational chart with names of key personnel and proposed program staffing to show how the program will be integrated in the organization. The organizational chart should clearly indicate the relationship of staff to each other, including the management and supervisory structure for the proposed program and should include subcontractors, where applicable. The **Organizational Chart** should be uploaded as **Attachment 15** in the Pre-Submission Uploads section of the online application.

3. Preference Factors

Maximum Additional Points: 5 points

Applicants should provide specific program data and make specific note of experience and competency serving the priority population(s) when responding to questions.

When responding to preference factor questions 3a, 3b, 3c, 3d and 3e, applicants should specify length of time.

3a) Explain the agency's experience engaging the priority population, as defined in this RFA.

Indicate the number of individuals in the past calendar year who were serviced by your agency. Provide the following client information: Number of clients served, age, gender, race, sexual orientation, socioeconomic status, immigration status, insurance status, and risk factors. Indicate how many of the clients served by the agency were HIV positive. Cite the source of the data used to describe the population served. Applicants should indicate if the experience is at least two years.

3b) Describe the agency's experience in linking HIV positive individuals to medical care, partner services, and prevention interventions. Applicants should indicate if the experience is at least two years.

3c) Describe the agency's experience providing HIV/STD and HCV services to incarcerated individuals in NYSDOCCS correctional facilities. Applicants should indicate if the experience is at least two years.

3d) Indicate the agency's experience providing HIV/STD and HCV prevention and support services to incarcerated individuals and individuals reentering the community from a NYSDOCCS correctional facility. Applicants should indicate if the experience is at least two years.

3e) Describe the agency's experience in the effective oversight of administrative, fiscal, and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program progress/data reports. Applicants should indicate if the experience is at least two years. Indicate if the agency ever had to terminate, or had a grant contract terminated, prior to contract end. If so, describe the circumstances related to the contract termination.

4. Program Design and Implementation

Sections 5–7 are worth up to 50 points

The Program Design and Implementation is comprised of three (3) sections. Sections 5-7 will be scored within the maximum score indicated.

5. Engagement/Recruitment

Maximum Subsection Score: 8 points

5a) Describe your proposed strategy or strategies for engaging the priority population in each of the service elements within the HUB/Geographic Service Area targeted. Explain the rationale for selection of the strategy/or strategies (who, what, where and how of your plan).

6. In-Facility and Pre-Release Linkage and Navigation Services

Maximum Subsection Score: 32 points

6a) Describe how the program will engage HIV positive incarcerated individuals whose status is **Known** to NYSDOCCS and provide information about services and enroll those interested in participating into the program. Indicate how you will prioritize individuals to be released within 90 days.

6b) Describe how you will create a **Linkage Action Plan** with HIV positive incarcerated individuals who are enrolled in the program, particularly if they are not adherent to antiretroviral therapy (ARV). Include the steps you will take to assess need, address barriers to treatment and promote adherence. Explain how you will collaborate with NYSDOCCS Medical/DPU staff to ensure coordination of medical care.

6c) Describe how clients identified as HIV positive incarcerated individuals who are enrolled in the program will be connected to needed support services that are either listed under the Service Elements in this RFA, provided by your agency, NYSDOCCS or other entities in the correctional facility. Indicate how follow-up will be conducted to confirm services were received /accessed. Explain how you will collaborate with NYSDOCCS staff to ensure coordination of support services.

6d) Describe the process for ensuring HIV positive incarcerated clients who are transferred to a different HUB/correctional facility are connected with the counterpart **Linkage Specialist** funded by this initiative.

6e) For HIV positive individuals who decline program enrollment while incarcerated; indicate how you will re-engage the individual at 90 days of the anticipated release date. Explain how you will collaborate with NYSDOCCS staff to ensure coordination of medical care and support services.

6f) Describe how HIV positive incarcerated individuals whose status is **Not Known** to NYSDOCCS will be engaged and enrolled in program services. Elaborate on the education and interventions to be utilized with the clients to inform them about the medical care

available in NYSDOCCS correctional facilities as well as the benefits of medical care and early treatment for HIV.

- 6g) Describe the process for connecting the HIV positive incarcerated individuals to community based services to ensure continuity of medical care (such as linkage to a Health Home) and retention in care support (adherence support, nutrition, transportation) occurs following release. For NYC reentrants, explain how you will work with the **Community Linkage Specialist** funded by this RFA. For Rest of State, explain your process for linking the individual to an AIDS Institute Regional and/or Targeted Prevention and Support Services Provider.
- 6h) Describe the process and the staff responsible for completing and confidentially submitting the **Client Linkage Report** monthly.
- 6i) **Memorandum of Understandings (MOUs)/Linkage Agreements** with medical (including PrEP), prevention and supportive service providers should be uploaded as **Attachment 16** in the Pre-submission section of the Grants Gateway.

7. Anonymous HIV Testing

Maximum Subsection Score: 10 points

- 7a) Describe how, by whom, and where HIV testing will be provided. Indicate how confirmatory HIV testing will be conducted and how you will ensure the timely provision of test results for individuals testing HIV positive. Explain who will follow up with incarcerated individuals who test HIV positive and do not show up for a test result callout appointment.
- 7b) Explain how your program will facilitate HIV test conversion (anonymous to confidential) with NYSDOCCS medical and facilitate linkage to medical care and partner services for all newly diagnosed HIV positive individuals including assisting with scheduling of the first medical appointment and follow up to confirm client kept their appointment.
- 7c) Explain your process for ensuring HIV positive individuals are linked to prevention services including behavioral interventions.
- 7d) Applicants are required to indicate which HIV test technology will be used. A copy of the agency's valid **CLIA Permit** should be uploaded as **Attachment 5** in the Grants Gateway online application.

8. Overall Staffing Plan for the Program

Maximum Section Score: 15 points

- 8a) Describe staff responsible for providing direct interventions/services and whether this person will be a new hire or if the role is to be delegated to an existing staff member. Identify the titles of staff and roles and responsibilities of each position. Include any peer related staffing. Applicants are instructed to complete **Attachment 17 – Facility Services Table**, Attachment 17 can be found in the Pre-submission uploads section of the Grants Gateway. Once completed, **Attachment 17** should be uploaded to the Pre-submission section of the Grants Gateway.

- 8b) Explain how staff responsible for the implementation of specific service elements (L&N, HIV Testing, etc.) will work together to ensure the delivery of services is interconnected and client centered.
- 8c) Indicate the staff that will be responsible for the general oversight and management of the proposed program (and its components) and if these will be positions supported by the proposed budget or provided in-kind.
- 8d) Explain the process for ensuring program staff are oriented to the agency's operations, policies and procedures, contract requirements, program guidance and updates as well as access to on-going program specific and/or pertinent staff training/support.

9. Work Plan

Applicants are **not** required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Applicants should review the performance measures as they are listed in **Attachment 9 – Component C Work Plan** - Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors in the New York City (NYC) HUB.

Funded applicants will be held to the performance measures as listed in Attachment 9 for Component C and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

10. Program Monitoring and Evaluation

Maximum Section Score: 5 Points

Funded programs will be monitored on their ability to document achievement of the program objectives and corresponding performance measures. As such:

- 10a) Explain how you will conduct program evaluation activities to monitor your progress in meeting the proposed program objectives and corresponding performance measures. Indicate who will be responsible for implementing the evaluation plan for the proposed program and the frequency of evaluation of key indicators and performance measures.
- 10b) How did you involve members of the priority community in the planning and design of the proposed program? Indicate how you will ensure the priority population is able to provide continuous input/feedback.
- 10c) Indicate how you will use findings from evaluation and monitoring activities to inform your continuous quality improvement (CQI) process with an emphasis on future results. How will you use results from CQI activities to inform and/or make changes to the program?
- 10d) Applicants are instructed to complete **Attachment 8 – AIDS Institute Reporting Requirements** and upload to the Pre-Submission section of the Grants Gateway.

11. Budget and Justification

Maximum Score: 20 points

Complete and submit budgets following these instructions:

11a) The budget for year one (August 1, 2017 – July 31, 2018) should be entered into the Grants Gateway. Budgets for Years two through five should be uploaded as **Attachment 18**. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 19, “Guide to Completing Budget Forms”**.

For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 18. The budgets for years two through five should be labeled as listed below and combined into **one (1) pdf** document, then uploaded to the Grants Gateway on line application as **Attachment 18**.

Years two through five budgets should be labeled as follows:

- Budget Year 2 – August 1, 2018 – July 31, 2019
- Budget Year 3 – August 1, 2019 – July 31, 2020
- Budget Year 4 – August 1, 2020 – July 31, 2021
- Budget Year 5 – August 1, 2021 – July 31, 2022

11b) The amount requested each year should be reasonable, cost effective, and relate directly to the activities described in your proposal. Include a justification for costs associated with staff travel, and how these costs relate directly to the proposed program and the NYSDOCCS correctional facilities to be served.

If proposing a joint application or subcontracting with another community-based organization to provide the proposed program within a HUB/geographic service area, provide a line item budget and work scope for the subcontracted agency.

11c) All budgeted positions should relate directly to the proposed services. Include in your justification how the percentage of effort for each supported position relates to the proposed program. Please note that, at a minimum, a **100% FTE Linkage Specialist** is required to be a supported position on this contract.

11d) Complete and upload **Attachment 20 (Grant and Foundation Funding from All Other Sources)**. **Attachment 20** is limited to 5 pages.

11e) Budgeted items should be justified and fundable under state and federal guidelines. Ineligible budget items will be removed prior to contracting. Ineligible items are those determined by NYSDOH/HRI personnel to be inadequately justified in relation to the proposed workplan or not fundable under state and federal guidelines (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible item(s). Funding for administrative and management costs may be requested to support a fair portion of the overall organizational structure to an extent that it allows the funded applicant to implement program activities and should adhere to the following guidelines:

- Indirect overhead costs are limited to a maximum of 10% of total direct costs.
- Funds may NOT be used to supplant resources supporting existing services or activities.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA.

Application Format and Content for Component D

Community Reentry Coordination for HIV Positive Women and Men Released from a Correctional Facility to the New York City (NYC) Area

Please refer to the GUIDING PRINCIPLES (Section III) and to the PROGRAM MODELS AND REQUIRED SERVICE ELEMENTS for each Component (Section IV).

Application Format

Program Summary	Not Scored
Applicant Experience and Capability	Maximum Section Score: 10 points
Preference Factors	Maximum Additional: 3 points
Program Design and Implementation	Maximum Section Score: 50 points
Staffing Plan for the Program	Maximum Section Score: 15 points
Program Monitoring and Evaluation	Maximum Section Score: 5 points
Budget and Justification	Maximum Section Score: 20 points
TOTAL	103 Points

Application Content

1. Program Summary

Not Scored

Provide a concise description of your proposed program including:

- 1a) Purpose of your program;
- 1b) Geographic area to be served;
- 1c) Total number of unduplicated clients to be served;
- 1d) Overall program design for the Geographic Service Area targeted including proposed staffing; and
- 1e) Anticipated program outcomes.

2. Applicant Experience and Capability

Maximum Section Score: 10 points

Applicants should provide specific program data and make specific note of experience and competency serving the priority population(s) when responding to questions.

- 2a) Describe your agency's experience working with individuals who are reentering the community from correctional settings. In particular, highlight the process and strategies for the promotion of services within correctional settings and with other community based providers working within NYSDOCCS correctional facilities.
- 2b) Describe your agency's experience partnering with other community-based agencies that traditionally serve incarcerated individuals and individuals returning to the community.
- 2c) Describe the agency's experience working with NYSDOCCS Transitional Services / Community Supervision (parole) on reentrants care and service coordination.
- 2d) Describe the applicant's experience providing culturally competent and linguistically appropriate services to the priority population. Include one example.

- 2e) Explain how the proposed program will be embedded and seamlessly integrated with your existing programs and services. Indicate how the proposed program will complement or support, but not duplicate, existing programming.
- 2f) Applicants are instructed to upload an organizational chart with names of key personnel and proposed program staffing to show how the program will be integrated in the organization. The organizational chart should clearly indicate the relationship of staff to each other, including the management and supervisory structure for the proposed program and should include subcontractors, where applicable. The **Organizational Chart** should be uploaded as **Attachment 15** in the Pre-Submission Uploads section of the online application.

3. Preference Factors

Maximum Additional Points: 3 points

Applicants should provide specific program data and make specific note of experience and competency serving the priority population(s) when responding to questions.

When responding to preference factor questions 3a, 3b, and 3c, applicants should specify length of time.

- 3a) Explain the agency's experience providing transitional or discharge planning services to HIV positive individuals residing within a NYSDOCCS correctional facility. Indicate the number of individuals in the past calendar year who were serviced by your agency. Provide the following client information: Number of clients served, age, gender, race, sexual orientation, socioeconomic status, immigration status, insurance status, and risk factors. Indicate how many of the clients served by the agency were HIV positive. Cite the source of the data used to describe the population served. Applicants should indicate if the experience is at least two years.
- 3b) Describe the agency's experience in linking HIV positive reentrants (men and women) to health and support services, such as coordinating healthcare, behavioral health services, health care coverage, education and training, and social/support services such as housing, adult education, mentoring and employment assistance programs. Applicants should indicate if the experience is at least two years.
- 3c) Describe the agency's experience in the effective oversight of administrative, fiscal, and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program progress/data reports. Indicate if the agency ever had to terminate, or had a grant contract terminated, prior to contract end. If so, describe the circumstances related to the contract termination. Applicants should indicate if the experience is at least two years.

4. Program Design and Implementation

Sections 5–6 are worth up to 50 points

The Program Design and Implementation is comprised of two (2) sections. Sections 5-6 will be scored within the maximum score indicated.

5. Community Linkage and Navigation Services

Maximum Subsection Score: 42 points

- 5a) Describe the process for obtaining a copy of the reentrants existing **Linkage Action Plan** from the referral source (such as DOCCS Medical/DPU, counterpart provider) and revisiting it with the HIV positive reentrant to ensure it is still appropriate.
- 5b) Describe how HIV positive reentrants will be supported in accessing appointments for medical care, partner services, HASA (NYC)/county social services, behavioral health, health insurance, housing, benefits/entitlements, etc. in collaboration with NYSDOCCS community supervision (parole), when appropriate. Please be specific in terms of how you will manage client flow.
- 5c) Describe how HIV positive reentrants will be linked and navigated to needed HIV/STD/HCV prevention, education and supportive services in the community such as PEP, PrEP and partner services. Please be specific in terms of how you will manage client flow.
- 5d) Describe how you will work with the HIV positive reentrant to ensure retention in care from the date of release (first point of community entry), to the first parole and housing appointments within 24 hours; to the first primary care appointment, to the initial benefit services appointment/s; and linkages up to six (6) months following release.
- 5e) Describe how facilitated community linkages to HIV primary care and behavioral health services will be accomplished. Elaborate on reentrant escort activities, transportation, the utilization of appointment reminders and other treatment adherence tools (pill boxes etc.). **Memorandums of Understanding (MOUs) /Linkage Agreements** with medical (including PrEP), prevention and supportive service providers should be uploaded as **Attachment 16** in the Pre-Submission section of the Grants Gateway.
- 5f) Describe the process and the staff responsible for completing and confidentially submitting the **Client Linkage Report** monthly.
- 5g) Describe the case closure procedure for HIV positive reentrants who no longer need/want services, move outside of the service area or transition to a more appropriate long term program (e.g., transfer to a Medicaid Health Home program).

6. Condom Promotion and Distribution

Maximum Subsection Score: 8 points

- 6a) Describe how, by whom, and where condoms will be provided.
- 6b) Describe the process to ensure both female and male condoms are available and where condoms can be obtained.
- 6c) Explain your process for condom education, negotiation skill building and risk reduction with each client.

7. Overall Staffing Plan for the Program

Maximum Section Score: 15 points

- 7a) Describe staff responsible for providing direct interventions/services and whether this person will be a new hire or if the role is to be delegated to an existing staff member. Identify the titles of staff and roles and responsibilities of each position.

- 7b) Explain how staff responsible for the implementation of specific service elements will work together to ensure the delivery of services is interconnected and client centered.
- 7c) Indicate the staff that will be responsible for the general oversight and management of the proposed program (and its components) and if these will be positions supported by the proposed budget or provided in-kind.
- 7d) Explain the process for ensuring program staff are oriented to the agency's operations, policies and procedures, contract requirements, program guidance and updates as well as access to on-going program specific and/or pertinent staff training/support.

8. Work Plan

Applicants are not required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Applicants should review the performance measures as they are listed in **Attachment 10 – Component D Work Plan - Community Reentry Coordination for HIV Positive Women and Men Released from a Correctional Facility to the New York City (NYC) area.**

Funded applicants will be held to the performance measures as listed in Attachment 10 for Component D and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

9. Program Monitoring and Evaluation

Maximum Section Score: 5 Points

Funded programs will be monitored on their ability to document achievement of the program objectives and corresponding performance measures. As such:

- 9a) Explain how you will conduct program evaluation activities to monitor your progress in meeting the proposed program objectives and corresponding performance measures. Indicate who will be responsible for implementing the evaluation plan for the proposed program and the frequency of evaluation of key indicators and performance measures.
- 9b) Explain how members of the priority community were involved in the planning and design of the proposed program. Indicate how you will ensure the priority population is able to provide continuous input/feedback.
- 9c) Indicate how you will use findings from evaluation and monitoring activities to inform your continuous quality improvement (CQI) process with an emphasis on future results. How will you use results from CQI activities to inform and/or make changes to the program?
- 9d) Applicants are instructed to complete **Attachment 8 – AIDS Institute Reporting Requirements** and upload to the Pre-Submission section of the Grants Gateway.

