REQUEST FOR PROPOSALS

ADDRESSING HIV CARE AND HOUSING COORDINATION THROUGH DATA INTEGRATION TO IMPROVE HEALTH OUTCOMES ALONG THE HIV CARE CONTINUUM

Release Date: November 5, 2015

Proposal Due Date: December 15, 2015

Addressing HIV Care and Housing Coordination through Data Integration to Improve Health Outcomes along the HIV Care Continuum

Funding Opportunity Description

Executive Summary

This request for proposal (RFP) announcement solicits applications to support a minimum of four (4) performance sites for a new initiative entitled *Addressing HIV Care and Housing Coordination through Data Integration to Improve Health Outcomes along the HIV Care Continuum.* This initiative seeks to support the electronic integration of housing and HIV care data systems in the coordination of housing and HIV care services to improve health outcomes along the HIV Care Continuum[1], especially among racial and ethnic minority people living with HIV (PLWH) who are unstably housed, at risk for, or experiencing homelessness.

A minimum of four (4) performance sites will be selected following in-person site visits from the project's Coordination and Technical Assistance Center (CTAC) with candidate sites. The funding period for performance sites will be over two years, from an estimated start date of May 1, 2016 to August 31, 2018, to allow time for implementation and evaluation.

Background

This initiative is funded through the U.S. Department of Health and Human Services (HHS) Secretary's Minority AIDS Initiative Funding (SMAIF) as authorized under the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113- 235), Division G, Title II, and administered through the Health Resources and Services Administration (HRSA)'s HIV/AIDS Bureau (HAB) through the Special Projects of National Significance (SPNS) Program. In response to the National HIV/AIDS Strategy (NHAS)'s call to strengthen collaboration across Federal agencies and the NHAS recommendation to better coordinate and align the provision of housing services with medical care for people living with HIV,[2] this initiative is also being conducted in partnership with the U.S. Department of Housing and Urban Development (HUD)'s Office of HIV/AIDS Housing (OHH). On September 1, 2015, the RAND Corporation (RAND) was awarded as the Coordination and Technical Assistance Center (CTAC) through a competitive funding opportunity announcement *(HRSA-15-152).*

It is estimated that as many as half of all people living with HIV/AIDS will need housing

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[1] *Accelerating Improvements in HIV Prevention and Care in the United States through the HIV Care Continuum Initiative.* Fact Sheet, Monday, July 15, 2013. Available at: www.aids.gov/federal-resources/national-hiv-aids-strategy/hiv-care-continuum-initiative-fact-sheet.pdf

[2] Office of National AIDS Policy (ONAP), National HIV/AIDS Strategy for the United States. *Update of 2014 Federal Actions to Achieve National Goals and Improve Outcomes along the HIV Care Continuum.* December 2014. The White House. Available from:
https://www.whitehouse.gov/sites/default/files/docs/nhas_2014_progress_report_final_2.pdf

assistance at some point in their lives.[3] In 2012, over 17,000 Ryan White HIV/AIDS Program (RHWAP) participants received housing assistance[4] and over 52,000 HIV-positive participants were served by the Housing Opportunities for People with AIDS (HOPWA) program. Data from the 2012 Ryan White Services Report (RSR) show much lower retention and viral suppression rates among RWHAP clients who are temporarily or unstably housed as compared to those who are stably housed.[5] Such findings underscore the importance of supporting effective interventions for linking PLWH who are unstably housed into housing, care, and supportive services.

Given the transient and unstable lives of PLWH who are unstably housed, at risk for, or experiencing homelessness, it is important to facilitate efficient coordination of health care and housing service delivery programs through an integrated data system to help meet complex care and housing needs. However, current client-level data between HIV care data systems (e.g. those used to collect and generate the Ryan White HIV/AIDS Program Services Report [RSR]) and housing data systems (including but not limited to Homeless Management Information Systems [HMIS]) currently lack an interconnectivity capability to share a comprehensive set of housing and health care indicators that could be used to track the performance and evaluation of housing, care, and health outcomes. In addition to variability in the data definitions and elements collected across programs, key gaps exist in these siloed data systems that make it difficult to assess the effect of housing across the HIV Care Continuum.[6] A more integrated client-level data system would create the ability to better coordinate services and evaluate program effectiveness across the two programs.

