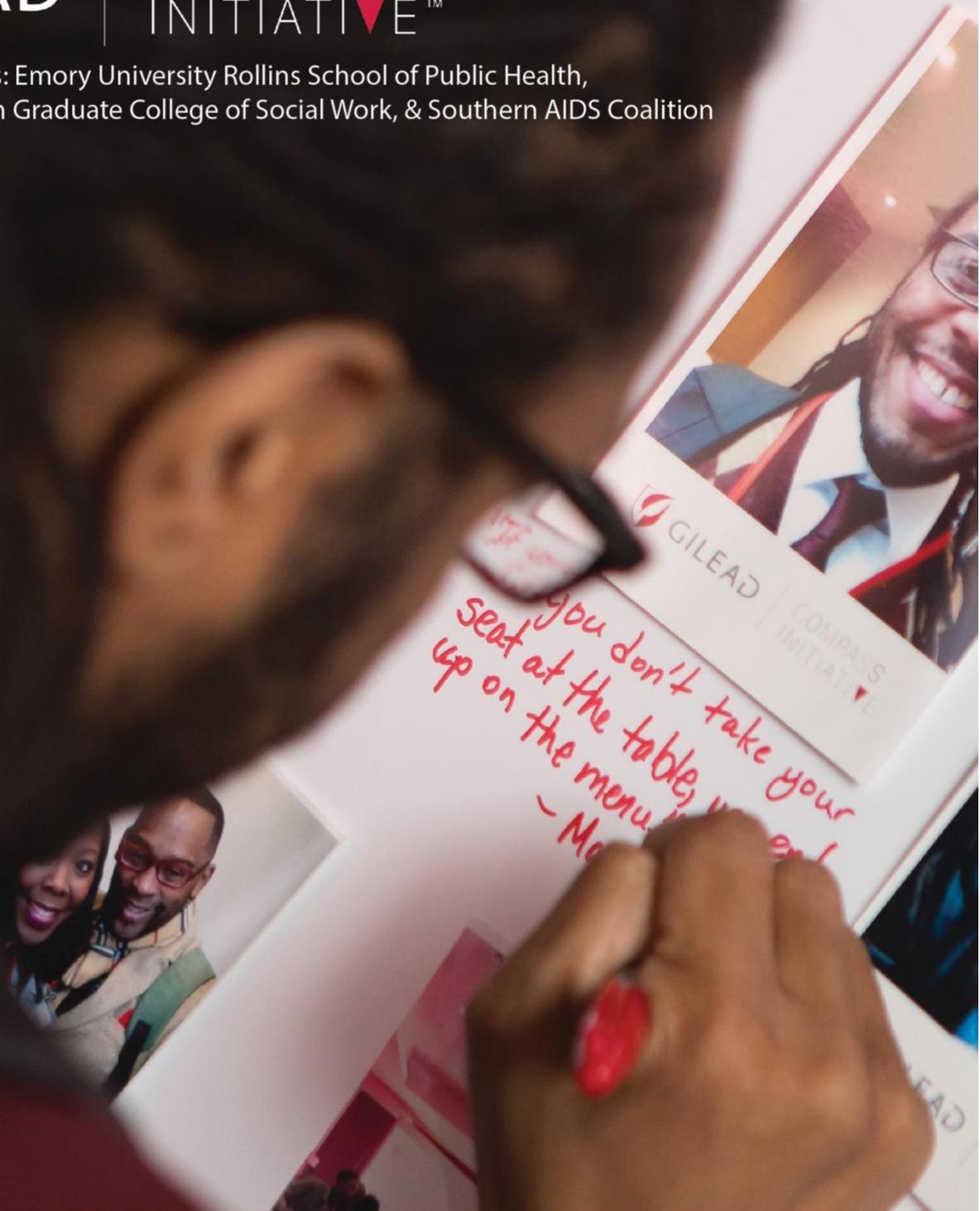




COMPASS
INITIATIVE™

Coordinating Centers: Emory University Rollins School of Public Health,
University of Houston Graduate College of Social Work, & Southern AIDS Coalition



Transformative Grants:

