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Pre-Submittal Applicant Conference

Request for Applications No. HHS0013263

HIV Prevention Services

October 24, 2023, at 10:30 a.m. CT

Agenda



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1. Introductions
2. Housekeeping Items
3. Project Overview & Scope
4. Funding Stream Updates & Tracking
5. Grant Term
6. Program Requirements & Allowable Activities
7. Prohibitions
8. Closing Comments

Introductions

Speakers

- **John Norton**, Grants Specialist
Sole Point of Contact for RFA
Health and Human Services Commission (HHSC) Procurement and Contracting Services (PCS)
- **Melissa Rios Canon**, Interim HIV Prevention Manager
Department of State Health Services (DSHS)
HIV Prevention Services



Procurement Roles

Procurement Team

- Health and Human Services Commission (HHSC) Procurement and Contracting Services (PCS) is responsible for all procurement and solicitation activities.
- The HIV Prevention Program is responsible for contract management activities throughout the life of the Grant Agreements including, contract development, execution, and monitoring.
- The HIV Prevention Program is responsible for project scope, requirements, performance, results, and monitoring.



Schedule of Events

Deadline for Submitting Questions

November 15, 2023, by 5:00 p.m.

Any questions arising prior to the question deadline must be submitted in writing to John.Norton2@hhs.texas.gov



Tentative Date Answers to Questions Posted

Estimated: December 6, 2023



Deadline for Submission of Solicitation Applications

January 16, 2024, by 10:30 a.m.



Anticipated Grant Agreements Start Date

January 1, 2025



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Solicitation Access

HHSC will post all official communication regarding this RFA on the following website, including the notice of award:

- The HHS Grants website is located at <https://apps.hhs.texas.gov/pcs/rfa.cfm>

HHSC reserves the right to cancel this RFA, or to make no award if it determines such action is in the best interest of the State.

HHSC may, in its discretion, reject any and all applications or portions thereof.



Sole Point of Contact

- All communications relating to this RFA must be directed in writing to John Norton, Sole Point of Contact at John.Norton2@hhs.texas.gov.
- All communications between applicants and HHSC staff members, or any other HHS staff members, concerning this RFA are **strictly prohibited**.
- Failure to comply with these requirements may result in application disqualification.



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Executive Summary of Program

This funding opportunity invites grant Applications requesting funding for the HIV Prevention Services Grant Program. The purpose of this program is to provide HIV Prevention Services and to prioritize actions and coordinate resources across communities and groups of Texans affected by HIV.



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Available Funding

Comprehensive HIV Prevention

Anticipated Number of Awards: 30

\$5,200,000 for Year 1 (Project Period)

Anticipated Award Amounts and Award Caps can be found in Section 5.1, Table 2 of the RFA.



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Available Funding (con't)

- Budget decisions based on the scope of work, available funding, and proposed budget.
- Program staff anticipate the initial grant funding period for this five-year grant to begin January 1, 2025, through December 31, 2025, with up to two (2) two-year renewals.
- Awards for providers in the Houston HSDA will be limited as this HSDA receives direct federal funding. If Applicant is currently receiving federal funds for HIV prevention from the City of Houston, it is not eligible to receive grant funding under this RFA.
- DSHS reserves the right to reallocate funding awards between HIV Prevention service Activity categories.
- Additional funding may become available during the five-year performance period.
- DSHS has the right to reallocate funding between activities and eligible service areas.



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Grant Term

- Anticipated Project Start Date: January 1, 2025
- Project End Date: December 31, 2025 (base term)

*Following the base term, DSHS, at its sole discretion, may extend any resulting Grant Agreements for up to two (2) two-year renewals.



Eligible Populations

In alignment with the Texas HIV Plan, the eligible population to be served under this RFA consists of individuals within populations that make the largest contributions to local HIV epidemic profiles for each eligible HSDA, identified as Priority Populations and “optional additional populations”. Not all HSDAs are eligible for funding under this RFA. See Section 2.4, Eligible Service Areas, for information regarding eligible HSDA’s.

How the populations were determined and the list of Priority Populations and “optional additional populations” for each HSDA are available in Appendix 3, Selecting Locally Relevant Focus Populations.