10. Budget and Justification

Maximum Score: 20 points

Complete and submit budgets following these instructions:

- 10a) The budget for year one (August 1, 2017 – July 31, 2018) should be entered into the Grants

Gateway. Budgets for Years two through five should be uploaded as **Attachment 18**. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 19, “Guide to Completing Budget Forms”**.

For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 18. The budgets for years two through five should be labeled as listed below and combined into **one (1) pdf** document, then uploaded to the Grants Gateway on line application as **Attachment 18**.

Years two through five budgets should be labeled as follows:

- Budget Year 2 – August 1, 2018 – July 31, 2019
- Budget Year 3 – August 1, 2019 – July 31, 2020
- Budget Year 4 – August 1, 2020 – July 31, 2021
- Budget Year 5 – August 1, 2021 – July 31, 2022

10b) The amount requested each year should be reasonable, cost effective, and relate directly to the activities described in your proposal. Include a justification for costs associated with staff and client travel, and space. Describe how these costs relate directly to the proposed program. If proposing a joint application or subcontracting with another community-based organization to provide the proposed program within a geographic service area, provide a line item budget and work scope for the subcontracted agency.

10c) All budgeted positions should relate directly to the proposed services. Include in your justification how the percentage of effort for each supported position relates to the proposed program. A **100% FTE of a Community Linkage Specialist** is required to be a supported position on this contract.

10d) Complete and upload **Attachment 20 (Grant and Foundation Funding from All Other Sources)**. **Attachment 20** is limited to 5 pages.

10e) Budgeted items should be justified and fundable under state and federal guidelines. Ineligible budget items will be removed prior to contracting. Ineligible items are those determined by NYSDOH/HRI personnel to be inadequately justified in relation to the proposed workplan or not fundable under state and federal guidelines (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible item(s). Funding for administrative and management costs may be requested to support a fair portion of the overall organizational structure to an extent that it allows the funded applicant to implement program activities and should adhere to the following guidelines:

- Indirect overhead costs are limited to a maximum of 10% of total direct costs.
- Funds may NOT be used to supplant resources supporting existing services or activities.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA.

Application Format and Content for Component E

Hotline Promotion, Information Resource Services for Incarcerated Individuals

Please refer to the GUIDING PRINCIPLES (Section III) and to the PROGRAM MODELS AND REQUIRED SERVICE ELEMENTS for each Component (Section IV).

Application Format

Program Summary	Not Scored
Applicant Experience and Capability	Maximum Section Score: 10 points
Preference Factors	Maximum Additional: 3 points
Program Design and Implementation	Maximum Section Score: 50 points
Staffing Plan for the Program	Maximum Section Score: 15 points
Program Monitoring and Evaluation	Maximum Section Score: 5 points
Budget and Justification	Maximum Section Score: 20 points
TOTAL	103 Points

Application Content

1. Program Summary

Not Scored

Provide a concise description of your proposed program including:

- 1a) Purpose of your program;
- 1b) Geographic area to be served;
- 1c) Total number of individuals (callers) to be served;
- 1d) Overall program design including proposed staffing; and
- 1e) Anticipated program outcomes.

2. Applicant Experience and Capability

Maximum Section Score: 10 points

Applicants should provide specific program data and make specific note of experience and competency serving the priority population(s) when responding to questions.

- 2a) Describe your agency, including the length of time services have been provided and locations where services are delivered. Indicate the total number of individuals served in the past calendar year and what interventions and services were provided.
- 2b) Describe your agency's experience working with incarcerated individuals and individuals who are reentering the community from correctional settings. In particular, highlight the process and strategies for the promotion of services within correctional settings and with other community based providers working within NYSDOCCS correctional facilities.
- 2c) Describe your agency's experience working with other community-based agencies that traditionally serve incarcerated individuals and individuals returning to the community.
- 2d) Describe your agency's experience providing culturally competent and linguistically appropriate services to the priority population. Include one example.

- 2e) Explain how the proposed program will be embedded and seamlessly integrated with your existing programs and services. If the applicant organization currently has contracts which serve the priority population, indicate how the proposed program will complement or support, but not duplicate, existing programming.
- 2f) Applicants are instructed to upload an organizational chart with names of key personnel and proposed program staffing to show how the program will be integrated in the organization. The organizational chart should clearly indicate the relationship of staff to each other, including the management and supervisory structure for the proposed program and should include subcontractors, where applicable. The **Organizational Chart** should be uploaded as **Attachment 15** in the Pre-Submission Uploads section of the online application.

3. Preference Factors

Maximum Additional Points: 3 points

Applicants should provide specific program data and make specific note of experience and competency serving the priority population(s) when responding to questions.

When responding to preference factor questions 3a, 3b, and 3c, applicants should specify length of time.

- 3a) Indicate the agency's ability and capacity to accept collect calls from individuals residing in NYSDOCCS correctional facilities. Applicants should indicate if the experience is at least two years.
- 3b) Describe the agency's experience providing Hotline Information Services in New York State. Applicants should indicate if the experience is at least two years.
- 3c) Explain the agency's experience in the effective oversight of administrative, fiscal, and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program progress/data reports. Indicate if the agency ever had to terminate, or had a grant contract terminated, prior to contract end. If so, describe the circumstances related to the contract termination. Applicants should indicate if the experience is at least two years.

4. Program Design and Implementation

Sections 5–8 are worth up to 50 points

The Program Design and Implementation is comprised of four (4) sections. Sections 5-8 will be scored within the maximum score indicated.

5. Promotion of Hotline Services within NYSDOCCS Correctional Facilities

Maximum Subsection Score: 20 points

- 5a) Describe your proposed strategy or strategies for promoting Hotline Services within NYSDOCCS correctional facilities. Explain the rationale for selection of the strategy/or strategies (who, what, where and how of your plan).

- 5b) Indicate the promotional materials to be created, purchased and utilized to promote Hotline Services within NYSDOCCS correctional facilities.
- 5c) Explain your proposed strategy or strategies for promotion of Hotline Services and networking with NYSDOCCS staff and other funded community providers working within NYSDOCCS correctional facilities to facilitate referrals.

6. Information, Education and Support Services Maximum Subsection Score: 15 points

- 6a) Describe your proposed strategy or strategies for providing HIV/STD/HCV education, information and support services for HIV positive incarcerated individuals and persons who engage in high risk behavior residing in NYSDOCCS correctional facilities. Explain the rationale for selection of the strategy/or strategies (who, what, where and how of your plan).

7. In-Facility Linkage and Navigation Services Maximum Subsection Score: 10 points

- 7a) Describe your proposed strategy or strategies for providing Linkage and Navigation Services for HIV positive incarcerated individuals who call the Hotline.
- 7b) Explain the process for creating a **Linkage Action Plan** with HIV positive incarcerated individuals which includes collaborating with NYSDOCCS staff and other providers funded by this initiative.
- 7c) Describe how a hard copy of the **Linkage Action Plan** will be provided to the HIV positive reentrant or to the referral entity (counterpart provider, community base organization) to ensure follow up in the community. Indicate how you will follow up to ensure the HIV positive reentrant connected with the referral entity.
- 7d) Describe the process and the staff responsible for completing and confidentially submitting the **Client Linkage Report** monthly.
- 7e) **Memorandum of Understandings (MOUs)/Linkage Agreements** with medical (including PrEP), prevention and supportive service providers should be uploaded as **Attachment 16** in the Pre-submission section of the Grants Gateway.

8. Hours of Operation Maximum Subsection Score: 5 points

- 8a) Describe the process for accepting collect calls from incarcerated individuals within NYSDOCCS correctional facilities.
- 8b) Describe the hours and days of operation for your programs proposed Hotline Services.

9. Overall Staffing Plan for the Program Maximum Section Score: 15 points

- 9a) Describe staff responsible for providing direct Hotline interventions/services and whether this person will be a new hire or if the role is to be delegated to an existing staff member. Identify the titles of staff and roles and responsibilities of each position.
- 9b) Explain how staff responsible for the implementation of specific service elements will work together to ensure the delivery of services is interconnected and client centered.
- 9c) Indicate the staff that will be responsible for the general oversight and management of the proposed program (and its components) and if these will be positions supported by the proposed budget or provided in-kind.
- 9d) Explain your process for ensuring program staff are oriented to the agency's operations, policies and procedures, contract requirements, program guidance and updates as well as access to on-going program specific and/or pertinent staff training/support.

10. Work Plan

Applicants are not required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Applicants should review the performance measures as they are listed in **Attachment 11 – Component E Work Plan – Hotline Promotion, Information and Resource Services for Incarcerated Individuals.**

Funded applicants will be held to the performance measures as listed in Attachment 11 for Component E and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

11. Program Monitoring and Evaluation

Maximum Section Score: 5 Points

Funded programs will be monitored on their ability to document achievement of the program objectives and corresponding performance measures. As such:

- 11a) Explain how you will conduct program evaluation activities to monitor your progress in meeting the proposed program objectives and corresponding performance measures. Indicate who will be responsible for implementing the evaluation plan for the proposed program and the frequency of evaluation of key indicators and performance measures.
- 11b) Explain how you involved members of the priority population in the planning and design of the proposed program. Indicate how you will ensure the priority population is able to provide continuous input/feedback.
- 11c) Indicate how you will use findings from evaluation and monitoring activities to inform your continuous quality improvement (CQI) process with an emphasis on future results. How will you use results from CQI activities to inform and/or make changes to the program?
- 11d) Applicants are instructed to complete **Attachment 8 – AIDS Institute Reporting Requirements** and upload to the Pre-Submission section of the Grants Gateway.

12. Budget and Justification

Maximum Score: 20 points

Complete and submit budgets following these instructions:

12a) The budget for year one (August 1, 2017 – July 31, 2018) should be entered into the Grants Gateway. Budgets for Years two through five should be uploaded as **Attachment 18**. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 19**, “Guide to Completing Budget Forms”.

For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 18 The budgets for years two through five should be labeled as listed below and combined into **one (1) pdf** document, then uploaded to the Grants Gateway on line application as **Attachment 18**.

Years two through five budgets should be labeled as follows:

- Budget Year 2 – August 1, 2018 – July 31, 2019
- Budget Year 3 – August 1, 2019 – July 31, 2020
- Budget Year 4 – August 1, 2020 – July 31, 2021
- Budget Year 5 – August 1, 2021 – July 31, 2022

12b) The amount requested each year should be reasonable, cost effective, and relate directly to the activities described in your proposal. Include a justification for costs associated with staff travel and space, and describe how these costs relate directly to the proposed program.

12c) All budgeted positions should relate directly to the proposed services. Include in your justification how the percentage of effort for each supported position relates to the proposed program.

12d) Complete and upload **Attachment 20** (Grant and Foundation Funding from All Other Sources). **Attachment 20** is limited to 5 pages.

12e) Budgeted items should be justified and fundable under state and federal guidelines. Ineligible budget items will be removed prior to contracting. Ineligible items are those determined by NYSDOH/HRI personnel to be inadequately justified in relation to the proposed workplan or not fundable under state and federal guidelines (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible item(s). Funding for administrative and management costs may be requested to support a fair portion of the overall organizational structure to an extent that it allows the funded applicant to implement program activities and should adhere to the following guidelines:

- Indirect overhead costs are limited to a maximum of 10% of total direct costs.
- Funds may NOT be used to supplant resources supporting existing services or activities.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA.

B. Freedom of Information Law

All applications may be disclosed or used by DOH to the extent permitted by law. DOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review & Award Process

Applications meeting the eligibility requirements and guidelines set forth above will be reviewed and evaluated competitively by a panel convened by the AIDS Institute using an objective rating system reflective of the required items specified for each section. The AIDS Institute anticipates that there may be more worthy applications than can be funded with available resources. Applications will be deemed to fall into one of three categories: 1) approved and funded, 2) approved, but not funded, and 3) not approved.

Funding awards will be made as described in Section II of this RFA. In cases in which two or more applications for funding are judged, on the basis of their applications to be essentially equal in quality, the applicant with the highest score in **Program Design and Implementation** will receive the award.

If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above. Once the awards have been made, applicants not funded may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from date of non-award announcement.

To request a debriefing, please send an email to CorrectionsRFA@health.ny.gov. In the subject line, please write: Corrections to Community Care Continuum.

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>.

VII. ATTACHMENTS

Please note that certain attachments are accessed in the “Pre-Submission Uploads” section of the online application. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

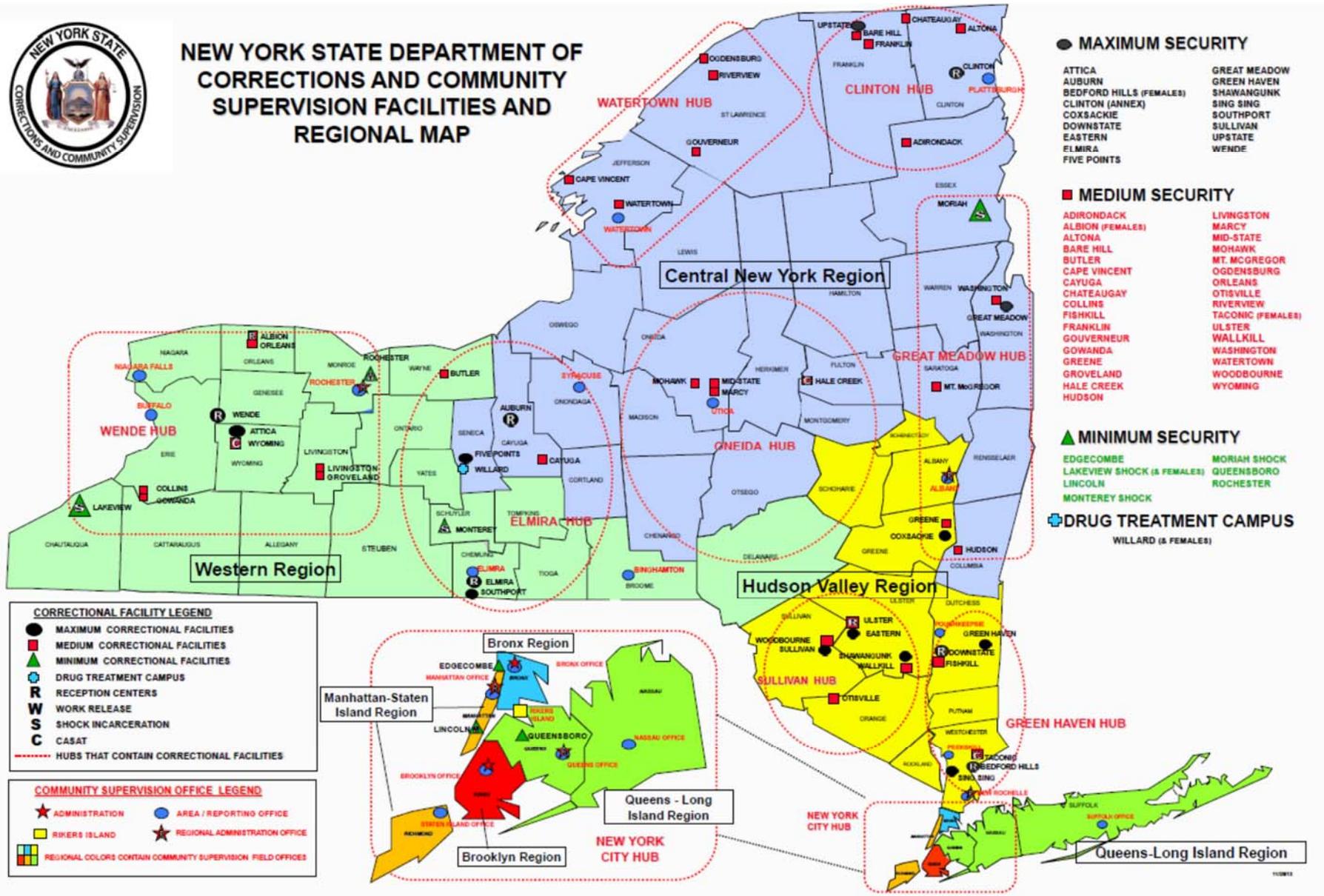
Attachment 1:	NYSDOCCS Facilities Map**
Attachment 2:	Application Cover Sheet*
Attachment 3:	AIDS Institute Regional and Targeted Prevention and Support Services Providers**
Attachment 4:	In-Facility Linkage and Navigation Services Flow Chart**
Attachment 5:	CLIA Permit* (<i>Components A, B, and C only</i>)
Attachment 6:	Work Plan – Component A **
Attachment 7:	Work Plan – Component B **
Attachment 8:	AIDS Institute Reporting Requirements*
Attachment 9:	Work Plan – Component C **
Attachment 10:	Work Plan – Component D **
Attachment 11:	Work Plan – Component E **
Attachment 12:	General Terms and Conditions – Health Research Incorporated Contracts**
Attachment 13:	MWBE Utilization Plan*
Attachment 14:	Vendor Responsibility Attestation*
Attachment 15:	Organizational Chart*
Attachment 16:	MOU/Linkage Agreements*
Attachment 17:	Facility Services Table* (<i>Components A, B, and C only</i>)
Attachment 18:	Budget Forms*
Attachment 19:	Guide to Completing Budget Forms**
Attachment 20:	Grant and Foundation Funding from All Other Sources*

*These attachments are located / included in the Pre Submission Upload section of the Grants Gateway on line application.

** These attachments are attached to the RFA and are for applicant information only. These attachments do not need to be completed.



NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION FACILITIES AND REGIONAL MAP



- **MAXIMUM SECURITY**
- ATTICA
- AUBURN
- BEDFORD HILLS (FEMALES)
- CLINTON (ANNEX)
- COXSACKIE
- DOWNSTATE
- EASTERN
- ELMIRA
- FIVE POINTS
- **MEDIUM SECURITY**
- ADIRONDACK
- ALBION (FEMALES)
- ALTONA
- BARE HILL
- BUTLER
- CAPE VINCENT
- CAYUGA
- CHATEAUGAY
- COLLINS
- FISHKILL
- FRANKLIN
- GOUVERNEUR
- GOWANDA
- GREENE
- GROVELAND
- HALE CREEK
- HUDSON
- **MINIMUM SECURITY**
- EDGECOMBE
- LAKEVIEW SHOCK (& FEMALES)
- LINCOLN
- MONTEREY SHOCK
- ▲ **DRUG TREATMENT CAMPUS**
- WILLARD (& FEMALES)
- **MAXIMUM SECURITY**
- GREAT MEADOW
- GREEN HAVEN
- SHAWANGUNK
- SING SING
- SOUTHPORT
- SULLIVAN
- UPSTATE
- WENDE
- **MEDIUM SECURITY**
- LIVINGSTON
- MARCY
- MID-STATE
- MOHAWK
- MT. MCGREGOR
- ODGENSBURG
- ORLEANS
- OTISVILLE
- RIVERVIEW
- TACONIC (FEMALES)
- ULSTER
- WALKKILL
- WASHINGTON
- WATERTOWN
- WOODBORNE
- WYOMING
- ▲ **MINIMUM SECURITY**
- MORHIAH SHOCK
- QUEENSBORO
- ROCHESTER

- CORRECTIONAL FACILITY LEGEND**
- MAXIMUM CORRECTIONAL FACILITIES
 - MEDIUM CORRECTIONAL FACILITIES
 - ▲ MINIMUM CORRECTIONAL FACILITIES
 - DRUG TREATMENT CAMPUS
 - R RECEPTION CENTERS
 - W WORK RELEASE
 - S SHOCK INCARCERATION
 - C CASAT
 - HUBS THAT CONTAIN CORRECTIONAL FACILITIES

- COMMUNITY SUPERVISION OFFICE LEGEND**
- ★ ADMINISTRATION
 - AREA / REPORTING OFFICE
 - Rikers Island
 - ★ REGIONAL ADMINISTRATION OFFICE
 - REGIONAL COLORS CONTAIN COMMUNITY SUPERVISION FIELD OFFICES

Regional Service Provider (CSP) - Attachment 3

Agency Name: **AIDS Center of Queens County, Inc.**

Program Contact: Rosemary Lopez
Associate Executive Director of Program Services
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Jamaica, NY 11432
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E-Mail: rlopez@acqc.org

Agency Name: **AIDS Community Resources, Inc.**

Program Contact: Erin Bortel
Director of Prevention Services
627 West Genesee St
Syracuse, NY 13204
Telephone: (315)475-2430
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Agency Name: **AIDS Council of Northeastern New York, Inc.**

Program Contact: Nancy Fisher
Director of Prevention Services
927 Broadway
Albany, NY 12207
Telephone: (518)434-4686
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Agency Name: **AIDS Service Center of Lower Manhattan, Inc.**

Program Contact: Brenda Starks-Ross
COO/Deputy Executive Director
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New York, NY 10001
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E-Mail: brenda@ascnyc.org

Agency Name: **BOOM!Health**

Program Contact: Nunzio Signorella
Executive Vice President/Chief Program Officer
540 East Fordham Road
Bronx, NY 10458
Telephone: (718)295-5605
E-Mail: nunzio@nunziosignorella.com

Agency Name: **Bridging Access to Care, Inc.**

Program Contact: Nadine Ranger
Research Director
502 Bergen St
Brooklyn, NY 11217
Telephone: (718)622-2910
E-Mail: nranger@batf.net

Agency Name: **Community Health Action of Staten Island, Inc.**
Program Contact: Jennifer Lytton Hirsch
Sr. Vice President, COO
25 Victory Blvd 3rd Fl
Staten Island, NY 10301
Telephone: (718)808-1422
E-Mail: jennifer.lytton@chasiny.org

Agency Name: **EHS, Inc.**
Program Contact: Raymond Ganoë
Chief Executive Officer
206 South Elmwood Ave
Buffalo, NY 14201
Telephone: (716)847-0212
E-Mail: rganoë@evergreenhs.org

Agency Name: **Gay Men's Health Crisis, Inc.**
Program Contact: Lynnette Ford
Vice President, Programs & Prevention Services
446 West 33rd St
New York, NY 10001
Telephone: (212)367-1056
E-Mail: lynnettf@GMHC.org

Agency Name: **Harlem United Community AIDS Center, Inc.**
Program Contact: Tamika Howell
Vice President, PESS
290 Lenox Ave Lower Level
New York, NY 10027
Telephone: (212)289-2378
E-Mail: thowell@harlemunited.org

Agency Name: **Hudson Valley Community Services, Inc.**
Program Contact: Saqib Altaf
Deputy Executive Director
40 Saw Mill River Road
Hawthorne, NY 10532
Telephone: (914)785-8210
E-Mail: saltaf@hudsonvalleycs.org

Agency Name: **Long Island Association for AIDS Care, Inc.**
Program Contact: D. Ray Ward, MAOM, CASAC, CPP
Chief Program Officer
60 Adams Ave
Hauppauge, NY 11788
Telephone: (631)385-2451
E-Mail: rward@liaac.org

Agency Name: **Southern Tier AIDS Program, Inc.**
Program Contact: Michelle McElroy
Deputy Executive Director
22 Riverside Dr
Binghamton, NY 13905
Telephone: (607)798-1706
E-Mail: mmcelroy@stapinc.org

Agency Name: **Trillium Health, Inc.**

Program Contact: Julie Ritzler
Director of Community Health Initiatives
259 Monroe Ave
Rochester, NY 14607
Telephone: (585)210-4213
E-Mail: jritzler@trilliumhealth.org

Targeted Service Provider (MSA)

Agency Name: **Action For A Better Community, Inc.**

Program Contact: Linda King-Bronner
Director of Health Services
33 Chestnut St
Rochester, NY 14604
Telephone: (585)262-4330
E-Mail: Lking-bronner@abcinfo.org

Agency Name: **American Indian Community House, Inc.**

Program Contact: Ken Dunning
Program Director
120 East Washington St Suite 400
Syracuse, NY 13202
Telephone: (315)470-0800
E-Mail: kdunning@aich.org

Agency Name: **APICHA Community Health Center**

Program Contact: Yumiko Sano
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400 Broadway
New York, NY 10013
Telephone: (646)744-0980
E-Mail: ysano@apicha.org

Agency Name: **Bedford Stuyvesant Family Health Center, Inc.**

Program Contact: Emily Carson
Program Director
1458 Fulton St
Brooklyn, NY 11216
Telephone: (718)513-6630
E-Mail: ecarson@bsfhc.org

Agency Name: **Caribbean Women's Health Association, Inc.**

Program Contact: Debra Lesane
Program Director
3512 Church Ave
Brooklyn, NY 11203
Telephone: (-)
E-Mail: dlesane@cwaha.org

Agency Name: **Chinese-American Planning Council, Inc.**

Program Contact: Binh Yin Luu
Director of Community Services
165 Eldridge Street
New York, NY 10002
Telephone: (212)941-0030
E-Mail: byluu@cpc-nyc.org

Agency Name: **Circulo de la Hispanidad, Inc.**

Program Contact: Frederika Joseph
Program Director
91 North Franklin St
Hempstead, NY 11550
Telephone: (516)292-2433
E-Mail: FJoseph@cdlh.org

Agency Name: **Clergy United for Community Empowerment, Inc.**

Program Contact: Latonja Richardson
Program Director
172-17 Linden Boulevard 2nd floor
St. Albans, NY 11434
Telephone: (718)297-0720
E-Mail: lrichardson@cucegroup.org

Agency Name: **Community Access Services of WNY, Inc.**

Program Contact: Ray Ganoe
Executive Vice President
206 South Elmwood Ave
Buffalo, NY 14201
Telephone: (716)228-2025
E-Mail: rganoe@evergreenhs.org

Agency Name: **Cornerstone Family Healthcare**

Program Contact: Marilyn Morales
HIV/AIDS Services Program Director
147 Lake St
Newburgh, NY 12550
Telephone: (845)563-8052
E-Mail: mmorales@ghvfhc.org

Agency Name: **Dominican Women's Development Center**

Program Contact: Katherine Diaz
Program Director
519 West 189th St Ground Floor
New York, NY 10040
Telephone: (212)740-4335
E-Mail: ksd244@nyu.edu

Agency Name: **Economic Opportunity Council of Suffolk, Inc.**

Program Contact: Anne Stewart
Director of Programs
31 West Main St Suite 300
Patchogue, NY 11772
Telephone: (631)289-2124
E-Mail: astewart@eoc-suffolk.com

Agency Name: **Family Services Network of New York, Inc.**

Program Contact: I. Maman-Nbiba
Program Director
1420 Bushwick Ave
Brooklyn, NY 11207
Telephone: (718)455-6010
E-Mail: lnbiba@fsnny.org

Agency Name: **Family Services Network of New York, Inc.**

Program Contact: Leslie Bobb
HRP Program Director
1766 Broadway
Brooklyn, NY 11207
Telephone: (718)573-3358
E-Mail: lobb@fsnny.org

Agency Name: **Five Towns Community Center, Inc.**

Program Contact: N. Rick Anthony Richards
Program Director
270 Lawrence Ave
Lawrence, NY 11559
Telephone: (516)239-6244
E-Mail: rrichards@fivetownsmail.org

Agency Name: **Haitian Centers Council, Inc.**

Program Contact: Andre Peck
Executive Director
3807-3809 Church Avenue
Brooklyn, NY 11203
Telephone: (718)940-2200
E-Mail: Apeck@hccinc.org

Agency Name: **Harlem Dowling-Westside Center for Children and Families, Inc.**

Program Contact: Cherie Blae
Program Director
2090 Adam Clayton Powell Jr Blvd Suite 108
New York, NY 10027
Telephone: (212)749-3656
E-Mail: cblae@harlemdowling.org

Agency Name: **Harlem United Community AIDS Center, Inc.**

Program Contact: Kristin Goodwin
Managing Director/Testing Services
290 Lenox Ave 2nd Fl
New York, NY 10027
Telephone: (212)289-2378
E-Mail: kgoodwin@harlemunited.org

Agency Name: **Hispanic AIDS Forum, Inc.**

Program Contact: Heriberto Sanchez Soto MSW
Executive Director
1767 Park Ave 5th Fl
New York, NY 10035
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Agency Name: **Housing Works, Inc.**

Program Contact: Linney Smith
Senior Vice President for Prevention and Services
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Brooklyn, NY 11201
Telephone: (347)473-7403
E-Mail: smith@housingworks.org

Agency Name: **La Nueva Esperanza, Inc.**
Program Contact: Annette Roque
Executive Director
213 Johnson Ave
Brooklyn, NY 11206
Telephone: (718)497-7592
E-Mail: anut4110@aol.com

Agency Name: **PROMESA, Inc.**
Program Contact: Mayra Herrera
Assistant Director
974 Prospect Ave
Bronx, NY 10459
Telephone: (718)299-1100
E-Mail: mherrera@promesa.org

Agency Name: **Safe Space NYC, Inc.**
Program Contact: Morine Bowen
Director of Community Health & Prev Prog
89-74 162nd St
Jamaica, NY 11432
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E-Mail: mbowen@safespaceny.org

Agency Name: **St. John's Riverside Hospital**
Program Contact: Kay Scott, PhD., LCSW, CASAC
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2 Park Avenue Hope Center
Yonkers, NY 10703
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E-Mail: kscott@riversidehealth.org

Agency Name: **Syracuse Model Neighborhood Facility, Inc.**
Program Contact: Juhanna Rogers
Director of F.A.C.E.S.
401 South Ave
Syracuse, NY 13204
Telephone: (-)
E-Mail: jrogers@swccsyr.org

Agency Name: **The Audre Lorde Project, Inc.**
Program Contact: Cara Page
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147 West 24th Street, 3rd FL
New York, NY 10011
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E-Mail: cpage@alp.org

Agency Name: **Turning Point Brooklyn Inc.**
Program Contact: Marcus Martin
Associate Director
5220 4th Ave
Brooklyn, NY 11220
Telephone: (718)360-8191
E-Mail: mmartin@tpbk.org

Agency Name: **United Bronx Parents, Inc.**

Program Contact: Pamela Mattel
Chief Operating Officer
300 East 175th St
Bronx, NY 10457
Telephone: (718)960-7601
E-Mail: pmattel@acacianetwork.org

Agency Name: **Urban League of Westchester County, Inc.**

Program Contact: Sharon Thomas
Program Director
100 Stevens Ave
Mount Vernon, NY 10550
Telephone: (914)699-6124
E-Mail: sthomas0203@hotmail.com

Agency Name: **Vocational Instruction Project Community Services, Inc.**

Program Contact: Debbi Witham
Executive VP General Counsel
1910 Arthur Ave
Bronx, NY 10457
Telephone: (718)583-5150
E-Mail: dwitham@vipservices.org

Agency Name: **Washington Heights CORNER Project**

Program Contact: Kailin See
Director of Outreach & Prevention Services
566 West 181st St 2nd Fl
New York, NY 10033
Telephone: (212)923-7600
E-Mail: kailin@cornerproject.org

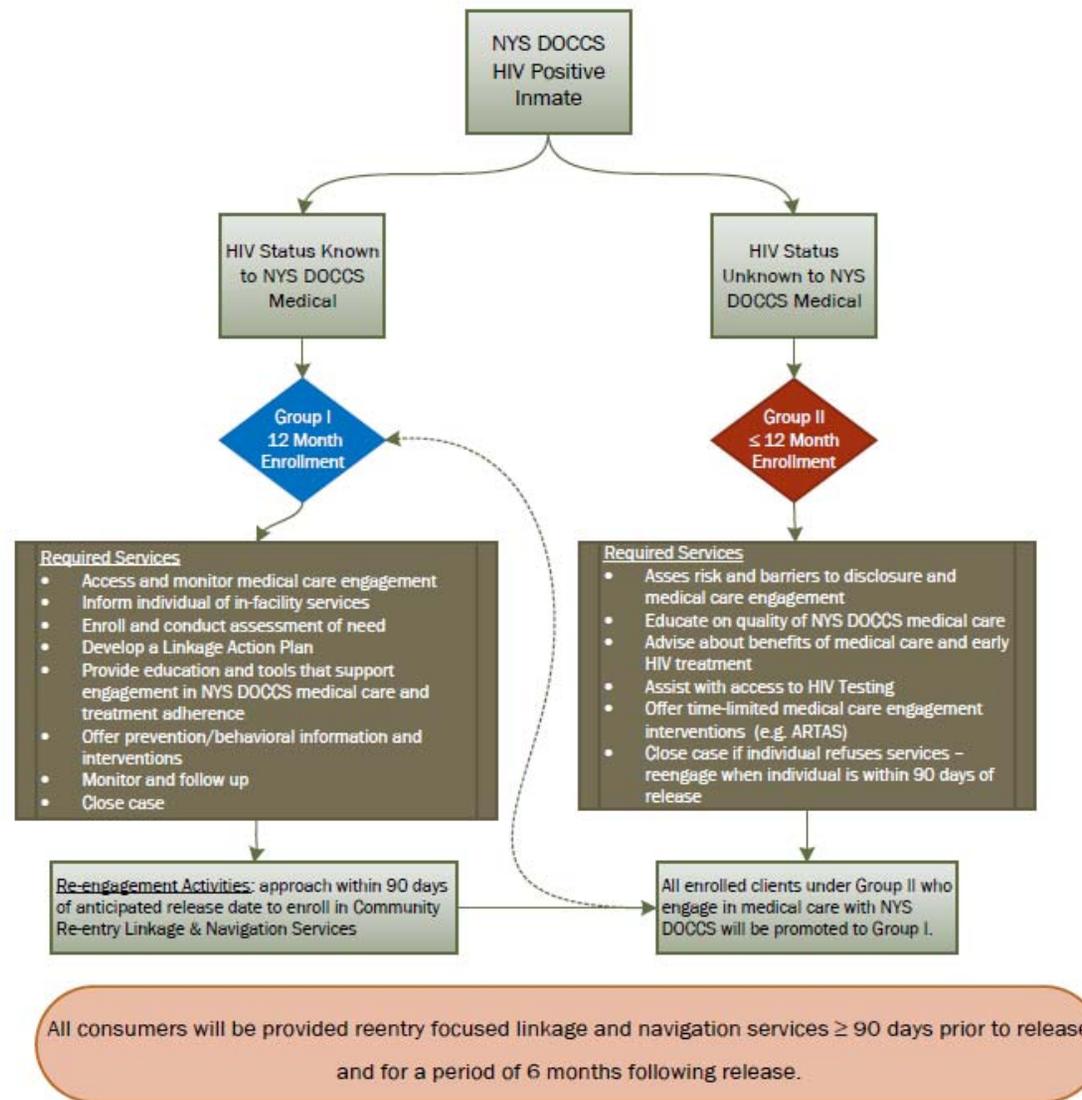
Agency Name: **Whitney M. Young Jr. Health Center**

Program Contact: Claudia Vega
CPTS Director
920 Lark Drive
Albany, NY 12207
Telephone: (518)465-4459
E-Mail: cvega@wnyhealth.org

Agency Name: **William F. Ryan Community Health Center Ryan NENA**

Program Contact: Daphne Hazel
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E-Mail: daphne.hazel@ryancenter.org

