

**New York State Department of Health  
AIDS Institute and Health Research, Inc.  
REQUEST FOR APPLICATIONS FOR HIV/STI PREVENTION AND HEPATITIS C  
PREVENTION AND SUPPORT SERVICES FOR INMATES & INDIVIDUALS  
RETURNING TO THE COMMUNITY FROM NYS CORRECTIONAL FACILITIES  
RFA #10-0001/FAU #1005131015**

**QUESTIONS AND ANSWERS**

*The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA #10-0001 issued on August 24, 2010. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.*

**GENERAL QUESTIONS**

**Question 1:**

The map of correctional facilities included in the RFA does not identify any correctional facilities on Long Island. There are correctional facilities in both Nassau and Suffolk Counties on Long Island. Can these facilities receive services under this project? Can inmates housed at Long Island correctional facilities receive services? What is the rationale for not providing funding in county jails?

**Answer 1:**

The map included in the RFA was limited to State-operated correctional facilities. Since there are no State-operated correctional facilities in Nassau and Suffolk Counties, the map did not identify any facilities in these counties.

Due to the limited amount of funding available for this initiative, it is not the intention of this RFA to support interventions and services for individuals incarcerated in county or city jails.

**Question 2:**

On page 5 of the RFA, the first bullet under ‘anticipated outcomes,’ could you please elaborate on the expectations of the RFA surrounding linkages to Hepatitis C testing?

**Answer 2:**

This RFA seeks to fund effective interventions and models of service delivery to meet the priority HIV/STI/Hep C needs of individuals incarcerated in/released from NYS Department of Correctional Services (DOCS) facilities. With regard to hepatitis C, applicants are expected, through the implementation of proposed interventions as well as linkages with the DOCS medical unit at the facility, to promote early diagnosis, provide referrals, and ensure individuals are linked to appropriate prevention, care and treatment services. Funded applicants will be expected to document all referrals.

**Question 3:**

For Attachment 5, *Data Sheet for Projected Populations to be served*, are we expected to project client numbers using HUB data or our own agency data?

**Answer 3:**

The Population Data Sheet should be completed by indicating the demographic characteristics of the individuals to be served through the proposed program.

**QUESTIONS SPECIFIC TO COMPONENT A**

**Question 4:**

With regard to HIV testing, is it a requirement that testing be anonymous or is confidential testing sufficient?

**Answer 4:**

This RFA seeks to fund HIV counseling and testing using an anonymous model for testing within NYS DOCS facilities. Funded applicants will be provided training, technical assistance and standards to implement anonymous counseling and testing within the DOCS facilities, including the option for converting anonymous to confidential, for the purpose of linkage to care.

**Question 5:**

On page 7 in the Guiding Principles section of the RFA, the last bullet addresses implementation of effective evidence-based prevention interventions. What are the expectations for Component A around EBI's given how few interventions have been developed specifically for prison settings with highly controlled environments, particularly around CLIs and HC/PIs?

**Answer 5:**

For Components A and B, applicants should propose to implement effective evidence-based prevention interventions. Interventions considered DEBIs or EBIs by the Centers for Disease Control and Prevention (see [www.effectiveinterventions.org](http://www.effectiveinterventions.org)) have already been studied, proven effective and can be adapted as long as the core elements of the intervention remain intact. For all other prevention interventions, it is incumbent upon the applicant to include information in the narrative that demonstrates effectiveness, specific to the target population.

**Question 6:**

We do not specifically provide HIV testing. However, if we partner with another organization that does provide HIV testing, such as a hospital, is that sufficient?

**Answer 6:**

Yes. Joint applications submitted on behalf of a partnership of eligible providers must designate one of the agencies as the lead applicant. The applicant must include a Memorandum of Agreement (MOA), which defines roles and responsibilities of the lead agency and the partner agency for all Intervention Categories including HIV counseling and testing. Please refer to pages 14 and 17 of the RFA.

**Question 7:**

The RFA states that successful applicants will have experience in the prison system. Is experience providing services to prisoners released into the community but not directly within the prison system itself sufficient? Can we apply to provide services in geographic areas that we do not currently serve?