Purpose

This project seeks to fund at a minimum four (4) performance sites to integrate RWHAP and HOPWA data to improve the coordination of services for PLWH who are unstably housed, or at risk for, or experiencing homelessness. This may lead to a variety of improvements, including:

- More effective care coordination, with coordinated referrals and case management;
- Improved quality of services and streamlined service delivery for PLWH receiving outpatient medical care and housing assistance;
- Identification of service gaps and tracking of client outcomes;
- Enhanced communication and information-sharing, with shared access to case notes

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[3] Aidala AA, Lee G, Abramson DM, Messeri P, & Siegler A. Housing need, housing assistance, and connection to HIV medical care. *AIDS and Behavior*, November 2007; 11 (6 Supplement): 101-15. PubMed Abstract: http://www.ncbi.nlm.nih.gov/pubmed/17768674

[4] 2012 Ryan White HIV/AIDS Program Services Report (RSR) http://hab.hrsa.gov/stateprofiles/Services-Received.aspx#chart2

[5] Ryan White HIV/AIDS Program, 2012 RSR Data. HRSA HIV/AIDS Bureau. Zero New Infections: *Housing and the HIV/AIDS Continuum of Care*. Technical Assistance Webinar, November 12, 2014. Available at: https://careacttarget.org/library/zero-new-infections-housing-and-hivaids-continuum-care

[6] Mathematica Policy Research (2014). Hargreaves M, Oddo V, Stillman L, Sherwood J, Sullivan S. *Analysis of Integrated HIV Housing and Care Services*. http://www.mathematica-mpr.com/~/media/publications/pdfs/health/hiv_housing_care_svcs.pdf

and client information;
- Facilitated evaluation of program effectiveness;
- Decreased duplication of data entry; and
- Improved information for resource allocation.

Since this project seeks to use data to drive care and coordinate service delivery to influence both housing and health outcomes, the performance sites, with the assistance of the CTAC, will be expected to design, implement, and evaluate the effectiveness of an integrated HIV care and housing data system and enhanced service delivery strategy, including service utilization, cost, impact on health-related outcomes, and dissemination of findings, best practices, and lessons learned.

The CTAC will provide technical assistance (TA) and capacity building assistance (CBA) to the performance sites in the development and implementation of the data integration and enhanced service delivery project through regular teleconferences, webinars, annual site visits, and cross-site meetings. Selected performance sites will be required to work collaboratively with the CTAC throughout the project period. This will include, but not be limited to, the collection and reporting of data to the CTAC for a comprehensive multi-site evaluation, and the dissemination of successful models to the larger RWHAP, HOPWA, housing, and public health communities.

Program expectations

1) Data Systems Integration

Early tasks for selected performance sites will include the design of an integrated data system that effectively supports the coordination of housing and HIV care services. This will include developing a protocol for mapping key housing and HIV care and treatment variables between the housing and HIV care data systems.

Potential models of data system integration adopted by the performance sites may include but are not limited to:
- Development of external data bridges and interfaces to interconnect the client-level HIV care data system with the local electronic housing information system;
- Customization of either the RWHAP or HOPWA data collection systems (or equivalent data systems) to incorporate the corresponding data elements from either the housing or HIV care system; or
- Development of a centralized data repository to collect, report, and share both RWHAP and HOPWA electronic data collection systems data and equivalent client-level data systems data.

Data system integration may include a spectrum from organizational integration that allows for data sharing to full integration of information systems with a seamless sharing of data elements that are well defined and structured across information systems. Data integration plan

development, including vendor identification (if needed) is expected to take 1-3 months. Following review by the CTAC, performance sites will be expected to implement their proposed data integration plan.