Attachment 4: Linkage and Navigation Services Flow Chart



**ATTACHMENT 6: WORK PLAN (COMPONENT A)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
1. Employ, at a minimum, 1 Linkage Specialist (FTE) assigned to carry out L&N activities.		<p>1a. Recruit and hire the Linkage Specialist(s) to conduct the activities identified in this work plan. The Linkage Specialist will receive the following training (at a minimum):</p> <ul style="list-style-type: none"> • Initial and ongoing training on agency operations, policies and procedures, program-specific information, and contract requirements; • Motivational Interviewing; • Anti-retroviral Treatment and Access to Services (ARTAS) Linkage Case Management; • New York State Department of Health's Confidentiality Policies and Procedures for Staff Conducting HIV/AIDS Surveillance and HIV Partner Notification Activities. 	<p>1.1. Linkage Specialist hired and trained within three (3) months of being hired.</p> <p>1.2. While completing the required trainings, the agency should obtain DOCCS security clearance for the Linkage Specialist.</p>
2. Meet with HIV positive individuals Known to NYSDOCCS Medical/DPU (Group I).		<p>2a. Inform the HIV positive individuals of in-facility services provided by the DOH AIDS Institute funded community based organization within that facility i.e., peer training, support groups. Discuss current client concerns, if any, and offer to enroll in program.</p> <p>2b. Enroll HIV positive individuals interested in the program and conduct an assessment of need.</p> <ul style="list-style-type: none"> • Create, maintain and keep secure a client file for all HIV+ individuals enrolled in L&N. • Complete DOH-2557 <p>2c. Develop a Linkage Action Plan for enrolled participants that outlines steps to address any care engagement and treatment adherence barriers, <u>with priority given to HIV positive individuals within 90 days of release/discharge</u>.</p> <p>2d. Educate reported HIV negative partners about partner services and PrEP.</p>	<p>2.1 100% of clients enrolled in L&N will receive an assessment of to evaluate medical, prevention and support service needs in facility.</p> <p>2.2 85% of clients receiving L&N will have a completed Linkage Action Plan that details in-facility needs to be addressed.</p> <p>2.3 90% of L&N clients that are with <u>within 90 days of anticipated release date</u> are prioritized for coordinated reentry planning.</p> <p>2.4 100% of HIV positive individuals from Group I with a reported HIV negative partner in the community are educated about Partner Services and PrEP/PEP</p>

**ATTACHMENT 6: WORK PLAN (COMPONENT A)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
3. Meet with HIV positive incarcerated individuals referred to the program whose status is <u>Not Known</u> to NYSDOCCS Medical/DPU and agree to enroll in the program (Group II).		<p>Provide the following Disclosure and engagement services:</p> <p>3a. Assess risk and barriers to disclosure and medical care engagement.</p> <p>3b. Educate about the quality of care in NYSDOCCS correctional facilities.</p> <p>3c. Advise about the benefits of medical care and early treatment for HIV.</p> <p>3d. Assist with accessing HIV testing to document status (confidential testing) in order to receive care in NYSDOCCS.</p> <p>3e. Offer time-limited effective interventions that support medical care engagement (Anti-retroviral Treatment and Access to Services or ARTAS). Additional information on interventions that support disclosure and medical engagement can be found by visiting: https://effectiveinterventions.cdc.gov/en/home.aspx</p> <p>Prevention and support: Link to other programs/support services.</p> <ul style="list-style-type: none"> • Prevention education • Support services • HIV/STD/HCV Peer Educator Training • Other services/programs (if applicable/available) <p>3f. Promote all HIV positive incarcerated individuals in Group II who engage in medical care with NYSDOCCS to Group I and provide continues linkage monitoring to support sustained engagement.</p> <p>3g. If within 90 days of release, enroll in Pre-release L&N services:</p> <ul style="list-style-type: none"> • Intake, assessment • DOH-2557 (community linkages) • Consent to participate in program/services • Linkage Action Plan 	<p>3.1 80% of HIV positive individual <u>not known</u> to NYSDOCCS who are referred and agree to enroll in the program.</p> <p>3.2 85% of enrolled participants who disclose their status to NYSDOCCS and are linked to medical.</p> <p>3.3 100% of HIV positive individuals from Group II with a reported HIV negative partner in the community are educated about Partner Services and PrEP/PEP.</p> <p>3.4 100% of HIV positive individuals within 90 days of release will be enrolled in Pre-release L&N services.</p>

**ATTACHMENT 6: WORK PLAN (COMPONENT A)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
<p>4. Coordinate reentry planning for all HIV positive individuals (clients) who are enrolled in the program throughout the 90 day pre-release/discharge window. The intent is to establish active referrals with community based agencies for all HIV positive individuals enrolled in the program.</p>		<p>4a. Revisit the Linkage Action Plan in collaboration with the client. At a minimum, the plan should include:</p> <ul style="list-style-type: none"> Information about health insurance coverage (e.g., Medicaid, ADAP) Initial HIV related medical care appointment date/provider information as well as appointments for other essential prevention and support services (e.g., housing placement, benefits). Linkages/contact information to Community Based Organization (CBO) in the community (counterpart CJJ provider or Regional/Targeted Prevention and Support Service agency, Health Home agency). Discuss the <i>Transition Guide</i> (DOH9531) and provide a copy. Complete/obtain all necessary documents: NYSDOCCS Comprehensive Medical Summary, DOH-2557, etc. Provide client with CJJ Prison Hotline telephone number 716.854.5469 for counseling, resources and in case of facility transfer. <p>4b. Coordinate the completion of the Linkage Action Plan with NYSDOCCS DPU and community supervision staff.</p> <ul style="list-style-type: none"> Verify release date, county and condition of release. <p>4c. Provide a copy of the Linkage Action Plan to the client for reference.</p> <p>4d. Verify connection with the agency (i.e., CBO) reentrant is being referred to within three business days following release.</p> <ul style="list-style-type: none"> In NYC, connect to CJJ funded Community Linkage Specialist 	<p>4.1 90% of L&N clients that are with within 90 days of anticipated release date with an updated/complete Linkage Action Plan.</p> <p>4.2 90% of clients who are connected to a Linkage Specialist in the community 90 days prior to release/discharge from NYSDOCCS facility.</p> <p>4.3 90% of clients will be released with a copy of the Linkage Action Plan.</p> <p>4.4 100% of clients will receive follow up two weeks after release date to ensure client successfully accessed care and services identified in the Linkage Action Plan.</p> <p>4.5 100% of outcomes related to linkages/referrals made will be documented in the Client file, the Client Linkage Report, and in AIRS.</p>

**ATTACHMENT 6: WORK PLAN (COMPONENT A)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
		<p>4e. Conduct follow up within two weeks to ensure client successfully accessed care and services identified in the Linkage Action Plan. If client has not accessed services, coordinate with referral entity (i.e., CBO, Health Home) in the community to identify reasons and attempt to re-engage.</p> <p>4f. Document that client received (or is in the process of accessing) referrals/linkages (e.g., outcomes and case closure) in the client file, in the Client Linkage Report and in AIRS.</p>	

Peer Education, Training and Support			
Objective	Budget Category	Tasks (Activities)	Performance Measures
<p>5. Meet work plan targets regarding the number of projected HIV+ and/individuals who engage in high risk behaviors who will enroll in funded Peer Education, Training and Support Services.</p>	NA	<p>5a. Implement Peer Education, Training and Support service utilizing the AIDS Institute Criminal Justice Initiative Peer Educator Training Curriculum.</p> <p>5b. Peers will be recruited, trained and evaluated by CBO staff.</p> <p>5c. Peers are trained to deliver stigma-free presentations on HIV/STD/HCV transmission, prevention, testing and treatment.</p>	<p>5.1 85% of the service targets are met annually.</p> <p>5.2 75% of individuals who are enrolled in an intervention or strategy will complete the peer training.</p> <p>5.3 75% of trained peers will assist in program promotion and participant recruitment efforts</p>

**ATTACHMENT 6: WORK PLAN (COMPONENT A)
SUMMARY**

Trauma Informed Interventions / Support Services for HIV+ and/or Women Who Engage in High Risk Behaviors			
Objective	Budget Category	Tasks (Activities)	Performance Measures
6. Meet work plan targets for Trauma Informed Intervention(s) and Support Services.	NA	<p>6a. Recruit women to participate in funded trauma informed interventions and support services.</p> <p>6b. Implement trauma informed evidence based/effective interventions or public health strategies with fidelity utilizing the six key principals of a trauma informed approach: 1) Safety, 2) Trustworthiness and Transparency, 3) Peer Support, 4) Collaboration and Mutuality, 5) Empowerment, Voice and Choice, and 6) Cultural, Historical and Gender Issues.*</p> <p>6c. Perform a risk assessment for HIV, STDs and for HCV to determine the need for testing/screening/mental health services.</p> <p>6d. Integrate the provision of information, risk assessment and documented linkage to screening/testing and treatment for HIV, STD/HCV.</p> <p>6e. Link to DOCCS counseling staff for mental health services, as needed.</p>	<p>6.1 85% of the projected service targets are met annually.</p> <p>6.3 100% of trauma informed intervention(s) and support services will be evidenced based.</p> <p>6.2 75% of women who are enrolled in an intervention or strategy will complete the intervention.</p>

*SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach July 2014

Anonymous HIV Testing			
Objective	Budget Category	Tasks (Activities)	Performance Measures
7. Provide in facility anonymous HIV testing to individuals in NYSDOCCS correctional facilities.		<p>7a. Make HIV anonymous testing available upon request by an incarcerated individual or NYSDOCCS staff.</p> <p>7b. Adhere to New York State Public Health Law, AIDS Institute requirements and program guidance as well as data collection and reporting expectations.</p> <ul style="list-style-type: none"> • Ensure confirmatory testing • Convert to confidential, as appropriate <p>7c. Use rapid test technology in accordance to The Clinical Laboratory Evaluation Program (CLEP) requirements.</p>	<p>7.1 100% of individuals requesting an anonymous HIV test will be receive a testing encounter (self-referral or via NYSDOCCS Medical).</p> <p>7.2 90% individuals who test HIV positive (newly identified and previously known) will be linked to medical care within NYSDOCCS within 90 days of diagnosis.</p>

**ATTACHMENT 6: WORK PLAN (COMPONENT A)
SUMMARY**

		<p>7d. Refer all individuals who test HIV positive to</p> <ul style="list-style-type: none"> • DOCCS medical • NYS partner services • Prevention and Linkage and Navigation services <p>7e. Provide/Link HIV negative individuals who engage in high risk behaviors and are within 90 days of release, with PrEP information and/or community referral.</p>	<p>7.3 100% of individuals who test HIV positive will be informed of partner services (provide linkage, as appropriate).</p> <p>7.4 100% of individuals who test HIV positive will be linked to agency prevention and L&N services.</p> <p>7.5 100% of individuals who are tested that engage in high risk behaviors and are within 90 days to release/discharge date will be provided PrEP information and will be linked to a community clinical site offering PrEP, if needed.</p>
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Condom Promotion and Education			
Objective	Budget Category	Tasks (Activities)	Performance Measures
8. Meet work plan targets regarding condom promotion and education.	NA	8a. Promote female and male condom use and provide education on correct condom use during client level encounters with incarcerated HIV positive individual and individuals who engage in high risk behaviors.	8.1 95% of incarcerated HIV+ and individuals who engage in high risk behaviors who are will be educated on condom use and negotiation.
9. Increase correct and consistent female and male condom use.	NA	9a. Provide experimental opportunities for condom use skill building when appropriate/permissible in the correctional facility.	9.1 100% of clients engaged in services will receive education on the importance of correct and consistent condom use.

**ATTACHMENT 6: WORK PLAN (COMPONENT A)
SUMMARY**

Reporting and Continuous Quality Improvement			
Objective	Budget Category	Tasks (Activities)	Performance Measures
10. Submit timely data reports.	NA	10a. Collect and submit data in accordance with AI protocols and bureau requirements. 10b. Submit monthly AIRS extracts to the AIDS Institute via the HPS.	10.1 75% of monthly AIRS extracts will be by the established deadline. 10.2 100% of data submitted will be up to date (within 30 days).
11. Submit timely narrative reports.	NA	11a. Create and submit narrative reports in accordance with AI protocols and bureau requirements.	11.1 75% of monthly narrative reports by the established deadline.
12. Submit timely fiscal reports/documents (vouchers, budget modifications, audits).	NA	12a. Create and submit fiscal reports/documents in accordance with AI protocols and bureau requirements.	12.1 75% of fiscal reports/documents by the established deadlines.
13. Engage in continuous quality improvement activities for all service elements.	NA	13a. Routinely examine program data using reports available through External Reporting Application (ERA); discuss data internally and with the AIDS Institute Contract Manager; implement corrective action plans to address programmatic and data-related deficiencies. 13b. Use quality improvement activities to guide future programming and make modifications.	13.1 Participate in 4 quarterly calls per year with the AI Contract Manager to review data and assess progress in meeting contractual expectations.
14. Submit Client Linkage Reports monthly.	NA	14a. Track and submit Client Linkage Reports on: <ul style="list-style-type: none"> • HIV positive clients referred by NYSDOCCS (Group I) • HIV positive clients referred to agency and not known by NYSDOCCS (Group II) 14b. Document care engagement, treatment adherence, and viral load/cd4 count for all HIV positive clients enrolled in the program. 14c. Document all Linkage and Navigation case closures with final progress note summary in the client file, the Client Linkage Report and in AIRS.	14.1 100% of monthly data submitted will be up to date (within 30 days) and will be submitted confidentially to the AI. 14.2 90% of Linkage and Navigation clients will have documented (utilizing the Client Linkage Report) continuum of care for up to 6 months.

ATTACHMENT 7: WORK PLAN (COMPONENT B)

SUMMARY

PROJECT NAME: Corrections to Community Care for HIV Positive Men and Men Who Engage in High Risk Behaviors – Component B

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: To:

Provide an overview of the project including goals, tasks, desired outcomes and performance measures: This project supports a high impact approach to prevention efforts and funds the Criminal Justice Initiative (CJI), which responds to the prevention and support service needs of incarcerated HIV positive individuals and those who engage in high risk behaviors. The project also supports services for New York State (NYS) Department of Corrections and Community Supervision (DOCCS) HIV positive reentrants. Providers will:

- Provide In-facility Linkage and Navigation (L&N) services to all HIV positive individuals known to NYSDOCCS to address any care engagement and treatment adherence barriers, with priority given to HIV positive individuals within 90 days of release/discharge.
- Coordinate reentry planning and provide services that strengthens the capacity of HIV positive individuals exiting NYS correctional facilities to achieve successful community reentry with a focus on addressing barriers to reentry and services that facilitate maintaining/achieving positive medical outcomes;
- Deliver activities designed to train peers in topics related to HIV/STD/HCV transmission, testing, prevention, treatment and stigma;
- Address HIV/STD/HCV related risk behaviors post release by using a client centered step by step approach to service delivery, and;
- Identify new infections and ensure connection to medical care and appropriate linkage to partner services and prevention interventions.

Funded interventions and services are designed to address the HIV, STD and hepatitis C related medical, prevention and support needs of incarcerated individuals from admission through the months following release, provide referrals and linkages to prevention services for individuals who engage in high risk behaviors (e.g., education, peer training, partner services), support services, diminish HIV stigma and risk of transmission, and increase early identification of HIV infection via anonymous HIV Testing.

Coordination with in-facility NYSDOCCS Medical/Discharge Planning Unit, NYSDOCCS Transitional Services, NYSDOCCS Community Supervision, Community Health Homes, and Community based CJI as well Regional/Targeted Prevention and Support Service Providers is imperative to facilitate access to care and treatment and prevention to increase the likelihood that continuum of care is successful.