Building Capacity in the South for Better Health Outcomes

Application Due Date: October 29, 2018

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Acronym List

A-CRA	Adolescent Community Reinforcement Approach
ACC	Assertive Continuing Care
AIDS	Acquired Immune Deficiency Syndrome
ASC	Adaptive Stepped Care
ATRIUM	Addiction and Trauma Recovery Integration Model
CDC	Centers for Disease Control and Prevention
CHPIR	Center for Health Policy and Inequalities Research
COMPASS	COM mitment to P artnership in A ddressing HIV/AIDS in S outhern S tates
EBPs	Evidence-Based Practices
GCSW	Graduate College of Social Work
HCSUS	HIV Costs and Services Utilization Study
HIV	Human Immunodeficiency Virus
HWFD	Healer Women Fighting Disease
IRS	Internal Revenue Service
LGCC	Life Goals Collaborative Care
MI	Motivational Interviewing
MOA	Memorandum of Agreement
PLWH	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
RFP	Request for Proposal
SAC	Southern AIDS Coalition
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SUSTAIN	Supporting US Southern States to Incorporate Trauma-Informed HIV/AIDS Initiatives
TAMAR	Trauma, Addiction, Mental Health, and Recovery
WRAP	Wellness Recovery Action Plan

Overview

Background

In the decades since the first AIDS cases were reported in New York, San Francisco, and Los Angeles in 1981, the epicenter of the nation's HIV epidemic has shifted from urban centers along the coasts to the Southern United States. According to Centers for Disease Control and Prevention (CDC), "the South now experiences the greatest burden of HIV infection, illness and deaths of any U.S. region, and lags far behind in providing quality HIV prevention and care to its residents" (CDC, 2016).

Many people living in the Southern U.S. face a multitude of serious societal and systemic challenges that converge to delay both biomedical and structural interventions, often until it is too late. The burden of poverty, the cloud of stigma and prejudice, low health literacy and lack of insurance and access to care are among the critical challenges that face people living with or at risk for HIV in the region. Addressing the HIV/AIDS crisis is not limited to issues of healthcare access and delivery, but also involves navigating cultural norms and daily barriers to seeking and remaining in care.

The disproportionate percentage of Southerners living with HIV speaks to a need to make certain that high-quality care for HIV and related services are available in a way that is geographically accessible, culturally appropriate, sustainable, and includes holistic services (e.g., mental health and trauma informed care). The disproportionate percent of Southerners newly diagnosed with HIV speaks to the need to have a broad network of prevention services that reaches the people who are at most risk for new transmissions. The disproportionate percent of Southerners dying with HIV-related illnesses speaks to the need for high-quality HIV care and related services that are geographically accessible and offer care services that include components, such as trauma informed care, that can promote ongoing engagement in care, and programs to address stigma within communities.

In 2017, Gilead Sciences, Inc. selected three Coordinating Centers (Emory University Rollins School of Public Health, Southern AIDS Coalition, and University of Houston Graduate School of Social Work) to help address the epidemic in the South. Gilead launched the COMPASS (**COM**mitment to **P**artnership in **A**ddressing HIV/AIDS in **S**outhern **S**tates) Initiative, a ten-year, \$100 million effort through which Gilead makes strategic contributions to support organizations whose work addresses the HIV/AIDS epidemic in the Southern United States.

Shared Mission, Vision, Guiding Principles, and Goals

Mission

Guided by local communities disproportionately affected by HIV/AIDS in the Southern United States, the three COMPASS Coordinating Centers are working collaboratively to build capacity among organizations, institutions, and other entities to reduce HIV/AIDS disparities in care and advance equity in the Southern United States.

Vision

Through the Gilead COMPASS Initiative™, we are working to address the HIV/AIDS epidemic in the Southern United States by partnering with local communities and supporting evidence-based solutions to meet the needs of people living with and impacted by HIV/AIDS.

Guiding Principles

The three COMPASS Coordinating Centers are committed to reflecting the guiding principles described below through our implementation of this initiative, and will favor proposals from agencies that also reflect principles of racial justice, non-discriminatory and non-stigmatizing care/services and meaningful involvement of people living with HIV/AIDS. Submitted proposals should clearly identify how these principles are prioritized throughout their agency and in service provision.