Eligible Populations (con't)

Please see Table 1 in the RFA Section 2.3: Texas Eligible Priority Populations by HSDA for a full list of eligible populations. Applicants are required to primarily market and tailor their services to at least one (1) of the Priority Populations in their area.

Applicants are not limited to providing services to only Priority Populations and shall also make services available to all individuals regardless of population membership. There are no age restrictions for any of the selected populations, and transgender/gender nonbinary persons are designated as a Priority Population eligible for services in all eligible HSDAs.



Eligible Service Areas

Comprehensive HIV Prevention

DSHS selects eligible HSDAs using a scoring system focused on the area's HIV epidemiological profile. DSHS calculates a final weighted morbidity score and ranks HSDAs into quartiles called tiers. Only activities focused on HSDAs that score within tiers one, two, and three receive funding under this RFA.

Tier 1	Houston*, Dallas, San Antonio, Austin, Fort Worth, El Paso
Tier 2	Brownsville, Tyler, Galveston, Beaumont-Port Arthur, Temple-Killeen, Corpus Christi, Midland-Odessa
Tier 3	Waco, Amarillo, Laredo, Lubbock, Lufkin, Bryan-College Station, Texarkana

*Houston HSDA awards will be limited (see Section 2.4 for additional details)



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Eligible Activities and Program Descriptions

- Activity 1: Focused HIV/STD/HCV Testing in Non-Traditional Settings (Required)
- Activity 2: HCV Prevention and Navigation in Non-Traditional Settings (Optional)
- Activity 3: Innovative Interventions: Addressing Determinants of Health (Optional)



Activity 1: Focused HIV/STI/HCV Testing in Non-traditional Settings

Objective

To engage individuals and communities most vulnerable to HIV and provide free HIV, STI, and HCV testing, comprehensive prevention services, and linkage to HIV medical care for people living with HIV.

Strategies



Increase awareness and understanding of HIV, STIs, and HCV among the public and the communities most impacted.



Focus HIV, STI, and HCV testing on communities and groups where HIV is most concentrated.



Promote models and innovative practices that reach vulnerable individuals in communities and groups where HIV is most prevalent.



Assure status-neutral linkage systems are client-centered and address the acute needs of clients at the time of HIV testing.



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Activity 1: Focused HIV/STI/HCV Testing in Non-traditional Settings (con't)

Strategy 1: Increase awareness and understanding of HIV, STIs, and HCV within the public and the communities most impacted.

Activities	Short-term and Intermediate Goals	Long Term Goals
<ul style="list-style-type: none">• Educate the public on HIV, STIs, and HCV with messages that are factual, culturally responsive, and linguistically appropriate• Conduct outreach activities with healthcare providers and other relevant organizations• Engage community in recruitment, planning, and implementation efforts.	<ul style="list-style-type: none">• Increase general awareness of HIV, STIs and HCV.• Increase provider understanding of current HIV testing, treatment, and prevention options	<ul style="list-style-type: none">• Disseminate accurate information about HIV, STIs, and HCV• Improve health outcomes and reduce stigma related to HIV, STIs, and HCV among healthcare providers



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Activity 1: Focused HIV/STI/HCV Testing in Non-traditional Settings (con't)

Strategy 2: Promote models and innovative practices that effectively reach vulnerable individuals in communities and groups where HIV is most prevalent.

Activities	Short-term and Intermediate Goals	Long Term Goals
<ul style="list-style-type: none">• Ease access to and support continued use of HIV prevention services, including condoms, testing, Pre-Exposure HIV Prophylaxis (PrEP), and post-exposure prophylaxis (PEP)• Identify communities and individuals at greatest vulnerability and normalize HIV testing• Promote community outreach and education	<ul style="list-style-type: none">• Increase availability of HIV testing• Increase availability of condoms• Increase availability of PrEP and PEP	<ul style="list-style-type: none">• Increase the capacity of communities to address HIV and circumstances that increase vulnerability• Increase community participation in HIV testing, condoms, and PrEP and PEP



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Activity 1: Focused HIV/STI/HCV Testing in Non-traditional Settings (con't)

Strategy 3: Focus HIV, STI, and HCV testing on communities and groups where HIV is most heavily concentrated.