2) Enhanced Coordinated Service Delivery

Another early task for performance sites is to include plans for provider utilization of the integrated data system and strategies for coordinating workflows around navigation of patient care, supportive services, and housing needs services for PLWH who are unstably housed, at risk for, or experiencing homelessness. This plan should be developed in parallel with the technical/data systems integration plan. These enhanced coordinated delivery strategies may include but are not limited to:

- Dedicating staff or re-organizing staff efforts to coordinate housing and health care services for clients (e.g., care coordinators, coordinated case management, or enhanced peer navigation services);
- Increasing the efficiency of the referral process and collaboration between health and housing service providers;
- Streamlining intake and assessment forms to accurately identify unmet needs of clients seeking housing and HIV care services;
- Using integrated data to inform staff efforts to quickly identify and conduct targeted outreach with clients needing additional services or support; and
- Working across programs to find clients that are no longer engaged in care.

Provider utilization and implementation of the enhanced coordinated service delivery strategy should be initiated upon coordinated workflow plan development and implementation of the technical/data systems integration.

3) Multisite and Site-Specific Evaluation

During the first three months of the performance sites' project period *(estimated start date May 2016),* the CTAC will work with sites to co-develop individual monitoring and evaluation plans. The purpose of these site-specific plans is to increase program sustainability by helping sites use their integrated data, meet program milestones, and continue to evaluate the integration during the project period. The selected performance sites will be expected to collect and report relevant quantitative outcomes, process and cost measures to the CTAC throughout the course of the project. The CTAC's multisite evaluation will be developed based on the site-specific monitoring and evaluation plans. The CTAC will assist the performance sites in gathering data for the multisite evaluation to assess the impact of the integrated data system on enhanced service delivery strategies. This will include the provision of training for performance site personnel in the use of data collection instruments; development of logic models to guide data integration design and enhanced service delivery models; a web-based data entry portal; and regular monitoring of data collection and reporting efforts. If necessary, performance sites will be expected to submit evaluation-related materials to an IRB for review

and submit annual proof of IRB approval, renewal or exemption to the CTAC. The CTAC will provide TA on IRB submissions for those sites that need assistance in IRB submission.

Multisite evaluation measures will include core HHS Common HIV Indicators such as:
* *Housing Status*: Percentage of RWHAP/HOPWA clients who were at risk for or experienced homelessness or unstable housing in a 12-month measurement period.
* *Linkage to HIV Medical Care*: Percentage of RWHAP/HOPWA clients linked to routine HIV medical care within three months of HIV diagnosis.
* *Retention in HIV Medical Care*: Percentage of RWHAP/HOPWA clients who had at least one HIV medical care visit in each six-month period of a 24-month measurement period, with a minimum of 60 days between medical visits.
* *Antiretroviral Therapy (ART) among Persons in HIV Medical Care*: Percentage of RWHAP/HOPWA clients prescribed ART for the treatment of HIV infection in a 12-month measurement period.
* *Viral Load Suppression among Persons in HIV Medical Care*: Percentage of RWHAP/HOPWA clients with a viral load <200 copies/mL during the last test in the 12-month measurement period.

Additional measures may include, but are not limited to, HAB Performance Measures, HOPWA Annual Progress Report (APR) and Consolidated Annual Performance and Evaluation Report (CAPER) Performance Measures.

The CTAC will provide TA to performance sites in the design and implementation of the integrated data systems. Areas of TA include approaches to integrating data systems and other technical issues, selection of vendors to integrate the data systems (if needed), support of a collaborative learning network among performance sites, development and implementation of monitoring and evaluation plans for each performance site, provider utilization, enhanced service delivery strategies (e.g., care coordination and patient navigation), and workflow coordination. In addition, the CTAC will conduct an evaluation of each integrated data system and how it affects the provision of clinical practice in terms of provider acceptance, utilization, and the coordination of housing and HIV care services to improve health outcomes along the HIV care continuum. Performance sites are expected to fully collaborate with the CTAC in all aspects of the evaluation including documentation and the collection of relevant measures of housing and HIV services and outcomes to appropriately assess the impact of the coordination of housing and HIV care.