Meaningful Involvement of People Living with HIV/AIDS (MIPA)

We recognize the meaningful involvement of people living with HIV/AIDS in all levels of funding initiatives. Therefore, we aim to ensure that people living with and most affected by HIV are involved in every level of decision making.



Intersectionality and Social Justice, Emphasizing Racial Justice

In our commitment to applying race, culture, gender, sexuality, language, class, age, and ability analyses throughout grant making processes, we recognize that social privilege and oppression influence access to and allocation of resources/services. For example, we recognize that racism, in both interpersonal and structural forms, needs to be addressed directly to achieve equity. Therefore, we affirm the importance of advancing justice by increasing access to resources/services among groups disproportionately affected by HIV.



Openness, Transparency, and Learning

We strive to demonstrate and promote a culture of integrity. Our commitments to openness, transparency, and learning jointly express values that are vital to our work. Because our work—both internal and external—are situated in complex institutional and cultural environments, we cannot achieve our goals without being adaptive, learning organizations. And we cannot be such an organization unless we are open and transparent.



Collaboration and Commitment

We base our collaborative efforts on mutual respect and mutual support, both internally and externally. In our commitment to developing trusting relationships, we aspire to treat everyone who works with us with respect and understanding. We are also committed to collaborating with and serving communities and areas with the greatest needs.

Eligibility Information

It is important that applicants review this eligibility criteria carefully. Applicants may submit one application for consideration, focused on one of the three programmatic areas of funding. Only applications that meet the following eligibility criteria will be considered for funding:

Geographic Location

In the first funding cycle, applicants must be located in and doing work in one of nine (9) Deep South states: Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and/or Texas.

Non-Profit Status

Applicants must be non-profit, tax-exempt organizations as set forth in section 501(c)(3) of the Internal Revenue Code. Applicants that do not hold 501(c)(3) status must have a fiscal sponsor.

Grant Period

Applicants must be able to complete work proposed within a 12-month period beginning on January 1, 2019, and ending on December 31, 2019.

Award Amount

The maximum amount an applicant can request from this initiative is \$100,000 total (including overhead). We expect the average award to be \$75,000.

Evaluation

All recipients of Transformative grant funding will be required to collaborate with the COMPASS Initiative evaluators and the evaluators at their respective Coordinating Center to assess the implementation, intended outcomes, and effective practices of their programming. All organizations will also be required to complete a brief organizational survey before funds can be dispersed, which will be utilized to compile maps and directories of HIV-related services in the South and identify areas of programmatic need.

Application Deadline

Completed proposals are due via the COMPASS Initiative website (www.gileadcompass.com) **by 11:59 PM Eastern Standard Time (10:59 Central Standard Time), Monday, October 29, 2018**. Applications must be complete and received by the deadline in order to be considered. Late applications will not be accepted. We strongly encourage completing the application early to allow for unforeseen technical difficulties.

Applications will not be accepted through email, fax, mail, or express delivery without prior written request (due no later than Monday, October 15, 2018) and approval.

Questions about the application process should be emailed to info@gileadcompass.com. Please include "Transformative Grant" and your organization's name in the subject line of the message.

Application Webinars

The COMPASS Coordinating Centers will host two optional webinars for the purpose of providing further clarification about this request for proposals (RFP). These webinars will be recorded and made available on the COMPASS [website](#) for future reference.

Register [HERE](#) for Wednesday, September 19th, 2018, at 2:00 PM EST

Register [HERE](#) for Tuesday, September 25th, 2018, at 11:00 AM EST

Brief Description of Priority Areas

Building Organizational Capacity

This initiative will allow applicants to seek funding to support organizational capacity building activities focused on infrastructure development, coalition and network building, and organizational change-focused projects.

Enhancing Wellbeing, Mental Health, Trauma-Informed Care, and Substance Use

This initiative will focus on enhancing service provision around wellness, mental health, trauma informed care, and substance use (especially opioid use) in the Southern United States.

Reducing HIV-Related Stigma

This initiative will focus on supporting the design, implementation, and evaluation of interventions to reduce HIV-related stigma.