**Answer 7:**

Applicants may apply if they have experience providing services to prisoners released into the community but not directly within the prison system.

However, as stated on Page 15 of the RFA, preference will be given to applicants who:

- Demonstrate experience and a successful history of providing HIV/STI and hepatitis prevention interventions and support services to incarcerated individuals, particularly in DOCS facilities;
- Have experience providing HIV/STI and hepatitis C related prevention and support services to parolees and/or releasees.

Applicants may apply to provide services to geographic areas that they do not currently serve.

**Question 8:**

Do we need to provide letters from the Department of Correctional Services to show that we are linked with or agree to do services within DOCS facilities?

**Answer 8:**

No. Letters of support are not required.

**Question 9:**

We are located on Long Island in Nassau and Suffolk counties. If inmates are placed in county jails, but are scheduled to be transferred to an upstate facility because of a state or federal mandate, are they eligible for services?

**Answer 9:**

No. Due to the limited amount of funding available for this initiative, it is not the intention of this RFA to support interventions and services for individuals incarcerated in county or city jails. See page 5 of the RFA.

**Question 10:**

Is it allowable for an agency to propose to provide services outside its jurisdiction and get linkages with one of the boroughs in NYC?

**Answer 10:**

Yes. Applicants can apply to serve clients in a DOCS facility located outside of their catchment area. As stated on page 26 of the RFA, “linkages should occur in a timely and systematic manner in order for the releasee to gain prompt access to needed services and treatment.”

**Question 11:**

Page 27 states “*Services for releasees supporting with this funding include... a documented procedure for two weeks post-discharge follow-up to confirm that the releasee is connected to care/services as per discharge plan. If not connected, to identify reasons and attempt to return that individual to care/services.*” Can you clarify what the expectations are with regards to follow-up, whether a phone call to the service provider to confirm that client made appointments in the transitional plan is sufficient, or whether additional contacts with the client post-release are expected if they have successfully connected to care/services?

**Answer 11:**

A phone call to the service provider (or client) to confirm that the client has made appointments listed in the transitional plan is sufficient. Applicants should include in their narrative a plan to address follow-up if they are unable to determine through a phone call to the provider and/or the client if appointments listed in the transitional plan are not kept.

**QUESTIONS SPECIFIC TO COMPONENT B**

**Question 12:**

Component B, Intervention category 2 – 4<sup>th</sup> bullet (p. 29) states “*Counseling, skills building and support for HIV-infected and promote the benefits of HIV testing....*” Since HIV-infected men have presumably already been tested, is this statement more about encouraging partners to test? Is it about providing basic information on how to live with HIV/AIDS? Is it about having HIV-infected men encourage other inmates to get tested?

**Answer 12:**

Although encouraging partner testing is a priority, we also want individuals stating they are HIV positive to have a documented test result. This documented confirmatory test result will be necessary in order for these individuals to receive medical services while incarcerated or once they return to the community. Provision of basic information on how to live with HIV/AIDS is also important. As indicated on page 5 of the RFA, anticipated outcomes for this RFA include: “to reduce stigma related to HIV and encourage the initiation of medical care and treatment.”

**Question 13:**

Do all facilities listed on pages 9-12 of the RFA need to be served with some activity?

**Answer 13:**

All intervention categories need to be provided in a HUB. Activities do not need to occur in each facility within a HUB.

In cases where only one facility is targeted within a HUB (i.e., NYC- Arthur Kill; NYC-Sing Sing), some activities within each of the intervention categories are required; but not all activities are required within each of the Intervention Categories.

**Question 14:**

Can any of the facilities listed on pages 9 - 12 of the RFA be left out without receiving any services?

**Answer 14:**

Yes. For Component B, this is acceptable.

**Question 15:**

Hepatitis C is a new focus of the CJJ initiative. In the RFA, emphasis is placed on ensuring linkages with HIV and hepatitis testing and treatment. What are the expectations regarding these linkages, or is this more about promotion?

**Answer 15:**

For purposes of this RFA, the AIDS Institute is seeking to fund a comprehensive approach to HIV/STI/Hep C services. With regard to hepatitis C, applicants are expected, through the implementation of proposed interventions as well as linkages with the DOCS medical unit, to promote early diagnosis, provide referrals, and ensure individuals are linked to appropriate prevention, care and treatment services. Funded applicants will be expected to document all referrals.