Activities	Short-term and Intermediate Goals	Long Term Goals
<ul style="list-style-type: none">• Conduct HIV testing among populations disproportionately affected by HIV• Provide integrated screening for STI and viral hepatitis, as appropriate	<ul style="list-style-type: none">• Increase the number of persons who are aware of their HIV status• Increase uptake of integrated screenings• Increase access to partner services	<ul style="list-style-type: none">• Reduce new HIV acquisition• Reduce HIV-related disparities



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Activity 1: Focused HIV/STI/HCV Testing in Non-traditional Settings (con't)

Strategy 4: Assure status neutral linkage systems are Client-centered and address the acute needs of Clients at the time of HIV testing

Activities	Short-term and Intermediate Goals	Long Term Goals
<ul style="list-style-type: none">• Refer persons who are not living with HIV to PrEP or PEP• Link persons living with HIV (new and previously diagnosed) to medical care and antiretroviral therapy (ART)• Provide or refer persons to essential medical and social supportive services• Refer persons newly diagnosed with HIV to partner services	<ul style="list-style-type: none">• Increase uptake of PrEP and PEP among people who are HIV-negative• Increase receipt of HIV care and ART among persons newly diagnosed with HIV• Increase receipt of HIV care and ART among persons previously diagnosed with HIV and not-in-care	<ul style="list-style-type: none">• Reduce new HIV acquisition• Improve health outcomes for persons diagnosed with HIV• Reduce deaths among persons diagnosed as living with HIV due to HIV-related causes• Increase number of persons living with HIV who are undetectable and virally suppressed



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Activity 2: HCV Prevention and Navigation in Non-traditional Settings

Objective

Increase viral hepatitis diagnosis and treatment by providing navigation services for HCV treatment to people whom HCV disproportionately impacts.

Strategies



Focused HCV prevention and navigation should aim at serving persons with a high prevalence of injection drug use, the hepatitis C virus (HCV), or HIV.



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Activity 2: HCV Prevention and Navigation in Non-traditional Settings (con't)



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Strategy 1: Increase viral hepatitis diagnosis and treatment by providing Navigation Services for HCV treatment to people who are disproportionately impacted by HCV.

Activities	Short-term and Intermediate Goals	Long-term Goals
<ul style="list-style-type: none">• Implement prevention and intervention strategies to address emerging issues related to HCV and substance use, including testing, education, and harm reduction services• Link persons living with HCV to direct-acting antiviral (DAA) treatment• Provide or refer persons to essential medical and social supportive services	<ul style="list-style-type: none">• Increase awareness of HCV status• Increase access to HCV and HIV testing among PWID• Increase linkage to HCV treatment• Increase sustained virologic response (SVR) for HCV• Increase Referrals to Medication for Opioid Use Disorder (MOUD)/SUD treatment• Increase safer drug use strategies• Increase receipt of vaccination for Hepatitis B (HBV) and Hepatitis A (HAV) among PWID	<ul style="list-style-type: none">• Reduce new HCV infections• Improve health outcomes for people with HCV• Reduce HCV-related health disparities• Reduce mortality rate among people with HCV• Decrease overdose deaths among PWID

Activity 3: Innovative Interventions: Addressing Determinants of Health

Objective:

Interventions shall change the social and environmental factors and organizational structures that create barriers to prevention for priority populations.

Strategies:



Increase client stability and reduce barriers to access status-neutral HIV prevention and care services.



Reduce stigma and health disparities.



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Activity 3: Innovative Interventions: Addressing Determinants of Health (con't)

Intervention models may include, but are not limited to the following areas of focus:

- A. Health Disparities;
- B. A Syndemic Response: (HIV/STI/HCV/drug overdose/mental health) understanding the multilevel and overlapping effects of these epidemics and their social and structural determinants;
- C. A paradigm shift;
- D. Community-level capacity building interventions;
- E. Interventions that address the fundamental and structural causes of health disparities: unstable housing, finance, education, employment, healthcare, counseling services, policy/legal, and transportation;
- F. Interventions that address implicit bias and the cultural gaps (social norms, language skills, interpretation, and translation) between providers and patients; or
- G. Telecommunication, telehealth, and mobile health initiatives in rural communities or under-resourced communities.