Detailed Description of Priority Areas

Organizational Capacity Building (Emory University Rollins School of Public Health)

Description

[The Emory University Rollins School of Public Health COMPASS Coordinating Center](#) grant making initiative seeks to create long-term, sustainable change in leaders, organizations, and ultimately, communities by supporting capacity building strategies that strengthen the infrastructure and support the viability of HIV/AIDS serving organizations seeking to become high-performers, excelling in governance structure and activities, internal management, and programmatic operations. Grant funds will provide needed resources and an opportunity to accomplish tasks that require additional time, energy, expertise, and innovative thinking beyond everyday operations. Preferred applicants will be organizations led by and/or serving marginalized communities (including MSM of color, women of color, transgender and gender-nonconforming individuals).

Support for staff positions and/or consultants are acceptable requests under this funding initiative. Grant recipients that choose to hire consultants to assist with capacity building efforts are not required to work with a particular consultant, although the selected consultant must be

approved as part of the final stage of the application process. Organizations are not required to have identified consultants at the time of application, but will be expected to have one identified within three (3) months of award. For applicants that need help finding a consultant, the Emory University Rollins School of Public Health COMPASS Coordinating Center staff can serve as a resource. In addition to funding for staff and external consultants, organizations can request funding for project-related costs to cover items including meeting space, relevant travel expenses (for conferences or mentoring/twinning visits with other organizations), equipment and supplies, and additional trainings.

In general, the most successful capacity-building projects will:

- Address management and leadership issues that affect the organization as a whole, rather than a single department or program,
- Focus on a single problem or issue, rather than numerous unrelated issues,
- Be critical to the organization's long-term success in achieving its mission, and
- Address issues that lead to improvements in infrastructure and/or organizational systems and processes as opposed to addressing an immediate crisis.

Focus Areas

The Emory University Rollins School of Public Health Coordinating Center will allow applicants to seek funding to support organizational capacity building activities in three focus areas:

Focus Area (1): Infrastructure Development Projects

Focus Area (2): Building Intentional Alliances through Coalition Building and Network Development

Focus Area (3): Organizational Change or Expansion-Focused Projects

Focus Area (1): Infrastructure Development Projects

Proposed projects in this focus area should strengthen the overall effectiveness of an organization, and may contain a combination of activities and strategies, including but not limited to conducting organizational and community assessments, service evaluations, organizational policies and/or procedures, plan development, and technological enhancements. Eligible organizations can work with a COMPASS-identified consultant, or may choose one of their own.

Examples of eligible work under this focus area could include:

- **Strategic Plan Development,**
- **Board and Leadership Development Activities** (e.g., transitional planning, building an effective leadership team),
- **Finance and Administration Enhancement Activities** (e.g., financial management system transition and training),
- **Service Delivery and Impact Enhancements** (e.g., community needs assessment/evaluation, organizational assessment, program or service evaluation, quality management, advocacy, telehealth services),
- **Resource Development System Enhancements** (e.g., internal grant writing training and staff development, preparing for or implementing 340B),
- **Communications Plan Enhancements** (e.g., developing and implementing a communications plan), and
- **Internal Management and Operations Focused Activities** (e.g., developing a human resources plan; documenting agency policies and procedures; overhauling a system of technology within the organization; developing and implementing a volunteer management program; developing and implementing a staff development program).

Focus Area (2): Building Intentional Alliances through Coalition Building and Network Development

Developing partnerships and coalitions among organizations with similar goals are key strategies used to enhance the reach of community efforts by leveraging the skills, strengths and resources of each partner and increasing effectiveness and efficiency by minimizing duplication and redundancy.

Organizations that apply under this focus area are expected to work with three (3) or more organizations to form a coalition with the purpose of implementing innovative approaches around a shared goal and engaging in the principles of shared leadership. Proposals should equitably engage the leadership and expertise of small organizations and person(s) from populations that are disproportionately impacted by the HIV/AIDS epidemic in the Deep South. Models of coalition building can include:

- **Topical Committees:** A collection of individuals who bring unique knowledge and skills to resolve a particular issue or develop a document or process that benefits the entire group.
- **Networks:** A group of organizations formed primarily for the purpose of resource and information sharing.
- **Task Forces:** A team that works on a single defined task that answers or addresses a short-term need.
- **Coordinated Community Approach Teams:** A group of organizations formed for the purpose of establishing a response protocol to fill the gap of access to services, resources, or professional development.