**Question 16:**

We are heading up a prison reentry program in our area. Would it be appropriate to handle transitional planning through that type of program, or would there need to be dedicated staff within this grant?

**Answer 16:**

Applicants have flexibility with regard to service delivery models and staffing configuration. Transitional Planning services is a required intervention for the HUB. There are required interventions on pages 27-31 that must be addressed.

**Question 17:**

The Justification of Need section of the application is limited to 2 pages. Can we attach a separate page(s) for the specific resources and references you are asking for?

**Answer 17:**

Yes. A list of resources and references can be attached. However, the justification of need for the proposed program design should be established in the narrative section within the 2-page limitation.

**Question 18:**

Page 27 of the RFA discusses the Intervention Categories that must be provided within the HUB. If there is activity that is targeted in this RFA that is funded by another funding stream, must we add additional dollars?

**Answer 18:**

Component B applicants are not required to provide all activities within the Intervention Category (i.e., Client Recruitment) at each of the selected facilities but are required to provide all Intervention Categories within the HUB.

In cases where only one facility is targeted within a HUB (i.e., NYC- Arthur Kill; NYC-Sing Sing), all Intervention Categories are required for the facility, but not all activities are required within the Intervention Category. If an Intervention Category already exists in a HUB where only one facility is targeted, then it is incumbent upon the applicant to indicate how the proposed program will enhance existing services and avoid duplication.

**Question 19:**

We have the list of current CJJ contractors but would like a breakout of services being provided by each agency by HUB. Can this information be provided?

**Answer 19:**

A HUB grid, which provides information on current interventions/services, is attached. Please see Attachment #1.

**Question 20:**

Can we apply for funding for both facilities in NYC via the same application?

**Answer 20:**

No. Applicants are required to submit separate applications for Sing Sing and Arthur Kill, since the NYC HUB has been split into two geographic areas. The same is true for the Wende HUB.

**Question 21:**

We see that both federal and state funding supports this RFA. Does this mean that one application and budget will be broken down into two different contracts if awarded?

**Answer 21:**

Determinations regarding source of funding for contracts are made at the time of awards.

**Question 22:**

If we are applying for two separate HUBs, there could be, if both are awarded, economies of scale or cost savings, or additional services could be provided. Is there any way to address this in two separate applications?

**Answer 22:**

Since each HUB requires a separate application, each application should stand on its own since it will be competing with other applications received for that HUB.

**Question 23:**

What is the expectation of balance between training peers themselves vs. peers providing services? Is it the expectation of the RFA to provide training to peers or to have them provide the services?

**Answer 23:**

The RFA seeks to fund Peer Training Services under Component B. Applicants are strongly encouraged to use peer training and peer delivered services. The amount of time spent on each

activity depends on the model being proposed. Please see page 29 of the RFA for additional information on activities delivered by trained peers.

**Question 24:**

In this component, you provide the number of inmates per HUB. Can you also provide data on the number of releasees per year for each HUB?

**Answer 24:**

The attached report (Attachment 2) reflects 2009 release data by DOCS facility. There are other potentially relevant data on the Department of Correctional Services website: <http://www.docs.state.ny.us/Research/Research.html>.

**Question 25:**

Our organization does not provide HIV testing. Can we partner with another organization that does provide testing?

**Answer 25:**

Yes. Joint applications submitted on behalf of a partnership of eligible providers must designate one of the agencies as the lead applicant. The applicant must include a Memorandum of Agreement (MOA), which defines roles and responsibilities of the lead agency and the partner agency for all Intervention Categories including HIV counseling and testing. Please refer to pages 14 and 17 of the RFA.

**Question 26:**

How are applicants expected to identify transitional planning for inmates who will not be going to re-entry facilities? It is difficult to estimate how many inmates will be leaving the Upstate area. Roughly half of inmates are from NYC and we can reasonably assume they will be transferred Downstate for their re-entry phase.