4) Dissemination of Best Practice Models and Lessons Learned

As the data integration and enhanced coordinated delivery strategies are being implemented, performance sites will work collaboratively with the CTAC to develop a monograph of project implementation experiences, including documentation of challenges, lessons learned, best practices, and innovative models that can be shared with the greater RWHAP and HIV housing communities. The performance sites will work with the CTAC to disseminate project findings and lessons learned to local communities, at state and national conferences, to policymakers,

and in peer-reviewed journals. Materials will be disseminated to RWHAP and housing programs interested in the replication of integrated data systems and enhanced service delivery strategies to facilitate the coordination of housing and HIV care services.

Selection Process

The selection process has four steps:

1. Proposals are submitted from eligible performance site applicants.
2. Proposals will be reviewed by the CTAC, HAB, and OHH. Based on this initial review, up to eight (8) *candidate* sites will be selected.
3. Selected sites will be notified of their candidacy.
4. Final selection of at minimum four (4) performance sites will occur after in-person site visit assessments conducted by the CTAC. The assessment with each candidate site will include interviews with key project staff and a review of RWHAP and HOPWA data systems and the proposed implementation plan.

Funding will be provided in the form of a subaward from the CTAC to the final performance sites. Final site selection will be selected based on:

- Geographical location, defined as organizations located in areas of high HIV incidence and prevalence, and with PLWH with unmet and unstable housing needs.
- Demonstrated organizational readiness and information technology infrastructure capacity to implement goals of the project (e.g., clear project aims, staff endorsement, organizational commitment to sustainability, etc.).
- Knowledge of and experience with the electronic health information systems used to collect and generate the Ryan White HIV/AIDS Program Services Report (RSR) (e.g., CAREWare, local electronic health record (EHR)/electronic medical record (EMR), or other platforms to report RSR data); and HOPWA electronic data collection systems, including but not limited to the Homeless Management Information System (HMIS).
- Feasibility of implementation plan, including identification of key facilitators and barriers, strategies for navigating challenges, and availability of key staff and resources

Final site selection will also take into account a need for variability in data system integration capacity and resources across performance sites.

Summary of Funding

The project period for the selected performance sites has an *estimated* start date of May 1, 2016 and an end date of August 31, 2018 (2.33 years). Approximately $2,100,000 is expected to be available to support at minimum four (4) performance sites over the entire project period.

- Performance site applicants may apply for a ceiling amount of up to $525,000 over the entire project period for the design, implementation, and evaluation of the project, as

follows:
- Up to $125,000 for the first funding period (estimated May 1—August 31, 2016);
- Up to $200,000/year in the second funding period (September 1, 2016 – August 31, 2017); and
- Up to $200,000/year in the third funding period (September 1, 2017 – August 31, 2018)

Justification for proposed costs in each year should be included in the budget justification narrative. Funding will be provided in the form of subawards made by the CTAC *(funded separately through HRSA-15-152).* Funding beyond the first funding period is dependent on the availability of appropriated SMAIF funds, satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

Eligibility Information

Entities that are eligible to apply are public and non-profit private organizations that are either:

- Agencies receiving funding by both HRSA's RWHAP and HUD's HOPWA programs, including RWHAP Parts A, B, or C recipients or subrecipients and HOPWA grantees or project sponsors.

  -OR-

- RWHAP solely funded recipients or subrecipients or HOPWA solely funded grantees or project sponsors.