An application submitted under this focus area must fully describe each organization's individual roles, expertise, and responsibility within the collaborative project and ensure the following:

- Significant changes or decisions in project goals or budgeting should be made, with the agreement of all members of the partnership.
- Each organization that is a part of the collaborative project is responsible for fully implementing project goals and activities.
- Budgets submitted with proposals in this focus area should include costs that may be incurred by the partner organizations. A separate budget for each organization should be submitted. Combined requests should not exceed \$100,000. Projects will be funded via a sub-award from the Emory University Rollins School of Public Health Coordinating Center to the lead organization. The lead organization should set up a fee-for-service agreement with each partner organization to cover any costs that the partner organization(s) may need to cover. If a partner organization cannot accept a fee-for-service agreement, Emory University Rollins School of Public Health Coordinating Center should be consulted to make appropriate arrangements.
- Power differentials amongst organizations must be acknowledged and value agreements must be developed to ensure decisions, votes, information sharing, access, and resources are equitable among all organizations.
- Within the collaborative project, only the lead organization is required to meet all eligibility criteria; but all partners must be located in and doing work in the nine (9) Deep South states.
- Each organization within the collaborative project should identify one point of contact to communicate with Emory and the lead organization submitting the proposal.

Focus Area (3): Organizational Change or Expansion-Focused Projects

Organizational change or expansion-focused projects are only available to organizations that have already initiated the research and due diligence to take on such projects, and plan to initiate the proposed activities within three (3) months of receiving funding (e.g., mergers, expanding services). Documentation of Board approval and engagement in these activities is required.

Examples of organizational change or expansion-focused projects that could be supported include:

- **Expansion of services into a new geographic area or to serve a new population** (e.g., working with a new demographic and preparing the organization to serve this population or expanding services in a new location to assist with minimizing service deserts).
- **Adding a new department or team to the current organizational structure to facilitate organizational operations** (e.g., accepting third party payments, launching a volunteer management system or department, developing a telehealth program).

For proposals submitted under this focus area, please specifically address the following:

For expansion projects, clearly describe the challenges previously faced by the organization to serve this area/community (if applicable), and explain the needs, service gaps, and/or deficiencies addressed through the proposed expansion (demographic and/or geographic) project. Clearly express how the community identified in this proposal will benefit from the implementation of this project.

For organizational restructuring projects, include a description of the current organizational structure and services provided, and an explanation of how this project will help strengthen existing services or the agency and/or make services more accessible to others.

Evaluation

Driven-driven programming is core to the objectives of the Emory University Rollins School of Public Health COMPASS Coordinating Center. Evaluation provides key data to help us learn from the process of project implementation, develop organizational capacity, enhance community accountability, and identify effective practices. If funded, your organization will be required to work collaboratively with the Emory University Rollins School of Public Health COMPASS Coordinating Center to define and report on common evaluation indicators and performance measures. Your organization will also be required to work collaboratively with the COMPASS Initiative evaluator, [ETR](#).

Wellbeing, Mental Health, Substance Use, Trauma-Informed Care, and Telehealth (University of Houston Graduate College of Social Work):

Description

[The University of Houston Graduate College of Social Work \(GCSW\) Coordinating Center](#) is founded on the evidence that social determinants of health, such as social, community and policy contexts, health and health care, and neighborhood and built environments, shape individual wellbeing. This potentially unequal distribution of health-damaging contexts and experiences is the result of a toxic combination of structural and systematic violence and

oppression, impacting an individual's mental health and general wellbeing. Organizations, thus, need to have the capacity not only to provide culturally appropriate and affirmative mental health care, harm reduction services, and general wellness programs but to also move the needle on the aforementioned social and structural conditions. The purpose of the SUSTAIN Wellbeing COMPASS Coordinating Center is to strengthen organizational capacity around HIV/AIDS prevention and care efforts in the Southern United States in the context of wellness, mental health, trauma-informed care, and substance use.

Please note: You are required to pick one focus area and one track. These should be mentioned clearly in the proposal (in the project narrative/description section).