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Required Reports

Each Grantee awarded a Grant Agreement as a result of this RFA shall submit the following reports by the noted due dates (further outlined in Sections 2.11 and 2.12):

REPORT	REPORTING PERIOD	DUE DATE
LRP Security Assessment	January 1, 2025 – June 30, 2025	July 15, 2025
Financial Status Report	January 1, 2025 – June 30, 2025	July 31, 2025
LRP Security Assessment	July 1, 2025 – December 31, 2025	January 15, 2026
Financial Status Report	July 1, 2025 – December 31, 2025	February 15, 2026
Annual Progress Report	January 1, 2025 – December 31, 2025	February 15, 2026

Evaluation Process

A three-step selection process will be used:

1. Application screening to determine whether the Applicant meet minimum RFA requirements based upon Section 3.2, Application Screening Requirements
2. Evaluation based upon Section 9.4, Evaluation Criteria
3. Final Selection is based upon Section 10.1, Final Selection



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Evaluation Criteria

Per Section 9.4, all eligible applications will be evaluated based upon:

1. Organizational Capacity (Form C, Organizational Capacity)
2. Organizational Approach (Form D, Organizational Approach)
3. Performance Measures (Form E, Performance Measures and Standards)
4. Work Plan (Form F, Work Plan; Form F-1, Community Engagement Plan; and Form F-2, Client Engagement and Outreach Plan)
5. Budget (Form G, Requested Budget Template)



Submission of Exhibits

Applicants must complete and submit the Exhibits in accordance with the RFA, Article XIII, Submission Checklist.



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Prohibitions

Grant funds may not be used to support the following services, activities, and costs as outlined in Section 5.3 below:

- A. Any use of grant funds to replace (Supplant) funds that have been budgeted for the same purpose through non-grant sources;
- B. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
- C. Lobbying;
- D. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- E. Vehicles for general agency use; to be allowable, vehicles shall have a specific use related to Project objectives or activities;
- F. Entertainment, amusement, or social activities and any associated costs including but not limited to admission fees or tickets to any amusement park, recreational activity or sporting event unless such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;
- G. Costs of promotional items,



Prohibitions (con't)

Grant funds may not be used to support the following services, activities, and costs:

H. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel, where pre-approved for working events, or where such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;

I. Membership dues for individuals;

J. Any expense or service that is readily available at no cost to the Grant Project;

K. Fundraising;

L. Equipment and other capital expenditures such as capital improvements, property losses and expenses, real estate purchases, mortgage payments, remodeling, the acquisition or construction of facilities, or other items that are unallowable pursuant to 2 CFR § 200.439;

M. Any other prohibition imposed by federal, State, or local law; and

N. Other unallowable costs as listed under TxGMS, Appendix 7, Selected Items of Cost Supplement Chart and/or 2 CFR 200, Subpart E – Cost Principles, General Provisions for Selected Items of Cost, where applicable.



Delivery for Submission Options

Applicant must correctly deliver Solicitation Responses by the method below:

- **Submission Option #1:** Applicant shall submit the application through the HHS Online Bid Room utilizing the procedures identified in Exhibit I, HHS Online Bid Room Instructions.
- **Submission Option #2 with USB Drives:** Applicant may submit responsive applications via USB on two USB drives, one labeled "Original Application" and one labeled "Public Information Act Copy", to the correct mailing address as determined by the mailing method identified in Section 8.3 C, Required Submission Method.



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Questions and Answers

All questions **must** be submitted in writing to the Sole Point of Contact using the formatting below from the RFA, Section 7.3, RFA Questions and Requests for Clarification:

- A. RFA number;
- B. Section or paragraph number;
- C. Page number;
- D. Exhibit or other attachment and section or paragraph number;
- E. Page numbers;
- F. Language, topic, section heading being questioned; and
- F. Question.

Submit via email to: John.Norton2@hhs.Texas.gov **by 5:00 p.m. on November 15, 2023.**



Question Deadline

- Questions are due by **5:00 p.m. on Wednesday, November 15, 2023.**
- Questions received after this deadline cannot be responded to.
- An addendum will be posted to the HHS Grants Website with the answers to questions **on a tentative date of December 6, 2023.**



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Closing Comments

- Applicants are responsible for meeting the RFA requirements, including any addendums.
- All Addendums must be signed and submitted with the original application.
- Applicants must check the HHS Grants website frequently for any addendums that may have been added to this solicitation.



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HHS Grants Website

The link is: <https://apps.hhs.texas.gov/PCS/HHS0013263/>



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Thank you!

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