Instructions: Applicants are not required to enter the performance measures into the Grants Gateway Work Plan. Funded Component B applicants will be held to the performance measures as listed in Attachment 7, and will be required to enter the performance measures into the Grants Gateway only if funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in the text box above. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

**ATTACHMENT 7: WORK PLAN (COMPONENT B)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
1. Employ, at a minimum, 1 Linkage Specialist (FTE) assigned to carry out L&N activities.		<p>1a. Recruit and hire the Linkage Specialist(s) to conduct the activities identified in this work plan. The Linkage Specialist will receive the following training (at a minimum):</p> <ul style="list-style-type: none"> • Initial and ongoing training on agency operations, policies and procedures, program-specific information, and contract requirements; • Motivational Interviewing; • Anti-retroviral Treatment and Access to Services (ARTAS) Linkage Case Management; • New York State Department of Health’s Confidentiality Policies and Procedures for Staff Conducting HIV/AIDS Surveillance and HIV Partner Notification Activities. 	<p>1.1. Linkage Specialist hired and trained within three (3) months of being hired.</p> <p>1.2. While completing the required trainings, the agency should obtain DOCCS security clearance for the Linkage Specialist.</p>
2. Meet with HIV positive individuals Known to NYSDOCCS Medical/DPU (Group I).		<p>2a. Inform the HIV positive individuals of in-facility services provided by the DOH AIDS Institute funded community based organization within that facility i.e., peer training, support groups. Discuss current client concerns, if any, and offer to enroll in program.</p> <p>2b. Enroll HIV positive individuals interested in the program and <u>conduct an assessment of need</u>.</p> <ul style="list-style-type: none"> • Create, maintain and keep secure a client file for all HIV+ individuals enrolled in L&N. • Complete DOH-2557 <p>2c. Develop a Linkage Action Plan for enrolled participants that outlines steps to address any care engagement and treatment adherence barriers, <u>with priority given to HIV positive individuals within 90 days of release/discharge</u>.</p> <p>2d. Educate reported HIV negative partners about partner services and PrEP.</p>	<p>2.1 100% of clients enrolled in L&N will receive an assessment of to evaluate medical, prevention and support service needs in facility.</p> <p>2.2 85% of clients receiving L&N will have a completed Linkage Action Plan that details in-facility needs to be addressed.</p> <p>2.3 90% of L&N clients that are with <u>within 90 days of anticipated release date</u> are prioritized for coordinated reentry planning.</p> <p>2.4 100% of HIV positive individuals from Group I with a reported HIV negative partner in the community are educated about Partner Services and PrEP/PEP</p>

**ATTACHMENT 7: WORK PLAN (COMPONENT B)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
3. Meet with HIV positive incarcerated individuals referred to the program whose status is Not Known to NYSDOCCS Medical/DPU and agree to enroll in the program (Group II).		<p>Provide the following Disclosure and engagement services:</p> <p>3a. Assess risk and barriers to disclosure and medical care engagement.</p> <p>3b. Educate about the quality of care in NYSDOCCS correctional facilities.</p> <p>3c. Advise about the benefits of medical care and early treatment for HIV.</p> <p>3d. Assist with accessing HIV testing to document status (confidential testing) in order to receive care in NYSDOCCS.</p> <p>3e. Offer time-limited effective interventions that support medical care engagement (Anti-retroviral Treatment and Access to Services or ARTAS). Additional information on interventions that support disclosure and medical engagement can be found by visiting: https://effectiveinterventions.cdc.gov/en/home.aspx</p> <p>Prevention and support: Link to other programs/support services.</p> <ul style="list-style-type: none"> • Prevention education • Support services • HIV/STD/HCV Peer Educator Training • Other services/programs (if applicable/available) <p>3f. Promote all HIV positive incarcerated individuals in Group II who engage in medical care with NYSDOCCS to Group I and provide continues linkage monitoring to support sustained engagement.</p> <p>3g. If within 90 days of release, enroll in Pre-release L&N services:</p> <ul style="list-style-type: none"> • Intake, assessment • DOH-2557 (community linkages) • Consent to participate in program/services • Linkage Action Plan 	<p>3.1 80% of HIV positive individual <u>not known</u> to NYSDOCCS who are referred and agree to enroll in the program.</p> <p>3.2 85% of enrolled participants who disclose their status to NYSDOCCS and are linked to medical.</p> <p>3.3 100% of HIV positive individuals from Group II with a reported HIV negative partner in the community are educated about Partner Services and PrEP/PEP.</p> <p>3.4 100% of HIV positive individuals within 90 days of release will be enrolled in Pre-release L&N services.</p>

**ATTACHMENT 7: WORK PLAN (COMPONENT B)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
<p>4. Coordinate reentry planning for all HIV positive individuals (clients) who are enrolled in the program throughout the 90 day pre-release/discharge window. The intent is to establish active referrals with community based agencies for all HIV positive individuals enrolled in the program.</p>		<p>4a. Revisit the Linkage Action Plan in collaboration with the client. At a minimum, the plan should include:</p> <ul style="list-style-type: none"> • Information about health insurance coverage (e.g., Medicaid, ADAP) • Initial HIV related medical care appointment date/provider information as well as appointments for other essential prevention and support services (e.g., housing placement, benefits). • Linkages/contact information to Community Based Organization (CBO) in the community (counterpart CJJ provider or Regional/Targeted Prevention and Support Service agency, Health Home agency). • Discuss the <i>Transition Guide</i> (DOH9531) and provide a copy. • Complete/obtain all necessary documents: NYSDOCCS Comprehensive Medical Summary, DOH-2557, etc. • Provide client with CJJ Prison Hotline telephone number 716.854.5469 for counseling, resources and in case of facility transfer. <p>4b. Coordinate the completion of the Linkage Action Plan with NYSDOCCS DPU and community supervision staff.</p> <ul style="list-style-type: none"> • Verify release date, county and condition of release. <p>4c. Provide a copy of the Linkage Action Plan to the client for reference.</p> <p>4d. Verify connection with the agency (i.e., CBO) reentrant is being referred to within three business days following release.</p> <ul style="list-style-type: none"> • In NYC, connect to CJJ funded Community Linkage Specialist 	<p>4.1 90% of L&N clients that are with within 90 days of anticipated release date with an updated/complete Linkage Action Plan.</p> <p>4.2 90% of clients who are connected to a Linkage Specialist in the community 90 days prior to release/discharge from NYSDOCCS facility.</p> <p>4.3 90% of clients will be released with a copy of the Linkage Action Plan.</p> <p>4.4 100% of clients will receive follow up two weeks after release date to ensure client successfully accessed care and services identified in the Linkage Action Plan.</p> <p>4.5 100% of outcomes related to linkages/referrals made will be documented in the Client file, the Client Linkage Report, and in AIRS.</p>

**ATTACHMENT 7: WORK PLAN (COMPONENT B)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
		<p>4e. Conduct follow up within two weeks to ensure client successfully accessed care and services identified in the Linkage Action Plan. If client has not accessed services, coordinate with referral entity (i.e., CBO, Health Home) in the community to identify reasons and attempt to re-engage.</p> <p>4f. Document that client received (or is in the process of accessing) referrals/linkages (e.g., outcomes and case closure) in the client file, in the Client Linkage Report and in AIRS.</p>	

Peer Education, Training and Support			
Objective	Budget Category	Tasks (Activities)	Performance Measures
<p>5. Meet work plan targets regarding the number of projected HIV+ and/individuals who engage in high risk behaviors who will enroll in funded Peer Education, Training and Support Services.</p>	NA	<p>5a. Implement Peer Education, Training and Support service utilizing the AIDS Institute Criminal Justice Initiative Peer Educator Training Curriculum.</p> <p>5b. Peers will be recruited, trained and evaluated by CBO staff.</p> <p>5c. Peers are trained to deliver stigma-free presentations on HIV/STD/HCV transmission, prevention, testing and treatment.</p>	<p>5.1 85% of the service targets are met annually.</p> <p>5.2 75% of individuals who are enrolled in an intervention or strategy will complete the peer training.</p> <p>5.3 75% of trained peers will assist in program promotion and participant recruitment efforts</p>

**ATTACHMENT 7: WORK PLAN (COMPONENT B)
SUMMARY**

Anonymous HIV Testing			
Objective	Budget Category	Tasks (Activities)	Performance Measures
6. Provide in-facility anonymous HIV testing to individuals in NYSDOCCS correctional facilities.		<p>6a. Make HIV anonymous testing available upon request by an incarcerated individual or NYSDOCCS staff.</p> <p>6b. Adhere to New York State Public Health Law, AIDS Institute requirements and program guidance as well as data collection and reporting expectations.</p> <ul style="list-style-type: none"> • Ensure confirmatory testing • Convert to confidential, as appropriate <p>6c. Use rapid test technology in accordance to The Clinical Laboratory Evaluation Program (CLEP) requirements.</p> <p>6d. Refer all individuals who test HIV positive to</p> <ul style="list-style-type: none"> • DOCCS medical • NYS partner services • Prevention and Linkage and Navigation services <p>6e. Provide/Link HIV negative individuals who engage in high risk behaviors and who are within 90 days of release with PrEP information and/or community referral.</p>	<p>6.1 100% of individuals requesting an anonymous HIV test will be receive a testing encounter (self-referral or via NYSDOCCS Medical).</p> <p>6.2 90% individuals who test HIV positive (newly identified and previously known) will be linked to medical care within NYSDOCCS within 90 days of diagnosis.</p> <p>6.3 100% of individuals who test HIV positive will be informed of partner services (provide linkage, as appropriate).</p> <p>6.4 100% of individuals who test HIV positive will be linked to agency prevention and L&N services.</p> <p>6.5 100% of individuals who are tested, engage in high risk behaviors and are within 90 days to release/discharge date will be provided with PrEP information and will be linked to a community clinical site offering PrEP, if needed.</p>

Condom Promotion and Education			
Objective	Budget Category	Tasks (Activities)	Performance Measures
7. Meet work plan targets regarding male and female condom promotion and education.	NA	7a. Promote male and female condom use and provide education on correct condom use during client level encounters with HIV positive and high risk populations.	7.1 95% of HIV+ and High Risk Negative Incarcerated Individuals will be educated on condom use and negotiation.
8. Increase correct and consistent male and female condom use.	NA	8a. Provide experimental opportunities for condom use skill building when appropriate/permissible in the correctional facility.	8.1 100% of clients engaged in services will receive education on the importance of correct and consistent condom use.

**ATTACHMENT 7: WORK PLAN (COMPONENT B)
SUMMARY**

Reporting and Continuous Quality Improvement			
Objective	Budget Category	Tasks (Activities)	Performance Measures
9. Submit timely data reports.	NA	<p>9a. Collect and submit data in accordance with AI protocols and bureau requirements.</p> <p>9b. Submit monthly AIRS extracts to the AIDS Institute via the HPS.</p>	<p>9.1 75% of monthly AIRS extracts will be by the established deadline.</p> <p>9.2 100% of data submitted will be up to date (within 30 days).</p>
10. Submit timely narrative reports.	NA	10a. Create and submit narrative reports in accordance with AI protocols and bureau requirements.	10.1 75% of monthly narrative reports by the established deadline.
11. Submit timely fiscal reports/documents (vouchers, budget modifications, audits).	NA	11a. Create and submit fiscal reports/documents in accordance with AI protocols and bureau requirements.	11.1 75% of fiscal reports/documents by the established deadlines.
12. Engage in continuous quality improvement activities for all service elements.	NA	<p>12a. Routinely examine program data using reports available through External Reporting Application (ERA); discuss data internally and with the AIDS Institute Contract Manager; implement corrective action plans to address programmatic and data-related deficiencies.</p> <p>12b. Use quality improvement activities to guide future programming and make modifications.</p>	12.1 Participate in 4 quarterly calls per year with the AI Contract Manager to review data and assess progress in meeting contractual expectations.
13. Submit Client Linkage Reports monthly.	NA	<p>13a. Track and submit Client Linkage Report on:</p> <ul style="list-style-type: none"> • HIV positive clients referred by NYSDOCCS (Group I) • HIV positive clients referred to agency and not known by NYSDOCCS (Group II) <p>13b. Document care engagement, treatment adherence, and viral load/cd4 count for all HIV positive clients enrolled in the program.</p> <p>13c. Document all Linkage and Navigation case closures with final progress note summary in the client file, the Client Linkage Report and in AIRS.</p>	<p>13.1 100% of monthly data submitted will be up to date (within 30 days) and will be submitted confidentially to the AI.</p> <p>13.2 90% of Linkage and Navigation clients will have documented (utilizing the Client Linkage Report) continuum of care for up to 6 months.</p>

**ATTACHMENT 9: WORK PLAN (COMPONENT C)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
1. Employ, at a minimum, 1 Linkage Specialist (FTE) assigned to carry out L&N activities.		<p>1a. Recruit and hire the Linkage Specialist(s) to conduct the activities identified in this work plan. The Linkage Specialist will receive the following training (at a minimum):</p> <ul style="list-style-type: none"> • Initial and ongoing training on agency operations, policies and procedures, program-specific information, and contract requirements; • Motivational Interviewing; • Anti-retroviral Treatment and Access to Services (ARTAS) Linkage Case Management; • New York State Department of Health’s Confidentiality Policies and Procedures for Staff Conducting HIV/AIDS Surveillance and HIV Partner Notification Activities. 	<p>1.1. Linkage Specialist hired and trained within three (3) months of being hired.</p> <p>1.2 While completing required trainings, the agency should obtain DOCCS security clearance for the Linkage Specialist.</p>
2. Meet with HIV positive individuals Known to NYSDOCCS Medical/DPU (Group I).		<p>2a. Inform the HIV positive individuals of in-facility services provided by the funded community based organization within that facility. Discuss current client concerns, if any, and offer to enroll in program.</p> <p>2b. Enroll HIV positive individuals interested in the program and <u>conduct an assessment of need.</u></p> <ul style="list-style-type: none"> • Create, maintain and keep secure a client file for all HIV+ individuals enrolled in L&N. • Complete DOH-2557 <p>2c. Develop a Linkage Action Plan for enrolled participants that outlines steps to address any care engagement and treatment adherence barriers, <u>with priority given to HIV positive individuals within 90 days of release/discharge.</u></p> <p>2d. Educate reported HIV negative partners about partner services and PrEP.</p>	<p>2.1 100% of clients enrolled in L&N will receive an assessment of to evaluate medical, prevention and support service needs in facility.</p> <p>2.2 85% of clients receiving L&N will have a completed Linkage Action Plan that details in facility needs to be addressed.</p> <p>2.3 90% of L&N clients that are with <u>within 90 days of anticipated release date</u> are prioritized for coordinated reentry planning.</p> <p>2.4 100% of HIV positive individuals from Group I with a reported HIV negative partner in the community are educated about Partner Services and PrEP/PEP</p>

**ATTACHMENT 9: WORK PLAN (COMPONENT C)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
3. Meet with HIV positive incarcerated individuals referred to the program whose status is Not Known to NYSDOCCS Medical/DPU and agree to enroll in the program (Group II).		<p>Provide the following Disclosure and engagement services:</p> <p>3a. Assess risk and barriers to disclosure and medical care engagement.</p> <p>3b. Educate about the quality of care in NYSDOCCS correctional facilities.</p> <p>3c. Advise about the benefits of medical care and early treatment for HIV.</p> <p>3d. Assist with accessing HIV testing to document status (confidential testing) in order to receive care in NYSDOCCS.</p> <p>3e. Offer time-limited effective interventions that support medical care engagement (Anti-retroviral Treatment and Access to Services or ARTAS). Additional information on interventions that support disclosure and medical engagement can be found by visiting: https://effectiveinterventions.cdc.gov/en/home.aspx</p> <p>Prevention and support: Link to other programs/support services.</p> <ul style="list-style-type: none"> • Prevention education • Support services • HIV/STD/HCV Peer Educator Training • Other services/programs (if applicable/available) <p>3f. Promote all HIV positive incarcerated individuals in Group II who engage in medical care with NYSDOCCS to Group I and provide continues linkage monitoring to support sustained engagement.</p> <p>3g. If within 90 days of release, enroll in Pre-release L&N services:</p> <ul style="list-style-type: none"> • Intake, assessment • DOH-2557 (community linkages) • Consent to participate in program/services • Linkage Action Plan 	<p>3.1 80% of HIV positive individual <u>not known</u> to NYSDOCCS who are referred and agree to enroll in the program.</p> <p>3.2 85% of enrolled participants who disclose their status to NYSDOCCS and are linked to medical.</p> <p>3.3 100% of HIV positive individuals from Group II with a reported HIV negative partner in the community are educated about Partner Services and PrEP/PEP.</p> <p>3.4 100% of HIV positive individuals within 90 days of release will be enrolled in Pre-release L&N services.</p>

**ATTACHMENT 9: WORK PLAN (COMPONENT C)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
<p>4. Coordinate reentry planning for <u>all HIV positive individuals</u> (clients) who are enrolled in the program throughout the <u>90 day pre-release/discharge window</u>. The intent is to establish active referrals with community based agencies for all HIV positive individuals enrolled in the program.</p>		<p>4a. Revisit the Linkage Action Plan in collaboration with the client. At a minimum, the plan should include:</p> <ul style="list-style-type: none"> Information about health insurance coverage (e.g., Medicaid, ADAP) Initial HIV related medical care appointment date/provider information as well as appointments for other essential prevention and support services (e.g., housing placement, benefits). Linkages/contact information to Community Based Organization (CBO) in the community (counterpart CJJ provider or Regional/Targeted Prevention and Support Service agency, Health Home agency). Discuss the <i>Transition Guide</i> (DOH9531) and provide a copy. Complete/obtain all necessary documents: NYSDOCCS Comprehensive Medical Summary, DOH-2557, etc. Provide client with CJJ Prison Hotline telephone number 716.854.5469 for counseling, resources and in case of facility transfer. <p>4b. Coordinate the completion of the Linkage Action Plan with NYSDOCCS DPU and community supervision staff.</p> <ul style="list-style-type: none"> Verify release date, county & condition of release <p>4c. Provide a copy of the Linkage Action Plan to the client for reference.</p> <p>4d. Verify connection with the agency (i.e., CBO) reentrant is being referred to within three (3) business days following release.</p> <ul style="list-style-type: none"> In NYC, connect to CJJ funded Community Linkage Specialist 	<p>4.1 90% of L&N clients that are with within 90 days of anticipated release date with an updated/complete Linkage Action Plan.</p> <p>4.2 90% of clients who are connected to a Linkage Specialist in the community 90 days prior to release/discharge from NYSDOCCS facility.</p> <p>4.3 90% of clients will be released with a copy of the Linkage Action Plan.</p> <p>4.4 100% of clients will receive follow up two weeks after release date to ensure client successfully accessed care and services identified in the Linkage Action Plan.</p> <p>4.5 100% of outcomes related to linkages/referrals made will be documented in the client file, the Client Linkage Report, and in AIRS.</p>

**ATTACHMENT 9: WORK PLAN (COMPONENT C)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
		<p>4e. Conduct follow up within two weeks to ensure client successfully accessed care and services identified in the Linkage Action Plan. If client has not accessed services, coordinate with referral entity (i.e., CBO, Health Home) in the community to identify reasons and attempt to re-engage.</p> <p>4f. Document that client received (or is in the process of accessing) referrals/linkages (e.g., outcomes/case closure) in the client file, the Client Linkage Report and in AIRS.</p>	

Anonymous HIV Testing			
Objective	Budget Category	Tasks (Activities)	Performance Measures
5. Provide in-facility anonymous HIV testing to individuals in NYSDOCCS correctional facilities.		<p>5a. Make HIV anonymous testing available upon request by an incarcerated individual or NYSDOCCS staff.</p> <p>5b. Adhere to New York State Public Health Law, AIDS Institute requirements and program guidance as well as data collection and reporting expectations.</p> <ul style="list-style-type: none"> • Ensure confirmatory testing • Convert to confidential, as appropriate <p>5c. Use rapid test technology in accordance to The Clinical Laboratory Evaluation Program (CLEP) requirements.</p> <p>5d. Refer all individuals who test HIV positive to:</p> <ul style="list-style-type: none"> • DOCCS medical • NYS partner services • Prevention and Linkage and Navigation services 	<p>5.1 100% of individuals requesting an anonymous HIV test will be receive a testing encounter (self-referral or via NYSDOCCS Medical).</p> <p>5.2 90% individuals who test HIV positive (newly identified and previously known) will be linked to medical care within NYSDOCCS within 90 days of diagnosis.</p> <p>5.3 100% of individuals who test HIV positive will be informed of partner services (provide linkage, as appropriate).</p> <p>5.4 100% of individuals who test HIV positive will be linked to agency prevention and L&N services.</p>

**ATTACHMENT 9: WORK PLAN (COMPONENT C)
SUMMARY**

		5e. Link HIV negative individuals who engage in high risk behaviors and who are within 90 days of release with PrEP information and/or community referral.	5.5 100% of individuals who are tested, engage in high risk behaviors and who are within 90 days to release/discharge date will be provided with PrEP information and will be linked to a community clinical site offering PrEP, if needed.
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Condom Promotion and Education			
Objective	Budget Category	Tasks (Activities)	Performance Measures
6. Meet work plan targets regarding male and female condom promotion and education.	NA	6a. Promote male and female condom use and provide education on correct condom use during client level encounters with HIV positive and high risk populations.	6.1 95% of incarcerated HIV+ and Individuals who engage in high risk behaviors will be educated on female and male condom use and negotiation.
7. Increase correct and consistent male and female condom use.	NA	7a. Provide experimental opportunities for condom use skill building when appropriate/permissible in the correctional facility.	7.1 100% of clients engaged in services will receive education on the importance of correct and consistent condom use.