Please pick one of the focus areas for your proposal (detailed description below):

- Wellness/Wellbeing
- Mental Health
- Substance Use (especially the Opioid epidemic) and HIV/AIDS
- Telehealth

The SUSTAIN Wellbeing COMPASS Coordinating Center will fund the development, implementation, and evaluation of one of the **following tracks (detailed description below)**

- a. Grassroots programs,
- b. Evidenced-based programming, *or*
- c. Strategic coordination in areas of wellbeing, trauma, mental health, and substance use (especially opioids and harm reduction).

Focus Areas

Addressing the HIV/AIDS crisis is not limited solely to issues of healthcare access and delivery, but also involves creating culturally appropriate, trauma-informed, and gender affirmative care that is based on intersectionality practice, especially racial and social justice. The SUSTAIN Wellbeing COMPASS Coordinating Center focuses on the following content areas: wellness/wellbeing, trauma informed care, mental health, and substance use (particularly opioids and harm reduction). The following focus areas and tracks (see below) were chosen to build the capacity of organizations to meet people where they are and encourage an intentional, thoughtful process of building local partnerships between community organizations, state and county health departments, and other entities in priority geographic areas. This is to ensure that services for individuals are as seamless and accessible as possible, and assist communities with replication or adaption of existing models of interventions or best practices. An individual at the intersection of multiple identities and experiences could face multiple systems of oppressions as well as additional challenges and obstacles. It is important that their lived experiences are not left out of HIV research and advocacy solely because they do not categorically fit into one of the vulnerable populations. The need for innovative multi-level interventions, racial/social justice, and the principle of intersectionality could reveal social inequities previously invisible to more comprehensively address the social and structural determinants of the ongoing epidemic in the South.

Wellness/Wellbeing

Wellbeing is an active process of becoming aware of and making choices toward a healthy and fulfilling life. It is more than being free from illness, it is a dynamic process of change and growth. Wellbeing matters because everything we do and every emotion we feel relates to our overall wellbeing. In turn, our wellbeing directly affects our actions and emotions.

Funding for wellness could include programs with one or more of the following components:

- Mind, body and spirituality programs,
- Holistic health including physical fitness, nutrition, and support in clinical and non-clinical environments, and
- Creating and fostering connections and mutual support for priority populations.

Mental Health

As people enter into social services, a comprehensive assessment of their history, needs, and wellbeing should include an assessment of their mental health as well as any trauma they have experienced. HIV and related opportunistic infections can also directly impact the brain and nervous system. This may lead to problems in memory, thinking, and behavior and can be a challenge to a person's mental health. The HIV Costs and Services Utilization Study (HCSUS) found that nearly 50 percent of adults being treated for HIV also have symptoms of a psychiatric disorder—prevalence that is 4 to 8 times higher than in the general population (RAND, 2018).

Funding for mental health could include programs with one or more of the following components:

- **Reframing Mental Health Services:** Instead of using the language “mental health services,” efforts to repackage mental health as a part of a suite of “healthy you” screenings and services to increase utilization and eliminate fear of stigma in accessing support; develop/implement better screeners or assessments; mental health awareness campaigns.
- **Incorporating Trauma-Informed Care into Service Provision:** Becoming “trauma-informed” means recognizing that people often have experienced many different types of trauma in their lives, both interpersonal as well as structural and systemic. People who have been traumatized need support and understanding from those around them. For more information on trauma-informed care, visit www.samhsa.gov/nctic/trauma-interventions or <https://effectiveinterventions.cdc.gov/>.
- **Healing Justice:** Healing justice is active intervention in which we transform the lived experience of Blackness in our world. Healing justice is necessary in a society that criminalizes Blackness, and structurally ensures trauma for Black people while creating no space, time resource for healing. For more information, visit <https://blacklivesmatter.com/healing-justice/> or <http://www.beam.community/healing-justice>.