**Answer 26:**

Applicants should target transitional planning services to HIV positive men who are not being transferred to a NYS DOCS Re-entry Unit prior to release. It is incumbent upon the applicant to develop a program design that takes into account epidemiological data, NYSDOCS release data and applicant experience. The applicant should also provide narrative that indicates how they will partner with each DOCS facility and in-facility parole to identify HIV positive inmates in need of transitional planning, and where they will be released.

**Question 27:**

Can you identify at which facilities the Department of Health is currently providing HIV testing?

**Answer 27:**

The NYS Department of Health field staff provides HIV counseling and testing in the following HUBs: Wende/Buffalo, Wende/Rochester, Elmira, and Great Meadow. The facilities within each of the HUBs where anonymous counseling and testing is provided varies. NYSDOCS provides confidential HIV testing at each facility.

**Question 28:**

What kinds of activities are required for client recruitment? What would be appropriate for program promotion?

**Answer 28:**

Please refer to page 28 of the RFA for information on activities funded under the Intervention Category: Client Recruitment.

**Question 29:**

Are incarcerated peers allowed to receive material and/or monetary incentives to promote engagement and retention in peer educator trainings? If so, can you clarify the parameters to which applicants must adhere in proposing these incentives, both within the program design and in the proposed program budget?

**Answer 29:**

No, as per DOCS guidance, material and/or monetary incentives are not allowable for incarcerated individuals.

**Question 30**

For Component B, Section 4. Program Design, Letter ‘h.’ - This letter states “*Indicate how you will ensure successful referrals and linkages to address intervention and support service needs not to be provided as a component of the proposed program.*” Does this refer to “intervention and support service needs” within the prison setting or in the community setting?

**Answer 30:**

Both. The applicant should indicate within the narrative how they will determine referrals and linkages have been successful in prison or community settings as appropriate to the proposed program model.

**QUESTIONS SPECIFIC TO COMPONENT C**

**Question 31:**

For Component (C), Community Services Upon Release, is there anything that precludes an agency on Long Island, NY from applying? Leadership Training Institute is a not-for-profit, 501(c)3 agency that serves at-risk youth, families and communities on Long Island (including those incarcerated).

**Answer 31:**

There is not a requirement that a successful applicant have a physical presence in the same geographic area where services are being provided.

**Question 32:**

Page 28 states, “*Client recruitment during pre-release activities to facilitate access to HIV/STI and hepatitis C prevention interventions and support services upon community re-entry such as preparing needed documentation, referrals to medical care, referrals for employment/job readiness.*” Is the goal of this piece of client recruitment to facilitate access to the Transitional

Planning intervention for HIV positive individuals, or is it to facilitate referrals to outside prevention programs, or is it something else?

**Answer 32:**

Both. All outreach activities should serve to engage and recruit inmates at high-risk for HIV/STI and hepatitis C and HIV-infected men into proposed program activities and services provided by DOCS or other community-based organizations. If transitional planning is available at the facility, as described in this RFA, outreach for the purpose of client recruitment during pre-release programming should be targeted to HIV positive inmates.

**Question 33:**

Page 31 states “*Component C of this Request for Applications (RFA) will support the provision of community re-entry and support services for HIV positive and high-risk incarcerated individuals returning to the community with the overall goal of promoting early intervention, improved health and well-being and preventing/reducing the risk for HIV/STI/hepatitis C acquisition and transmission.*”

It is not clear whether Component C is targeted towards inmates infected with HIV/AIDS or high-risk negative inmates, or both.

**Answer 33:**

Both. Component C supports the provision of community re-entry and support services for HIV positive and high-risk incarcerated individuals returning to the community. Project START and Community Services Coordination Upon Release are both interventions supported by this component. The DEBI Project START, as described in this RFA, is appropriate for any incarcerated individual who presents as HIV positive or at high-risk for HIV/STI or hepatitis C being released from DOCS re-entry units (page 12 of RFA). Community Services Coordination Upon Release, as described in this RFA, is only appropriate for HIV positive incarcerated individuals who have received in-facility Transitional Planning services as funded under Component A, B and D (Hotline).

**Question 34:**

Given the limited funds available for Community Services Coordination, would agencies funded under Component A or B be required to refer clients to the community service coordination funded under Component C, or could they refer them to other transitional case management programs as appropriate?