**ATTACHMENT 9: WORK PLAN (COMPONENT C)
SUMMARY**

Reporting and Continuous Quality Improvement			
Objective	Budget Category	Tasks (Activities)	Performance Measures
8. Submit timely data reports.	NA	8a. Collect and submit data in accordance with AI protocols and bureau requirements.	8.1 75% of monthly AIRS extracts will be by the established deadline.
		8b. Submit monthly AIRS extracts to the AIDS Institute via the HPS.	8.2 100% of data submitted will be up to date (within 30 days).
9. Submit timely narrative reports.	NA	9a. Create and submit narrative reports in accordance with AI protocols and bureau requirements.	9.1 75% of monthly narrative reports by the established deadline.
10. Submit timely fiscal reports/documents (vouchers, budget modifications, audits).	NA	10a. Create and submit fiscal reports/documents in accordance with AI protocols and bureau requirements.	10.1 75% of fiscal reports/documents by the established deadlines.
11. Engage in continuous quality improvement activities for all service elements.	NA	11a. Routinely examine program data using reports available through External Reporting Application (ERA); discuss data internally and with the AIDS Institute Contract Manager; implement corrective action plans to address programmatic and data-related deficiencies.	11.1 Participate in 4 quarterly calls per year with the AI Contract Manager to review data and assess progress in meeting contractual expectations.
		11b. Use quality improvement activities to guide future programming and make modifications.	
12. Submit Client Linkage Reports monthly.	NA	12a. Track and submit Client Linkage Report on: <ul style="list-style-type: none"> • HIV positive clients referred by NYSDOCCS (Group I) • HIV positive clients referred to agency and not known by NYSDOCCS (Group II) 	12.1 100% of data submitted will be up to date (within 30 days) and submitted confidentially to the AI. 12.2 90% of Linkage and Navigation clients will have documented (utilizing the Client Linkage Report) continuum of care for up to 6 months.
		12b. Document care engagement, treatment adherence, and viral load/cd4 count for all HIV positive clients enrolled in the program.	
		12c. Document all Linkage and Navigation case closures with final progress note summary in the client file, the Client Linkage Report and in AIRS.	

**ATTACHMENT 10: WORK PLAN (COMPONENT D)
SUMMARY**

PROJECT NAME: Community Reentry Coordination for HIV Positive Women and Men Released from a Correctional Facility to NYC- Component D

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From:

To:

Provide an overview of the project including goals, tasks, desired outcomes and performance measures: This project supports a high impact approach to prevention efforts and funds the Criminal Justice Initiative (CJI), which responds to the prevention and support service needs of HIV infected reentrants from NYS Department of Corrections and Community Supervision (DOCCS) correctional facilities. Providers will:

- Provide Community Based Linkage and Navigation services that strengthens the capacity of HIV positive reentrants exiting NYS correctional facilities to achieve successful community re-entry with a focus on addressing barriers to re-entry and services that facilitate maintaining/achieving positive medical outcomes;
- Facilitate linkages community based services, as needed;
- Reduce HIV/STD/HCV related risk behaviors by using a client centered step by step approach to service delivery;
- Promote and distribute male and female condoms to all HIV positive reentrants enrolled in the program and;
- Educate on and link to Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP) and Opioid Overdose Prevention.

Funded interventions and services are designed to improve the health and well-being of individuals living with HIV and AIDS and address the HIV, STD and hepatitis C related prevention and support needs of HIV positive reentrants from NYSDOCCS correctional facilities.

Coordination with other CJI funded CBOs (In Facility), DOCCS Medical/Discharge Planning Unit, DOCCS Transitional Services, DOCCS Community Supervision other Health and Human Service agencies (i.e., Department of Social Services, HASA), and Health Home agencies is imperative to facilitate access to care and treatment and increase the likelihood that a continuum of care is successful.

Instructions: Applicants are not required to enter the performance measures into the Grants Gateway Work Plan. Funded Component D applicants will be held to the performance measures as listed in Attachment 10, and will be required to enter the performance measures into the Grants Gateway only if funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in the text box above. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

**ATTACHMENT 10: WORK PLAN (COMPONENT D)
SUMMARY**

Community Based Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
1. Provide time limited/post-release activities that are designed to connect HIV positive reentrants with community based services and ensure a continuum of HIV care and treatment.	N/A	<p>1a. The Community Linkage Specialist will obtain a copy of the reentrant’s Linkage Action Plan from the referring CJI Linkage Specialist and familiarize themselves with the Action Plan’s immediate dates and services. (e.g. discharge date, transportation needs, 1st parole and medical appointments etc.) Coordinate with DOCCS Community Supervision/Parole when appropriate.</p> <p>1b. The Community Linkage Specialist will meet with the reentrant immediately upon release (if not logistically possible, within the first 24 hours), twice a week the first week following release, weekly for the following two (2) weeks and then at approximately two (2) week intervals up to six (6) months after release. Contact can occur via face-to-face encounters, telephone, text, email, etc. A minimum of one (1) face to face encounter is expected per month. All contact attempts, regardless of whether or not contact is achieved, must be documented.</p> <ul style="list-style-type: none"> The Community Linkage Specialist will escort and transport the reentrant from point of community entry to the first parole appointment and housing within 24 hours of release. <p>1c. Revisit the existing Linkage Action Plan, which:</p> <ul style="list-style-type: none"> Details discharge information and referrals issued to the reentrant prior to or at time of release containing appointments for primary care, linkage to Community Services Providers/Multi-Service Agencies, support services and community-based case management; Addresses the prevention and support needs, goals, and strategies and which identifies appropriate referrals. (PrEP, PEP, Opioid Overdose Prevention) 	<p>1.1 90% of HIV positive individuals who show evidence of successful linkage to medical care in the community after release/discharge from a NYSDOCCS facility.</p> <p>1.2 90% of HIV positive individuals who are linked (complete DOH-2557) to Community Linkage Specialist prior to release/discharge from a NYSDOCCS correctional facility.</p> <p>1.3 90% of reentrants will receive L&N follow up two weeks after release date to ensure reentrant successfully accessed care and services identified in the Linkage Action Plan.</p> <p>1.4 90% of HIV positive individuals will be retained in HIV-related medical care 6 months post release.</p> <p>1.5 100% of outcomes related to linkages/referrals made will be documented in the client file, the Client Linkage Report, and in AIRS.</p>

**ATTACHMENT 10: WORK PLAN (COMPONENT D)
SUMMARY**

Community Based Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
		<p>1d. Maintain diligent efforts throughout the six (6) month post release period to engage/locate clients lost to follow up. Successful applicants will detail prevention measures to avoid loss to follow up and develop a detailed lost to follow up protocol identifying minimum standards for locating clients in the community (such as utilization of State and local health unit disease investigation staff (partner services), search engines, Community Supervision contact, letters, home visits, phone calls, text messages, social networks, etc.).</p> <p>1e. Navigate access to medical and other support services.</p> <ul style="list-style-type: none"> • Provide health insurance navigation assistance if appropriate (Medicaid, Uninsured Care Program: AIDS Drug Assistance Program or ADAP Plus); • Assist with enrollment in a Medicaid Health Home Care Management Program; • Assistance with securing appropriate and stable housing should be provided as needed and determined in collaboration with the reentrant and appropriate NYSDOCCS staff; • Assess reentrant for other benefit/entitlement services needs and assist with acquisition/verification of documentation (birth certificate, identification, insurance cards) needed to access them; and • Provide escort and or transportation to initial benefit/entitlement services appointment. 	

**ATTACHMENT 10: WORK PLAN (COMPONENT D)
SUMMARY**

Community Based Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
		<p>1f. Facilitate linkage to HIV primary care appointments.</p> <ul style="list-style-type: none"> Escort the reentrant to the first post-release primary care appointment for HIV with reentrant’s preferred provider. First post-release primary care appointment for HIV to occur within first two (2) weeks of release; and Provide appointment reminder(s), escort, transportation conveyance, advocacy, translation services and accompaniment (to be provided as need dictates). <p>1g. Refer to behavioral health services (includes mental health and/or substance use treatment services, as needed).</p> <ul style="list-style-type: none"> Develop individually tailored prevention plans addressing behavioral, biomedical or structural interventions. If reentrant is not linked or engaged in HIV care utilize behavioral interventions such as ARTAS, HEART, SMART Couples etc.; Initiate ongoing conversations about disclosure of HIV status and partner notification; Address co-occurring chronic conditions that may affect decision making including mental health and substance use, intimate partner violence and past/current traumatic experiences; Provide male and female condoms and safer sex materials at each client encounter; and Link to community PrEP, PEP and Partner Services. <p>1h. Coordinate implementation of all activities with NYS Community Supervision (Parole) staff when appropriate.</p> <p>1i. Document all outcomes in the client file, the Client Linkage Report and the AIDS Institute Reporting System.</p>	

**ATTACHMENT 10: WORK PLAN (COMPONENT D)
SUMMARY**

Condom Promotion, Education and Distribution			
Objective	Budget Category	Tasks (Activities)	Performance Measures
2. Meet work plan targets regarding condom promotion, education and distribution.	NA	<p>2a. Promote male and female condom use and provide education on correct condom use during client level encounters.</p> <p>2b. Provide male and female condoms and other prevention tools (i.e., lubricant) to reentrants.</p>	<p>2.1 95% of reentrants that will be educated on condom use and negotiation.</p> <p>2.2. 100% of clients will be provided with male and female condoms.</p>
3. Increase correct and consistent male and female condom use.	NA	3a. Provide experimental opportunities for condom use and negotiation skills building.	3.1 100% of reentrants engaged will receive education on the importance of correct and consistent condom use.

**ATTACHMENT 10: WORK PLAN (COMPONENT D)
SUMMARY**

Reporting and Continuous Quality Improvement			
Objective	Budget Category	Tasks (Activities)	Performance Measures
4. Submit timely data reports.	NA	4a. Collect and submit data in accordance with AI protocols and bureau requirements.	4.1 75% of monthly AIRS extracts will be by the established deadline.
		4b. Submit monthly AIRS extracts to the AIDS Institute via the HPS.	4.2 100% of data submitted will be up to date. (within 30 days)
5. Submit timely narrative reports.	NA	5a. Create and submit narrative reports in accordance with AI protocols and bureau requirements.	5.1 75% of monthly narrative reports by the established deadline.
6. Submit timely fiscal reports/documents (vouchers, budget modifications, audits).	NA	6a. Create and submit fiscal reports/documents in accordance with AI protocols and bureau requirements.	6.1 75% of fiscal reports/documents by the established deadlines.
7. Engage in continuous quality improvement activities for all funded activities.	NA	7a. Routinely examine agency data using AI reports available through External Reporting Application (ERA); discuss data internally and with the AIDS Institute Contract Manager; implement corrective action plans to address programmatic and data-related deficiencies.	7.1 Participate in 4 quarterly calls per year with the AI Contract Manager to review data and assess progress in meeting contractual expectations.
		7b. Use quality improvement activities to guide future programming and make modifications.	
8. Submit Client Linkage Reports monthly.	NA	8a. Track and submit the Client Linkage Report on HIV positive reentrants referred/enrolled into the program.	8.1 100% of data submitted will be up to date (within 30 days) and submitted confidentially to the AI.
		8b. Document care engagement, treatment adherence, and viral load/cd4 count for all HIV positive clients enrolled in the program.	8.2 90% of Linkage and Navigation reentrants will have documented (utilizing the Client Linkage Report) continuum of care for up to 6 months.
		8c. Document all linkage and navigation case closures with final progress note summary in the client file, the Client Linkage Report and in AIRS.	

**ATTACHMENT 11: WORK PLAN (COMPONENT E)
SUMMARY**

PROJECT NAME: Hotline Promotion, Information and Resource Services for Incarcerated Individuals – Component E

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From:

To:

Provide an overview of the project including goals, tasks, desired outcomes and performance measures: This project supports a high impact approach to prevention efforts and funds the Criminal Justice Initiative (CJI), which responds to the prevention and support service needs of incarcerated HIV positive individuals and those who engage in high risk behaviors.

The Hotline will:

- Accept collect calls from incarcerated individuals;
- Provide callers education and materials about HIV/STD/HCV and offer information about in-facility/community resources available.
- Provide callers with In Facility Linkage and Navigation services that strengthens the capacity of HIV positive incarcerated individuals exiting NYS correctional facilities to achieve successful community reentry with a focus on addressing barriers to re-entry and services that facilitate maintaining/achieving positive medical outcomes;
- Promote Hotline services (i.e., community based agencies, correctional facilities).

The Hotline Program is a telephone bridge that connects incarcerated individuals to appropriate correctional facility resources or community based services when preparing for release/discharge. Hotline services should be client centered and address the needs of the caller.

All services are intended to be limited and short term.

Instructions: Applicants are not required to enter the performance measures into the Grants Gateway Work Plan. Funded Component E applicants will be held to the performance measures as listed in Attachment 11, and will be required to enter the performance measures into the Grants Gateway only if funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in the text box above. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

**ATTACHMENT 11: WORK PLAN (COMPONENT E)
SUMMARY**

Promotion, Information and Resource Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
1. Promote Hotline services.	NA	<p>1a. Promote the hotline number and services including the distribution of social marketing materials to all NYSDOCCS correctional facilities and funded Criminal Justice Initiative providers.</p> <p>1b. Inform incarcerated individuals about hotline services.</p>	<p>1.1 100% of activities will serve to increase awareness of services provided by the hotline.</p>
2. Provide callers with information, education, referral and support services via a statewide prison hotline.		<p>2a. Provide HIV/STD and hepatitis C education/ information and referrals to prevention interventions and support services for incarcerated HIV positive and those who engage in high risk behaviors. The hotline will provide callers with accurate answers and reliable information in a friendly, non-threatening, non-judgmental manner.</p> <p>2b. Provide information on HIV/STD and hepatitis C, the benefits of early identification, information on disease treatment and adherence, and HIV testing and partner services.</p> <p>2c. Allow callers time to dialogue with operators to improve their knowledge, build health protective skills, promote prevention behaviors and provide support as appropriate.</p> <p>2d. Provide referrals for needed services and mail printed materials to callers free of charge on topics such as HIV/STD, hepatitis C prevention and risk reduction and other health related topics.</p>	<p>2.1 At least 75% of callers will be mailed HIV/STD/HCV prevention/education risk reduction materials.</p> <p>2.2 At least 55% of callers will receive a brief behavioral risk screen and will be provided with risk reduction information.</p>

**ATTACHMENT 11: WORK PLAN (COMPONENT E)
SUMMARY**

In Facility and Pre-Release Linkage and Navigation Services			
Objective	Budget Category	Tasks (Activities)	Performance Measures
<p>3. Provide time limited/pre-release activities that are designed to connect HIV positive incarcerated individuals with community based services and ensure a continuum of HIV care and treatment.</p>	N/A	<p>3a. Conduct an abbreviated telephone intake/assessment to identify the immediate needs of the HIV positive individual (caller).</p> <ul style="list-style-type: none"> • Provide relevant information and facilitate community linkages as appropriate; • Create an abbreviated Linkage Action Plan to address most immediate needs. <ul style="list-style-type: none"> ○ The plan should include important information regarding community linkages/referrals provided, if returning to NYC linkage to a CJI Community Linkage Specialist (e.g., contact name, agency). Completion of DOH-2557 is required. • Provide a copy of the Linkage Action Plan to the HIV positive individual along with a copy of the Transition Guide: How to get a good start on the outside (DOH9531). 	<p>3.1 90% of callers seeking linkage and navigation services will be provided with an intake, information on community linkages/referrals, a copy of the Transition Guide and a copy of the abbreviated Linkage Action Plan.</p>

**ATTACHMENT 11: WORK PLAN (COMPONENT E)
SUMMARY**

Reporting and Continuous Quality Improvement			
Objective	Budget Category	Tasks (Activities)	Performance Measures
4. Submit timely data reports.	NA	4a. Collect and submit data in accordance with AI protocols and bureau requirements.	4.1 75% of monthly AIRS extracts will be by the established deadline.
		4b. Submit monthly AIRS extracts to the AIDS Institute via the HPS.	4.2 100% of data submitted will be up to date (within 30 days).
5. Submit timely narrative reports.	NA	5a. Create and submit narrative reports in accordance with AI protocols and bureau requirements.	5.1 75% of monthly narrative reports by the established deadline.
6. Submit timely fiscal reports/documents (vouchers, budget modifications, audits).	NA	6a. Create and submit fiscal reports/documents in accordance with AI protocols and bureau requirements.	6.1 75% of fiscal reports/documents by the established deadlines.
7. Engage in continuous quality improvement activities for all funded activities.	NA	7a. Routinely examine agency data using AI reports available through External Reporting Application (ERA); discuss data internally and with the AIDS Institute Contract Manager; implement corrective action plans to address programmatic and data-related deficiencies.	7.1 Participate in 4 quarterly calls per year with the AI Contract Manager to review data and assess progress in meeting contractual expectations.
		7b. Use quality improvement activities to guide future programming and make modifications.	
8. Submit Client Linkage Reports monthly.	NA	8a. Track and submit the Client Linkage Report on HIV positive reentrants referred/enrolled into the program.	8.1 100% of data submitted will be up to date (within 30 days) and submitted confidentially to the AI.
		8b. Document care engagement, treatment adherence, and viral load/cd4 count for all HIV positive clients enrolled in the program.	8.2 90% of Linkage and Navigation reentrants will have documented (utilizing the Client Linkage Report) continuum of care for up to 6 months.
		8c. Document all linkage and navigation case closures with final progress note summary in the client file, the Client Linkage Report and in AIRS.	