Substance Use (especially the Opioid epidemic) and HIV/AIDS

Substance use can often contribute to damaging social, medical, and mental health outcomes that many individuals in our society face, yet the topic is often avoided, poorly addressed, and stigmatized. Most recently, public awareness of the opioid crisis in this country has created a bridge to dialogue with policymakers who do not currently prioritize mental health, substance use disorders or HIV. This is also an integral moment in time in which harm reduction is at the forefront. Harm reduction is a strategy, set of policies, programs, and practices that aim primarily to reduce the negative impact of using drugs. Harm reduction approaches should be practical, feasible, effective, safe, and cost-effective. [Harm Reduction Coalition](#) adds that it is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Funding for substance use could include programs with one or more of the following components:

- Reframing substance use services to harm reduction orientation and services,
- Rapid response programs to provide care to those impacted by or at risk of the opioid epidemic, and
- Substance Abuse and Mental Health Services Administration (SAMHSA) evidence-based practices (EBPs) for substance abuse treatment or substance abuse prevention, including but not limited to:
 - Adaptive Stepped Care (ASC),
 - Adolescent Community Reinforcement Approach (A-CRA)/ Assertive Continuing Care (ACC) (A-CRA/ACC), and
 - More programs can be found at <https://nrepp.samhsa.gov/AdvancedSearch.aspx>.

Telehealth

One of the largest barriers to HIV care and prevention is access and affordability. Telehealth technology can help individuals with accessing information about HIV prevention and care as well as obtain mental health services via the web. Additionally, the appointments themselves could potentially reduce the cost as well as the burden for the individual to travel far for an appointment.

Funding for telehealth in the context of mental health, trauma informed care and wellness could include programs with one or more of the following components:

- Increasing reach and accessibility of mental health services by leveraging technology, be it videoconferencing or use of smartphones.
- Building the infrastructure (training and protocols, equipment, broadband access) necessary to support pilot programs, scale and replication.

Note: Telehealth activities must address wellness, trauma-informed care, mental health, and substance use (especially opioids) to be eligible for application.

Tracks

Applicants must select one of the following three tracks. These tracks are to enhance HIV/AIDS prevention and care efforts by incorporating attention to the role of wellness, trauma, mental health, and substance use (especially opioids and harm reduction).

Please note: You must specify your track, how you will enhance HIV/AIDS prevention and care efforts in the areas of wellness, trauma, mental health, and substance use, and provide a reason of why you feel it is most appropriate for your organization.

Track 1: Grassroots Programming

This track will support the documentation, implementation, and evaluation of locally-developed or adapted and potentially effective but not evaluated projects/programs. Acceptable programs could include those that are designed to improve HIV/AIDS prevention and care capacity by incorporating wellness, trauma, mental health, and substance use (especially opioids and harm reduction). Please provide an outline of the proposed program in the appendix.

Grassroots Programming that are **not acceptable** for this RFP include:

- Programs that have already undergone a rigorous outcome evaluation.

- Programs that have not been delivered to the target population for at least six (6) months.
- Programs for which there are no formalized documentation materials or procedures (e.g., curricula and/or facilitator guides or manuals, standard operating procedures or policies, or internal written documentation of intervention activities) unless the development of said material is part of your grant activities.
- Programs listed on CDC's Compendium of Evidence-based Interventions and Best Practices for HIV Prevention Interventions [website](#) or SAMHSA's National Registry of Evidence Based Programs and Practices [website](#).

Track 2: Evidence-Based Programming

Programs recognized as evidence-based have demonstrated the highest level of evidence of effectiveness. These programs, if implemented with adherence to the program developer's model, are likely to produce positive outcomes for individuals.

EBPs are based on rigorous study of the effects or outcomes of specific interventions or model programs. They demonstrate reliable and consistently positive changes in important health-related and functional measures.

Packaged Programs: Tested model programs are translated into practical, effective community-based programs. As a result, the program's content and fidelity should be consistent in all settings, and it will be easy to deliver. Packages usually include implementation manuals and specialized training.

Below is a series of evidence-based programming that can be implemented:

- Trauma, Addiction, Mental Health, and Recovery (TAMAR),
- Addiction and Trauma Recovery Integration Model (ATRIUM),
- Life Goals Collaborative Care (LGCC),
- Healer Women Fighting Disease (HWFD),
- Wellness Recovery Action Plan (WRAP),
- Motivational Interviewing (MI), and
- Screening, Brief Intervention, and Referral to Treatment (SBIRT).

Please visit [SAMHSA's website](#) for more information regarding evidence-based programming.

Track 3: Intentional Alliances/Strategic Coordination

The overall goal of this track is to support coordination efforts between organizations/agencies to eventually change structural conditions and thus, enhance and increase access to appropriate care around wellness, mental health, and substance use (especially opioids and harm reduction). Applicants that select this track should indicate the organization (at least one other organization and up to three organizations total) that they plan to partner with for the proposed project. They should also highlight the strategy in the project narrative section of the proposal.