**Answer 34:**

An individual who receives transitional planning as supported by this RFA should be offered the Community Services Coordination upon Release intervention if they are returning to the New York City area (5 boroughs and Long Island). Individuals may also be referred to transitional case management services if that is more appropriate for the individual.

**Question 35:**

Is there an existing provider currently coordinating community services? Has a process already been established for take-over of these services or will there be a start-up period while a process is finalized?

**Answer 35:**

Yes, a current Criminal Justice Initiative (CJI) contractor does provide Community Services Coordination Upon Release. The successful applicant will be given start-up time as appropriate which should be detailed in the proposed workplan.

**Question 36:**

The total number of clients to be served through Project START is 38. How is 'total served' defined - by total enrolled, total completing the program, or total completing some number of the sessions?

**Answer 36:**

Total served is the number of clients enrolled. It is understood that a recruitment period is necessary, after which at least 38 clients should be enrolled in the intervention.

**Question 37:**

Project START and re-entry are used interchangeably in the RFA. Are they the same service?

**Answer 37:**

No, Project START and re-entry are not the same. Project START is an intervention that begins within re-entry units, and is completed in the community. Please see pages 31-32 for additional information on Project START.

**Question 38:**

Please clarify how the numbers that are served through Project START were calculated, given that there are more clients in re-entry on an annual basis.

**Answer 38:**

The numbers are based on the funding available for the implementation of Project START at each of the selected HUBs.

**Question 39:**

Is there a minimum time period for which people must receive transitional planning services before they are referred to long-term case management?

**Answer 39:**

Transitional Planning services is an intervention that is provided to an inmate while still incarcerated and long-term case management is not appropriate in this setting. Community Services Coordination Upon Release which is listed as an intervention under Component C should begin immediately upon release and continue for up to 6 months after release. A referral to a long-term case management program should be made if the individual needs services beyond the 6-month period after release.

Please note: Transitional Planning services is not a fundable service under Component C.

**Question 40:**

If we apply for one of the Project START HUBs, are we also required to apply for Community Services Coordination Upon Release? Or, are they two separate applications?

**Answer 40:**

Applicants are not required to apply for both Project START and Community Services Coordination Upon Release. If an applicant chooses to apply for both, a separate application must be submitted for each.

**Question 41:**

How many individuals do you project being served from the community services coordination piece?

**Answer 41:**

Applicants should estimate the number of clients to be served based on their proposed program design and the amount of funding available. Please refer to the background section on pages 19-22 for additional information.

**Question 42:**

For Community Services Coordination upon Release, how important is it to have a relationship with the state facility?

**Answer 42:**

Linkages are to be established with the funded transitional planning providers. A direct relationship with the facility/facilities is not required.

**Question 43:**

Do you anticipate that inmates coming through Community Services Coordination Upon Release be coordinated through Parole or other circumstances?

**Answer 43:**

Applicants submitting an application for Component C, Community Services Coordination Upon Release, should coordinate with the community parole officers for services such as housing, employment, and other needed services.

**Question: 44**

Will applicants funded to provide the services named in this section be permitted to access the medical records of clients at the Re-entry Units, assuming all relevant consents are obtained and policies followed?

**Answer 44:**

Access to medical records, assuming all relevant consents are obtained, must be negotiated with the medical unit at each DOCS correctional facility. It is the responsibility of the applicant to negotiate access to records and follow all policies set by DOCS.

**Question 45:**

Are applicants expected or required to use any type of validated assessment instrument to determine post-release service needs?

**Answer 45:**

No. As part of the narrative, applicants should describe how the assessments will be completed and documented.

**QUESTIONS SPECIFIC TO COMPONENT D**

There were no questions asked specifically related to Component D of the RFA.

**QUESTIONS REGARDING CHAPTER 308 LAWS OF 2010 LAW (HIV Testing)**

**Question 46:**

What changes in Chapter 308 Laws of 2010 law were made for HIV testing practices in New York State prisons?

**Answer 46:**

There are no changes to the consent process, since it previously was a requirement that written informed consent is obtained in prison settings, even for rapid testing. HIV testing in correctional facilities must follow the guidelines for written informed consent.