  An applicant that is solely funded by either RWHAP or HOPWA must partner with their respective other RWHAP or HOPWA agency in order to complete data integration and workflow coordination for the enhanced service delivery. Examples include, but are not limited to:
  - The applicant agency is a RWHAP Part A or B recipient or subrecipient in a State or metropolitan statistical area (MSA) partnering with a HOPWA grantee or project sponsor within the same or overlapping service area.
  - The applicant agency is a RWHAP Part C recipient and the partnering agency is a HOPWA grantee or project sponsor within the same or overlapping service area.
  - The applicant agency is a HOPWA grantee or project sponsor and the partnering agency is a RWHAP Part A, B, or C recipient or subrecipient within the same or overlapping service area.

Performance site applicants must demonstrate how they are funded through these respective programs. If your organization is funded by only one entity (i.e., RWHAP or HOPWA), the application must include letters of commitment from all partnering entities at the level of the highest official (CEO or Executive Director, or Board of Directors, if applicable) showing how the two agencies will collaborate together for the purposes of this initiative.

Submission Information

Proposal Page Limit
The total size of the application may not exceed 25 pages, which includes the abstract, project narrative (not to exceed 15 pages), budget documents, staffing plan, and work plan. Biosketches, letters of commitment, and other attachments are not included in the page limit.

Proposal-Specific Instructions

1. **Project Abstract** *(1 page)*
Provide a summary of your organization's proposal. The project abstract must include a brief description of the proposed project, including rationale, overall project goals, needs to be addressed, key partnerships, primary activities, proposed services, and the population group to be served.

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers
- E-Mail Address
- Web Site Address, if applicable
- Requested funding amount

2. **Project Narrative** *(not to exceed 15 pages)*

This section should provide a comprehensive description of the proposed project, including a description of the need to integrate RWHAP and HOPWA data, a summary of the expected benefits to the requesting recipient(s) and their clients, and an overview of the agency's ability to successfully meet program expectations.

Use the following section headers for the Narrative:

INTRODUCTION (5 points) — This section should describe your organization's (and any partner organization's) mission and structure, and how your mission aligns with the scope of this project.

RATIONALE AND AIMS (20 points) – This section should briefly describe the proposed project's rationale, and expected benefits on relevant RWHAP and HOPWA clients and coordination of housing and care services. This section should also describe the specific aims of the proposed project and the key activities that would be undertaken by the

RWHAP recipient or subrecipient and/or HOPWA grantee or project sponsor in order to successfully accomplish the aims. Describe a plan for how the proposed project would be integrated across RWHAP and HOPWA leadership, staff, and workflows. Describe the proposed key activities for achieving the aims.

NEEDS ASSESSMENT (20 points) – Describe and document the relevant target population and its unmet health and housing needs. Define the target population in the applicant's service area using one of the definitions for unstable housing, and those at risk for or experiencing homelessness as put forth by HRSA or HUD. Describe the health disparities impacting PLWH in the applicant's service area who are at risk for or experiencing homelessness or unstable housing, and any relevant service barriers this initiative hopes to overcome. The target population should include racial/ethnic minorities most affected by HIV/AIDS. Provide a description of the demonstrated need for the project by presenting gaps and challenges in the utilization of data systems and provision of care and housing services.

RWHAP and HOPWA DATA SYSTEMS (20 points) – For each organization in the application, please indicate the vendor or software name of the RWHAP (e.g., CareWare, AIRS, etc.) and HOPWA data system (e.g., eCOMPAS, HMIS, Excel, etc.) used. Describe each system's users, such as RWHAP or HOPWA program leaders or staff, providers, data analysts, administrators, and others, and how they use the system. For each organization, indicate whether the administration of the data system is conducted in-house, or if a vendor is engaged and how these entities will be prepared to support the data integration aspects of this project. Describe the data reports that are generated by the system(s) and how the data reports are used by the programs. Describe any experience each organization has had integrating RWHAP and HOPWA data, if any. Describe your organization's plans and methodology on how you might integrate the two data systems better.