HRI General Terms & Conditions – Attachment 12

Attachment A

General Terms and Conditions - Health Research Incorporated Contracts

1. **Term** - This Agreement shall be effective and allowable costs may be incurred by the Contractor from the Contract Start Date through the Contract End Date, (hereinafter, the “Term”) unless terminated sooner as hereinafter provided or extended by mutual agreement of the parties.
2. **Allowable Costs/Contract Amount –**
 - a) In consideration of the Contractor's performance under this Agreement, HRI shall reimburse the Contractor for allowable costs incurred in performing the Scope of Work, which is attached hereto as Exhibit A, in accordance with the terms and subject to the limits of this Agreement.
 - b) It is expressly understood and agreed that the aggregate of all allowable costs under the Agreement shall in no event exceed the Total Contract Amount, except upon formal amendment of this Agreement as provided herein below.
 - c) The allowable cost of performing the work under this Agreement shall be the costs approved in the Budget attached hereto as Exhibit B and actually incurred by the Contractor, either directly incident or properly allocable, to the Agreement, in the performance of the Scope of Work in accordance with cost principles of the Department of Health and Human Services Grants Policy Statement (HHS GPS). To be allowable, a cost must be necessary, cost-effective and consistent (as reasonably determined by HRI) with policies and procedures that apply uniformly to both the activities funded under this Agreement and other activities of the Contractor. Contractor shall supply documentation of such policies and procedures to HRI when requested.
 - d) Irrespective of whether the "Audit Requirements" specified in paragraph 3(a) are applicable to this Agreement, all accounts and records of cost relating to this Agreement shall be subject to audit by HRI or its duly authorized representative(s) and/or the Project Sponsor during the Term and for three years after the final voucher is submitted for payment. This provision includes the right for HRI to request copies of source documentation in support of any costs claimed. If an audit is started before the expiration of the 3-year period, the records must be retained until all findings involving the records have been resolved and final action taken. Any reimbursement made by HRI under this Agreement shall be subject to retroactive correction and adjustment upon such audits. The Contractor agrees to repay HRI promptly any amount(s) determined on audit to have been incorrectly paid. HRI retains the right, to the extent not prohibited by law or its agreements with the applicable Project Sponsor(s) to recoup any amounts required to be repaid by the Contractor to HRI by offsetting those amounts against amounts due to the Contractor from HRI pursuant to this or other agreements. The Contractor shall maintain appropriate and complete accounts, records, documents, and other evidence showing the support for all costs incurred under this Agreement.
3. **Administrative, Financial and Audit Regulations –**
 - a) This Agreement shall be audited, administered, and allowable costs shall be determined in accordance with the terms of this Agreement and the requirements and principles applicable to the Contractor as noted below, including, but not limited to, the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (referred to herein as the “Uniform Guidance”) as codified in Title 2 of the Code of Federal Regulations. The federal regulations specified below apply to the Contractor (excepting the "Audit Requirements," which apply to federally- funded projects only), regardless of the source of the funding specified (federal/non-federal) on the face page of this Agreement. For non-federally funded projects any right granted by the regulation to the federal sponsor shall be deemed granted to the Project Sponsor. It is understood that a Project Sponsor may impose restrictions/requirements beyond those noted below in which case such restrictions/requirements will be noted in Attachment B Program Specific Clauses.

Contractor Type	Administrative Requirements	Cost Principles	Audit Requirements Federally Funded Only
College or University	Uniform Guidance	Uniform Guidance	Uniform Guidance
Not-for-Profit	Uniform Guidance	Uniform Guidance	Uniform Guidance
State, Local Gov. or Indian Tribe	Uniform Guidance	Uniform Guidance	Uniform Guidance
For-Profit	45 CFR Part 74	48 CFR Part 31.2	Uniform Guidance
Hospitals	2 CFR Part 215	45 CFR Part 74	Uniform Guidance

b) If this Agreement is federally funded, the Contractor will provide copies of audit reports required under any of the above audit requirements to HRI within 30 days after completion of the audit.

4. Payments -

a) No payments will be made by HRI until such time as HRI is in receipt of the following items:

- Insurance Certificates pursuant to Article 9;
- A copy of the Contractor's latest audited financial statements (including management letter if requested);
- A copy of the Contractor's most recent 990 or Corporate Tax Return;
- A copy of the Contractor's approved federal indirect cost rate(s) and fringe benefit rate (the "federal rates"); or documentation (which is acceptable to HRI) which shows the Contractor's methodology for allocating these costs to this Agreement. If, at any time during the Term the federal rates are lower than those approved for this Agreement, the rates applicable to this Agreement will be reduced to the federal rates;
- A copy of the Contractor's time and effort reporting system procedures (which are compliant with the Uniform Guidance) if salaries and wages are approved in the Budget.
- A copy of equipment policy if equipment is in the approved budget.
- Further documentation as requested by HRI to establish the Contractor's fiscal and programmatic capability to perform under this Agreement.

Unless and until the above items are submitted to and accepted by HRI, the Contractor will incur otherwise allowable costs at its own risk and without agreement that such costs will be reimbursed by HRI pursuant to the terms of this Agreement. No payments, which would otherwise be due under this Agreement, will be due by HRI until such time, if ever, as the above items are submitted to and accepted by HRI.

- b) The Contractor shall submit voucher claims and reports of expenditures at the Required Voucher Frequency noted on the face page of this Agreement, in such form and manner, as HRI shall require. HRI will reimburse Contractor upon receipt of expense vouchers pursuant to the Budget in Exhibit B, so long as Contractor has adhered to all the terms of this Agreement and provided the reimbursement is not disallowed or disallowable under the terms of this Agreement. All information required on the voucher must be provided or HRI may pay or disallow the costs at its discretion. HRI reserves the right to request additional back up documentation on any voucher submitted. Further, all vouchers must be received within thirty (30) days of the end of each period defined as the Required Voucher Frequency (i.e. each month, each quarter). Contractor shall submit a final voucher designated by the Contractor as the "Completion Voucher" no later than sixty (60) days from termination of the Agreement. Vouchers received after the 60 day period may be paid or disallowed at the discretion of HRI.
- c) The Contractor agrees that if it shall receive or accrue any refunds, rebates, credits or other amounts (including any interest thereon) that relate to costs for which the Contractor has been reimbursed by HRI under this Agreement it shall notify HRI of that fact and shall pay or, where appropriate, credit HRI those amounts.

- d) The Contractor represents, warrants and certifies that reimbursement claimed by the Contractor under this Agreement shall not duplicate reimbursement received from other sources, including, but not limited to client fees, private insurance, public donations, grants, legislative funding from units of government, or any other source. The terms of this paragraph shall be deemed continuing representations upon which HRI has relied in entering into and which are the essences of its agreements herein.
- 5. Termination** - Either party may terminate this Agreement with or without cause at any time by giving thirty (30) days written notice to the other party. HRI may terminate this Agreement immediately upon written notice to the Contractor in the event of a material breach of this Agreement by the Contractor. It is understood and agreed, however, that in the event that Contractor is in default upon any of its obligations hereunder at the time of any termination, such right of termination shall be in addition to any other rights or remedies which HRI may have against Contractor by reason of such default. Upon termination of the Agreement by either party for any reason, Contractor shall immediately turn over to HRI any works in progress, materials, and deliverables (whether completed or not) related to the services performed up to the date of termination.
- 6. Representations and Warranties** – Contractor represents and warrants that:
- it has the full right and authority to enter into and perform under this Agreement;
 - it will perform the services set forth in Exhibit A in a workmanlike manner consistent with applicable industry practices;
 - the services, work products, and deliverables provided by Contractor will conform to the specifications in Exhibit A;
 - there is no pending or threatened claim or litigation that would have a material adverse impact on its ability to perform as required by this Agreement.
- 7. Indemnity** - To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend HRI, its agents, employees, officers, board members, the New York State Department of Health, and the People of the State of New York against all claims, damages, losses or expenses including but not limited to attorneys’ fees arising out of or resulting from the performance of the agreement, provided any such claim, damage, loss or expense arises out of, or in connection with, any act or omission by Contractor, or anyone directly or indirectly employed or contracted by Contractor, in the performance of services under this Agreement, and such acts or omissions (i) constitute negligence, willful misconduct, or fraud; (ii) are attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including loss of use resulting there from; (iii) cause the breach of any confidentiality obligations set forth herein; (iv) relate to any claim for compensation and payment by any employee or agent of Contractor; (v) result in intellectual property infringement or misappropriation by Contractor, its employees, agents, or subcontractors; or (vi) are violations of regulatory or statutory provisions of the New York State Labor Law, OSHA or other governing rule or applicable law. The obligation of the Contractor to indemnify any party under this paragraph shall not be limited in any manner by any limitation of the amount of insurance coverage or benefits including workers’ compensation or other employee benefit acts provided by the Contractor. In all subcontracts entered into by the Contractor related to performance under this Agreement, the Contractor will include a provision requiring the subcontractor to provide the same indemnity and hold harmless to the indemnified parties specified in this paragraph.
- 8. Amendments/Budget Changes** –
- This Agreement may be changed, amended, modified or extended only by mutual consent of the parties provided that such consent shall be in writing and executed by the parties hereto prior to the time such change shall take effect, with the exception of changes and amendments that are made mandatory by the Project Sponsor under the sponsoring grant/contract, which will take effect in accordance with the Project Sponsor’s requirements and schedule.
 - In no event shall there be expenses charged to a restricted budget category without prior written consent of HRI.
 - The Budget Flexibility Percentage indicates the percent change allowable in each category of the Budget, with the exception of a restricted budget category. As with any desired change to this Agreement, budget category deviations exceeding the Budget Flexibility Percentage in any category of the Budget are not permitted unless approved in writing by HRI. In no way shall the Budget Flexibility Percentage be construed to allow the Contractor to exceed the Total Contract Amount less the restricted budget line, nor shall it be construed to permit charging of any unallowable expense

to any budget category. An otherwise allowable charge is disallowed if the charge amount plus any Budget Flexibility Percentage exceeds the amount of the budget category for that cost.

9. Insurance –

- a) The Contractor shall maintain or cause to be maintained, throughout the Term, insurance or self-insurance equivalents of the types and in the amounts specified in section b) below. Certificates of Insurance shall evidence all such insurance. It is expressly understood that the coverage's and limits referred to herein shall not in any way limit the liability of the Contractor. The Contractor shall include a provision in all subcontracts requiring the subcontractor to maintain the same types and amounts of insurance specified in b) below.
- b) The Contractor shall purchase and maintain at a minimum the following types of insurance coverage and limits of liability:
 - 1) Commercial General Liability (CGL) with limits of insurance of not less than \$1,000,000 each Occurrence and \$2,000,000 Annual Aggregate. If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project. HRI and the People of the State of New York shall be included as Additional Insureds on the Contractor's CGL, using ISO Additional Insured Endorsement CG 20 10 11 85 or an endorsement providing equivalent coverage to the Additional Insureds. The CGL insurance for the Additional Insureds shall be as broad as the coverage provided for the Named Insured Contractor. It shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds.
 - 2) Business Automobile Liability (AL) with limits of insurance of not less than \$1,000,000 each accident. AL coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles. HRI and the People of the State of New York shall be included as Additional Insureds on the Contractor's AL policy. The AL coverage for the Additional Insureds shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds.
 - 3) Workers Compensation (WC) & Employers Liability (EL) with limits of insurance of not less than \$100,000 each accident for bodily injury by accident and \$100,000 each employee for injury by disease.
 - 4) If specified by HRI, Professional Liability Insurance with limits of liability of \$1,000,000 each occurrence and \$3,000,000 aggregate.
- c) Provide that such policy may not be canceled or modified until at least 30 days after receipt by HRI of written notice thereof; and
- d) Be reasonably satisfactory to HRI in all other respects.

10. Publications and Conferences –

- a) All written materials, publications, journal articles, audio-visuals that are either presentations of, or products of the Scope of Work which are authorized for publication or public dissemination, subject to the confidentiality restrictions herein, will acknowledge HRI, the New York State Department of Health (DOH) and the Project Sponsor and will specifically reference the Sponsor Reference Number as the contract/grant funding the work with a disclaimer, as appropriate, such as: "The content of this publication (journal article, etc.) is solely the responsibility of the authors and does not necessarily represent the official views of HRI or the Project Sponsor. This requirement shall be in addition to any publication requirements or provisions specified in Attachment B – Program Specific Clauses.
- b) Conference Disclaimer: Where a conference is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites, "Funding for this conference was made possible (in part) by the <insert Project Sponsor name>. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily

reflect the official policies of HRI, NYS Department of Health or the Project Sponsor, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”

Use of Logos: In order to avoid confusion as to the conference source or a false appearance of Government, HRI or DOH endorsement, the Project Sponsor, HRI and/or DOH’s logos may not be used on conference materials without the advance, express written consent of the Project Sponsor, HRI and/or DOH.

11. Title -

- a) Unless noted otherwise in an attachment to this Agreement, title to all equipment purchased by the Contractor with funds from this Agreement will remain with Contractor. Notwithstanding the foregoing, at any point during the Term or within 180 days after the expiration of the Term, HRI may require, upon written notice to the Contractor, that the Contractor transfer title to some or all of such equipment to HRI. The Contractor agrees to expeditiously take all required actions to effect such transfer of title to HRI when so requested. In addition to any requirements or limitations imposed upon the Contractor pursuant to paragraph 3 hereof, during the Term and for the 180 day period after expiration of the Term, the Contractor shall not transfer, convey, sublet, hire, lien, grant a security interest in, encumber or dispose of any such equipment. The provisions of this paragraph shall survive the termination of this Agreement.
- b) Contractor acknowledges and agrees that all work products, deliverables, designs, writings, inventions, discoveries, and related materials (collectively, “Works”) made, produced or delivered by Contractor in the performance of its obligations hereunder will be owned exclusively by HRI. All copyrightable Works are “works made for hire”, which are owned by HRI. Contractor will assign, and hereby assigns and transfers to HRI, all intellectual property rights in and to Works, including without limitation, copyrights, patent rights, trademark rights, and trade secret rights. The Contractor shall take all steps necessary to effect the transfer of the rights granted in this paragraph to HRI. As set forth in paragraph 18(d) herein, Standard Patent Rights Clauses under the Bayh-Dole Act (37 C.F.R. 401) are hereby incorporated by reference and shall supersede any terms in this Agreement that may conflict therewith. The provisions of this paragraph shall survive the termination of this Agreement.

12. Confidentiality - Information relating to individuals who may receive services pursuant to this Agreement shall be maintained and used only for the purposes intended under the Agreement and in conformity with applicable provisions of laws and regulations or specified in Attachment B, Program Specific Clauses. Contractor acknowledges and agrees that, during the course of performing services under this Agreement, it may receive information of a confidential nature, whether marked or unmarked, (“Confidential Information”). Contractor agrees to protect such Confidential Information with the same degree of care it uses to protect its own confidential information of a similar nature and importance, but with no less than reasonable care. Contractor will not use Confidential Information for any purpose other than to facilitate the provision of services under this Agreement, and Contractor will not disclose Confidential Information in an unauthorized manner to any third party without HRI’s advance written consent.