**Question 47:**

Does the requirement to provide or arrange for an appointment for follow-up HIV care apply only to those facilities and practitioners noted in the Chapter 308 Laws of 2010 law as having to offer testing?

**Answer 47:**

Providers testing in prisons have the same new requirements in terms of making an appointment for medical care in cases of a person being confirmed as HIV positive who consents for an appointment being made. Appointments would be made through an arrangement with the DOCS medical unit in the facility.

**LETTERS OF SUPPORT**

**Question 48:**

While letters of support are not required, would they be accepted and will they strengthen an application?

**Answer 48:**

While letters of support will be accepted, they will not strengthen the application.

## **APPLICATION SUBMISSION**

### **Question 49:**

How should applications be delivered? Must they be hand-delivered or can they be mailed? Should Federal Express be used? Is fax or email definitely unacceptable?

### **Answer 49:**

Applications can be mailed or hand-delivered. Applications will not be accepted via fax or email. Please see page 56 of the RFA.

### **Question 50:**

If an application is received after 5PM on October 14, 2010, will it be considered?

### **Answer 50:**

It is the applicant's responsibility to see that applications are delivered to the address stated in the RFA prior to the date and time specified (see page 55 of the RFA). Late applications due to a documentable delay by the carrier, such as USPS, Federal Express or UPS, may be considered at the Department of Health's discretion but there are no guarantees. Applicants should make every effort to ensure that all applications are received before the deadline.

### **Question 51:**

What is the address that applications should be mailed to?

### **Answer 51:**

Applications should be mailed or hand-delivered to:

Valerie J. White  
Deputy Director, Administration and Data Systems  
New York State Department of Health AIDS Institute  
ESP, Corning Tower Room 478  
Albany, New York 12237

## **BUDGET**

**Question 52:** What budget period should I use on the budget forms?

**Answer 52:** The budget should be completed assuming a 12-month budget. Submitting a budget with your application for the period 3/1/11 - 2/29/12 would be appropriate.

### **Question 53:**

In looking over the budget forms, I am not finding a place to delineate our rent, utilities, phone, supplies, travel, postage, printing, etc. costs. I saw in the instructions to enter the total of such costs to the Summary Budget page on lines C, D, E, and F. I wonder, though, where to enter the breakdown of the total costs for each line?

**Answer 53:**

The budget forms provided for the RFA process do not include the "Other than Personal Services" (OTPS) detail pages. Please list dollar values for all OTPS items on the summary budget and provide a description of those items using the justification page(s). See Attachment 8: Solicitation Budget Justification.

**Question 54:**

Are the budget pages provided on the website in an Excel format?

**Answer 54:**

Yes, the solicitation budget forms are included on the website in an Excel format.

**Question 55:**

I cannot do a direct entry on the summary page as it is locked.

**Answer 55:**

The summary budget forms should be accessed through your Internet browser at: <https://email.health.state.ny.us/go/www.health.state.ny.us/funding/rfa/1005131015/index.htm> and then saved to the hard drive of your computer. Once saved to your hard drive, open the document without updating the links. Some of the pages are protected so if you are having problems entering information you should unprotect the sheet by clicking on the tools button on your toolbar, click on "protection" and click on "unprotect sheet".

**Question 56:**

If we are already an AIDS Institute funded program, should we use the forms we already have? They include the information requested in Attachment 8.

**Answer 56:**

No. Applicants should complete the information requested on the forms provided as Attachment 8, regardless of whether or not they are currently funded by the AIDS Institute.

**PERFORMANCE-BASED CONTRACTING**

**Question 57:**

Page 57, section F (Term of Contract) notes that AI intends to transition to performance-based contracts for this initiative by 2011 but also states that budgets and contract language may be renegotiated during the second and subsequent annual renewal processes. Can you clarify whether AI projects that contracts awarded under this RFA would be performance-based starting March 1, 2011 (the first contract year) or starting in year 2?

**Answer 57:**

The AIDS Institute is considering performance-based contracting for some initiatives. Transitioning to performance based contracting for this initiative has not yet been determined.