ENHANCED COORDINATED SERVICE DELIVERY (20 points) – Describe your organization's plans and methodology for provider utilization of the integrated data system, including enhanced service delivery strategies for creating efficiencies in the coordination and navigation of patient care, supportive services, and housing needs and services for PLWH who are unstably housed, or at risk for, or experiencing homelessness.

MONITORING AND EVALUATION PLAN (10 points) – Provide an overview of how your organization will monitor program implementation (e.g., data integration and workflow coordination) and evaluate the program's impact on RWHAP and HOPWA clients. Describe how partner agencies, if applicable, will provide information to inform the evaluation.

3. **Budget (5 points)**
   a. Line Item budgets *(1-3 pages)*
      i. Line item budgets for each funding period (May 1, 2016 through August 31, 2016; September 1, 2016 through August 31, 2017; and September 1, 2017 through August 31, 2018).

ii. Budget should include labor and equipment/supply costs for data system integration (e.g., staff effort or vendor), maintenance, workflow coordination, enhanced service delivery strategy, data collection, monitoring and evaluation, dissemination (if applicable), and travel and lodging for 2-3 project staff to attend annual cross-site meetings in Washington D.C. metropolitan area.

b. Budget justification narrative *(2 pages)*
   i. Provide a budget justification narrative that explains the amounts requested for each line item of the budget, including, but not limited to, Personnel, Fringe, Travel, Equipment, Supplies, Contractual, Other, and Indirect Costs categories. The budget justification narrative should specifically describe how each item would support the achievement of proposed objectives. For subsequent budget years, the narrative should highlight the changes from year to year or clearly indicate that there are no substantive budget changes during the project period.

4. **Attachment 1:** Staffing plan *(1-2 pages)*
Present a staffing plan of proposed project staff that includes the roles, responsibilities, education and experience qualifications, and rationale for the amount of time being requested for each staff position. For each proposed staff effort, please indicate whether the remaining effort (if not full- time) is complemented by RWHAP or HOPWA funding.

5. **Attachment 2:** Work plan *(2 pages)*
Develop and provide a work plan that delineates the goals, objectives, action steps, and responsible staff (including any contractors) used to achieve the activities proposed over the project period. Describe all aspects of the project, including the design, development, testing, implementation, and evaluation of integrated housing and HIV care data systems. The work plan should be presented in a table format and include (1) goals; (2) objectives that are specific, time-framed, and measurable; (3) action steps; (4) personnel responsible for each action step, and; (5) anticipated dates of completion.

6. **Attachment 3:** Biographical sketches of key personnel *(not included in page limit)*
Include biographical sketches for persons occupying the key positions described in the Staffing Plan *(Attachment 1)*. Please limit each biographical sketch to two pages.

7. **Attachment 4:** Letters of commitment *(not included in page limit)*
Applicants must include letters of commitment between any partnering RWHAP and HOPWA agencies, OHH providers, etc. Letters of commitment must be dated and signed at the level of the highest official (CEO, Executive Director, or Board of Directors, if applicable), showing how the two agencies will collaborate together for the purposes of this initiative.

8. **Attachment 5:** Other (e.g., data sharing agreements, memorandums of understanding, etc. *[not included in page limit]).*
Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the application. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverables.

Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is ***December 15, 2015 at 11:59 P.M. Eastern Time.*** Please submit proposals electronically to AskCTAC@rand.org.

For questions related to this proposal, please contact AskCTAC@rand.org.

Proposal Assistance Webinar

All interested applicants are encouraged to participate in a proposal assistance webinar for this performance site funding opportunity. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application TA webinar is optional and will not impact final site selection.

The webinar is scheduled for ***November 17, 2015 at 2:00 P.M. Eastern Time.***
Please submit questions for the webinar to AskCTAC@rand.org by *November 13, 2015*.

Dial-in Phone Number: **800-747-5150**
Passcode: **5075469**

To access the webinar online, go to the Adobe Connect URL:
https://webmeetingext.rand.org/hivdataintegration/