13. Equal Opportunity and Non-Discrimination - Contractor acknowledges and agrees, whether or not required by Article 15 of the New York State Executive Law (also known as the Human Rights Law) or any other State or Federal statutory or constitutional non-discrimination provisions, that Contractor will not discriminate against any employee or applicant for employment because of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familial status, domestic violence victim status, individual’s relationship or association with a member of a protected category or any other basis protected by applicable state and federal law. Furthermore, Contractor agrees that neither it nor its authorized subcontractors, if any, shall, by reason of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familiar status, domestic violence victim status, individual’s relationship or association with a member of a protected category or any other basis protected by applicable state and federal law: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Agreement. Contractor is subject to fines of \$50.00 per person per day for any violation of this provision, or of

Section 220-e or Section 239 of the New York State Labor Law, as well as possible termination of this Agreement and forfeiture of all moneys due hereunder for a second or subsequent violation.

14. Use of Names - Unless otherwise specifically provided for in Attachment B, Program Specific Clauses, and excepting the acknowledgment of sponsorship of this work as required in paragraph 10 hereof (Publications), the Contractor will not use the names of Health Research, Inc. the New York State Department of Health, the State of New York or any employees or officials of these entities without the express written approval of HRI.

15. Site Visits and Reporting Requirements -

- a) Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance of the services under this Agreement (collectively, "Records"). The Records must be kept for three years after the final voucher is paid.
- b) HRI and the Project Sponsor or their designee(s) shall have the right to conduct site visits where services are performed and observe the services being performed by the Contractor and any subcontractor and inspect Records. The Contractor shall render all assistance and cooperation to HRI and the Project Sponsor in connection with such visits. The surveyors shall have the authority, to the extent designated by HRI, for determining contract compliance as well as the quality of services being provided.
- c) The Contractor agrees to provide the HRI Project Director, or his or her designee complete reports, including but not limited to, narrative and statistical reports relating to the project's activities and progress at the Reporting Frequency specified in Exhibit C. The format of such reports will be determined by the HRI Project Director and conveyed in writing to the Contractor.

16. Miscellaneous –

- a) Contractor and any subcontractors are independent contractors, not partners, joint venturers, or agents of HRI, the New York State Department of Health or the Project Sponsor; nor are the Contractor's or subcontractor's employees considered employees of HRI, the New York State Department of Health or the Project Sponsor for any reason. Contractor shall pay employee compensation, fringe benefits, disability benefits, workers compensation and/or withholding and other applicable taxes (collectively the "Employers Obligations") when due. The contractor shall include in all subcontracts a provisions requiring the subcontractor to pay its Employer Obligations when due. Contractor is fully responsible for the performance of any independent contractors or subcontractors.
- b) This Agreement may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet, subjected to any security interest or encumbrance of any type, or disposed of without the previous consent, in writing, of HRI.
- c) This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns.
- d) Contractor shall have no interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity, that may create a conflict, or the appearance of a conflict, with the proper discharge of Contractor's duties under this Agreement or the conflict of interest policy of any agency providing federal funding under this Agreement. In the event any actual or potential conflict arises, Contractor agrees to notify HRI in writing within ten (10) days to allow HRI to evaluate any potential or actual conflict. Contractor certifies that it has implemented and is in compliance with a financial conflict of interest policy that complies with 42 CFR Part 50 Subpart F, as may be amended from time to time. Contractor acknowledges that it cannot engage in any work or receive funding from HRI until they have disclosed all financial conflicts of interest and identified an acceptable management strategy to HRI. At HRI's request, Contractor will provide information about how it identified, managed, reduced or eliminated conflicts of interest. Failure to disclose such conflicts or to provide information to HRI may be cause for termination as specified in

the Terms & Conditions of this Agreement. HRI shall provide Contractor with a copy of notifications sent to the funding agency under this Agreement.

- e) Regardless of the place of physical execution or performance, this Agreement shall be construed according to the laws of the State of New York and shall be deemed to have been executed in the State of New York. Any action to enforce, arising out of or relating in any way to any of the provisions of this Agreement may only be brought and prosecuted in such court or courts located in the State of New York as provided by law; and the parties' consent to the jurisdiction of said court or courts located in the State of New York and to venue in and for the County of Albany to the exclusion of all other court(s) and to service of process by certified or registered mail, postage prepaid, return receipt requested, or by any other manner provided by law. The provisions of this paragraph shall survive the termination of this Agreement.
- f) All official notices to any party relating to material terms hereunder shall be in writing, signed by the party giving it, and shall be sufficiently given or served only if sent by registered mail, return receipt requested, addressed to the parties at their addresses indicated on the face page of this Agreement.
- g) If any provision of this Agreement or any provision of any document, attachment or Exhibit attached hereto or incorporated herein by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement but this Agreement shall be reformed and construed as if such invalid provision had never been contained herein and such provision reformed so that it would be valid, operative and enforceable to the maximum extent permitted.
- h) The failure of HRI to assert a right hereunder or to insist upon compliance with any term or condition of this Agreement shall not constitute a waiver of that right by HRI or excuse a similar subsequent failure to perform any such term or condition by Contractor.
- i) It is understood that the functions to be performed by the Contractor pursuant to this Agreement are non-sectarian in nature. The Contractor agrees that the functions shall be performed in a manner that does not discriminate on the basis of religious belief and that neither promotes nor discourages adherence to particular religious beliefs or to religion in general.
- j) In the performance of the work authorized pursuant to this Agreement, Contractor agrees to comply with all applicable project sponsor, federal, state and municipal laws, rules, ordinances, regulations, guidelines, and requirements governing or affecting the performance under this Agreement in addition to those specifically included in the Agreement and its incorporated Exhibits and Attachments.
- k) This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument. Delivery of an executed signature page to the Agreement by facsimile transmission or PDF shall be as effective as delivery of a manually signed counterpart.

17. Federal Regulations/Requirements Applicable to All HRI Agreements -

The following are federal regulations, which apply to all Agreements; regardless of the source of the funding (federal/non-federal) specified on the face page of this Agreement. Accordingly, regardless of the funding source, the Contractor agrees to abide by the following:

- a) Human Subjects, Derived Materials or Data - If human subjects are used in the conduct of the work supported by this Agreement, the Contractor agrees to comply with the applicable federal laws, regulations, and policy statements issued by DHHS in effect at the time the work is conducted, including by not limited to Section 474(a) of the HHS Act, implemented by 45 CFR Part 46 as amended or updated. The Contractor further agrees to complete an OMB No. 0990-0263 form on an annual basis.

- b) Laboratory Animals - If vertebrate animals are used in the conduct of the work supported by this Agreement, the Contractor shall comply with the Laboratory Animal Welfare Act of 1966, as amended (7 USC 2131 et. seq.) and the regulations promulgated thereunder by the Secretary of Agriculture pertaining to the care, handling and treatment of vertebrate animals held or used in research supported by Federal funds. The Contractor will comply with the *HHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions* and the *U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research and Training*.
- c) Research Involving Recombinant DNA Molecules - The Contractor and its respective principle investigators or research administrators must comply with the most recent *Public Health Service Guidelines for Research Involving Recombinant DNA Molecules* published at Federal Register 46266 or such later revision of those guidelines as may be published in the Federal Register as well as current *NIH Guidelines for Research Involving Recombinant DNA Molecules*.
- d) Contractor is required to register with SAM.gov and maintain active status as stated in 2 CFR Subtitle A, Chapter 1, and Part 25. Contractor must maintain the accuracy/currency of the information in SAM at all times during which the Contractor has an active agreement with HRI. Additionally, the Contractor is required to review and update the information at least annually after the initial registration, and more frequently if required by changes in information.
- e) Equal Employment Opportunity – for all agreements

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-1.4(a) which is hereby incorporated herein.

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-741.5(a). This regulation prohibits discrimination against qualified individuals on the basis of disability, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-300.5(a). This regulation prohibits discrimination against qualified protected veterans, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans.

18. Federal Regulations/Requirements Applicable to Federally Funded Agreements through HRI -

The following clauses are applicable only for Agreements that are specified as federally funded on the Agreement face page:

- a) If the Project Sponsor is an agency of the Department of Health and Human Services: The Contractor must be in compliance with the following Department of Health and Human Services and Public Health Service regulations implementing the statutes referenced below and assures that, where applicable, it has a valid assurance (HHS-690) concerning the following on file with the Office of Civil Rights, Office of the Secretary, HHS.
 - 1) Title VI of the Civil Rights Act of 1964 as implemented in 45 CFR Part 80.
 - 2) Section 504 of the Rehabilitation Act of 1973, as amended, as implemented by 45 CFR Part 84.
 - 3) The Age Discrimination Act of 1975 (P.L. 94-135) as amended, as implemented by 45 CFR 1.
 - 4) Title IX of the Education Amendments of 1972, in particular section 901 as implemented at 45 CFR Part 86 (elimination of sex discrimination).
 - 5) Sections 522 and 526 of the HHS Act as amended, implemented at 45 CFR Part 84 (non-discrimination for drug/alcohol abusers in admission or treatment).
 - 6) Section 543 of the HHS Act as amended as implemented at 42 CFR Part 2 (confidentiality of records of substance abuse patients).
 - 7) Trafficking in Persons – subject to the requirement of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).
 - 8) HHS regulatory requirements on Responsibility of Applicants for Promoting Objectivity in Research and financial conflicts of interest set forth in 42 C.F.R Parts 50 and 94.

- 9) Contractor agrees to comply with other requirements of the Project Sponsor, if applicable, set forth in the HHS Grants Policy Statement.
- b) Notice as Required Under Public Law 103-333: If the Project Sponsor is an agency of the Department of Health and Human Services, the Contractor is hereby notified of the following statement made by the Congress at Section 507(a) of Public Law 103-333 (The DHHS Appropriations Act, 1995, hereinafter the "Act"): It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.
- c) Contractor agrees that if the Project Sponsor is other than an agency of the DHHS, items 1, 2, 3 and 4 in subsection a) above shall be complied with as implemented by the Project Sponsor.
- d) Contractor agrees that the Standard Patent Rights Clauses under the Bayh-Dole Act (37 C.F.R 401) are hereby incorporated by reference and shall supersede any terms in this Agreement that may conflict therewith.
- e) Criminal Penalties for Acts Involving Federal Health Care Programs_ Recipients and sub-recipients of Federal funds are subject to the strictures of 42 U.S.C. 1320A-7B(b)) and should be cognizant of the risk of criminal and administrative liability under this statute, including for making false statements and representations and illegal remunerations.
- f) Equipment and Products - To the greatest extent practicable, all equipment and products purchased with federal funds should be American-made.
- g) Acknowledgment of Federal Support – When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part by federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
- h) Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42. U.S.C. 1320a-7b (b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) and individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) in return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item for which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years or both.
- i) Clean Air Act and the Federal Water Pollution Control Act Compliance - If this contract is in excess of \$150,000, Contractor agrees to comply and to require that all subcontractors have complied, where applicable, with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. § 7401-7671q.) and the Federal Water Pollution Control Act as amended (33 U.S.C. §1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
- j) Americans With Disabilities Act - This agreement is subject to the provisions of Subtitle A of Title II of the Americans with Disabilities Act of 1990, 42. U.S.C. 12132 ("ADA") and regulations promulgated pursuant thereto, see 28 CFR Part 35. The Contractor shall not discriminate against an individual with a disability, as defined in the ADA, in providing services, programs or activities pursuant to this Agreement.

- k) Whistleblower Policy: Congress has enacted whistleblower protection statute 41 U.S.C. 4712, which applies to all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts. This program requires all grantees, subgrantees and subcontractors to: inform their employees working on any federally funded award they are subject to the whistleblower rights and remedies of the program; inform their employee in writing of employee whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce; and Contractors and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

The statute (41 U.S.C. 4712) states that an “employee of a contractor, subcontractor, grantee [or subgrantee] may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing”. In addition, whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.

Whistleblowing is defined as making a disclosure “that the employee reasonably believes is evidence of any of the following: gross mismanagement of a federal contract or grant; a gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant). To qualify under the statute, the employee’s disclosure must be made to: a Member of Congress or a representative of a Congressional committee; or an Inspector General; or the Government Accountability Office; or a Federal employee responsible for contract or grant oversight or management at the relevant agency; or an authorized official of the Department of Justice or other law enforcement agency; or a court or grand jury; a management official or other employee of the contractor, subcontractor, grantee or subgrantee who has the responsibility to investigate, discover or address misconduct.

19. Required Federal Certifications –

Acceptance of this Agreement by Contractor constitutes certification by the Contractor of all of the following:

- a) The Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
- b) The Contractor is not delinquent on any Federal debt.
- c) Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352) – Contracts for \$100,000 or more must file the required certifications. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.
- d) The Contractor shall comply with the requirements of the Pro-Children Act of 1994 and shall not allow smoking within any portion of any indoor facility used for the provision of health, day care, early childhood development, education or library services to children under the age of eighteen (18) if the services are funded by a federal program, as this Agreement is, or if the services are provided in indoor facilities that are constructed, operated or maintained with such federal funds.
- e) The Contractor has established administrative policies regarding Scientific Misconduct as required by the Final Rule 42 CFR Part 93, Subpart A as published at the 54 Federal Register 32446, August 8, 1989.

- f) The Contractor maintains a drug free workplace in compliance with the Drug Free Workplace Act of 1988 as implemented in 45 CFR Part 76.
- g) If the Project Sponsor is either an agency of the Public Health Service or the National Science Foundation, the Contractor is in compliance with the rules governing Objectivity in Research as published in 60 Federal Register July 11, 1995.
- h) Compliance with EO13513, Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009. Recipients and sub recipients of CDC grant funds are prohibited both from texting while driving a Government owned vehicle and/or using Government furnished electronic equipment while driving any vehicle. Grant recipients and sub recipients are responsible for ensuring their employees are aware of this prohibition and adhere to this prohibition.
- i) EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/sites/default/files/ocr/civilrights/resources/specialtopics/lep/lepguidance.pdf>.
- j) Equal Employment Opportunity, requires compliance with E.O. 13672 "Further Amendments to Executive Order 11478, Equal Employment Opportunity in the Federal Government, and Executive Order 11246, "Equal Employment Opportunity", and as supplemented by regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

The Contractor shall require that the language of all of the above certifications will be included in the award documents for all subawards under this Agreement (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. The Contractor agrees to notify HRI immediately if there is a change in its status relating to any of the above certifications.

Guide for Completing Budgets for Grant Years 2-5

Budgets for Years two through five are to be completed using the excel budget forms in Attachment 18. Please be sure to complete all required budget pages for years two through five. The budgets for years two through five should be labeled as instructed in the RFA and combined into one .pdf document, then uploaded to the Grants Gateway as Attachment 18.

Tab 1 - Summary Budget

- A. **Project Name** – Enter the Name of the Solicitation.
- B. **Contractor SFS Payee Name** - Enter official contractor name listed on Statewide Financial System (SFS). If you do not have an SFS Contractor name, please enter the official name of agency.
- C. **Contract Period** – “From” is the Start date of the budget and “To” is the end date of the budget. **A separate budget must be completed for each 12 month budget period for Years 2-5 and labeled for each contract period.**
- D. **The GRANT FUNDS** column will need to be populated based on the information entered in the major budget categories on Tabs 2 through 5 of the excel spreadsheet. These categories include:
- Salaries
 - Fringe Benefits
 - Contractual Services
 - Travel
 - Equipment
 - Space, Property & Utilities
 - Operating Expenses
 - Other

No information should be entered into the columns labeled Match Funds, Match % or Other Funds.

Tab 2- Salaries

Please include all positions for which you are requesting reimbursement on this page. If you wish to show in-kind positions, they may also be included on this page. *Please include a written justification on Tab 6.*

Position Title: For each position, indicate the title along with the incumbent’s name. If a position is vacant, please indicate “TBD” (to be determined).

Annualized Salary Per Position: For each position, indicate the total annual salary regardless of funding source.

Standard Work Week (Hours): For each position, indicate the number of hours worked per week regardless of funding source.

Percent of Effort Funded: For each position, indicate the percent effort devoted to the proposed program/project.

Number of Months Funded: For each position, indicate the number of months funded on the proposed project.

Total: For each position, applicants will need to populate the total funding requested column from the AIDS Institute based on annualized salary, hours worked, percent effort and months funded for each position.

Tab 2 - Fringe Benefits

On the bottom of Tab 2, please fill in the requested information on fringe benefits based on your latest audited financial statements. Also, please indicate the amount and rate requested for fringe benefits in this proposed budget. If the rate requested in this proposal exceeds the rate in the financial statements, a brief justification must be attached. *Please include a written justification on Tab 6.*

Tab 3 – Contractual Services

Please indicate any services for which a subcontract or consultant will be used. Include an estimated cost for these services. *Please include a written justification on Tab 6.*

Tab 3 – Travel

Please indicate estimated travel costs for the contract period. *Please include a written justification on Tab 6.*

Tab 4 – Equipment and Space

Please indicate estimated equipment or space costs for the contract period. *Please include a written justification on Tab 6.*

Tab 5 – Operating Expenses / Other

Please indicate any operating expenses for the contract period. *(Operating costs include may include Supplies and any other miscellaneous costs for the contract period). Please include a written justification on Tab 6.*

Please indicate the estimated other costs requested for the contract period. *(Other costs include indirect costs) Please note indirect costs are limited to 10% of direct costs. Please include a written justification on Tab 6. The justification for indirect costs needs to include the requested rate.*

Tab 6 - Narrative Budget Justification

Please provide a brief narrative justification for budget years 2-5 in the **JUSTIFICATION** column in Tab 6 for each budgeted item. The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project. Separate justifications should be included at the end of each budget year.

Those agencies selected for funding will be required to provide a more detailed budget as part of the contract process.