By supporting coordination, we expect to see the following system-level outcomes:

- Increased ability to address social determinants of health that impacts wellness, trauma, mental health, and substance use (especially opioids).

- Increased understanding of how these systems impact the HIV health outcomes of people living with HIV (PLWH) and other priority populations.

Enhanced coordinated care models and better tools to help HIV service providers build capacity around wellness, trauma, mental health, and substance use (especially opioids and harm reduction).

Evaluation

The SUSTAIN Wellbeing COMPASS Coordinating Center values rigorous evaluation of its own work and the work of grantees. Evaluation helps us learn from the process of project implementation, develop organizational capacity, enhance community accountability, and identify effective practices. Applicants should submit a brief evaluation overview as part of their proposal. This should include the intended outcomes of the project. Furthermore, this evaluation overview should demonstrate measurable commitment to the mission and [core imperatives](#) of the COMPASS Initiative. If funded, your organization will be required to work collaboratively with SUSTAIN Wellbeing COMPASS Coordinating Center on common evaluation indicators and performance measures.

For proposals submitted under Wellbeing, Mental Health, Substance Use, Trauma-Informed Care, and Telehealth, please specifically address the following in the project narrative portion of the application:

- **Specify your focus area and track,**
- **Population(s) of focus the program is intended for,**
- **How you will enhance HIV/AIDS prevention and care efforts in the areas of wellness, trauma, mental health, and substance use.**
- **Provide a reason of why you feel the selected focus area and track is most appropriate for your organization. We encourage innovative programs that not only build organizational capacity around the specified focus area but also move the needle on the social and structural conditions, such as policies, physical environment, norms, and culture, that shape the wellbeing of communities**

HIV-Related Stigma Reduction (Southern AIDS Coalition):

Description

There is a pronounced need to design, implement, and evaluate interventions to reduce HIV-related stigma for PLWH. This need is greatest in the Deep South, a subset of nine (9) states, and is a significant driver of the epidemic in the United States. People living with HIV in the Deep South experience considerable HIV-related stigma. This stigma, particularly when internalized, is associated with negative health outcomes, including poorer medication adherence and missed medical appointments. Consequently, fewer Southerners living with HIV receive timely medical care and treatment, fewer have their virus suppressed, and a disproportionate number are missing out on the opportunity to preserve their health and avoid transmitting the virus to their partners. Mortality remains alarmingly high as a result, with death rates in some southern states reaching nearly three times higher than the national average

[The Southern AIDS Coalition \(SAC\) Coordinating Center](#) seeks to support the design, implementation, and evaluation of interventions to reduce internalized HIV-related stigma in the

Deep South. By intervention, we mean any combination of program elements or strategies designed to reduce HIV-related stigma by either:

- a. Influencing knowledge, attitudes, beliefs, and skills among PLWH,
- b. Increasing social support for PLWH, *or*
- c. Creating supportive environments, policies, and resources for PLWH.

We encourage applicants to think creatively. Your intervention may include multiple strategies such as educational programs for persons living with HIV, working with PLWH to support new or stronger policies, leadership training for PLWH, or a health promotion campaign to increase knowledge about HIV. Interventions may also be implemented in different settings, including communities, worksites, schools, health care organizations, faith-based organizations, or in the home. Interventions implemented in multiple settings and using multiple strategies are typically the most effective in producing desired and lasting change because of the potential to reach a larger number of people in a variety of ways.

Ultimately, our goal is to identify scalable and fundable interventions that are effective at reducing internalized HIV-related stigma and capable of being replicated elsewhere in the South. As such, we are deeply committed to the evaluation of these interventions. The evaluation plan for funded programs should outline the expected outcomes from the proposed intervention and a process for measuring these outcomes.

Evaluation

We want to ensure all grantees are collecting data that can be compiled and compared across sites, including a set of common evaluation indicators and performance measures. In addition to the COMPASS Initiative evaluator ([ETR](#)), the Southern AIDS Coalition works collaboratively with the Center for Health Policy and Inequalities Research (CHPIR) at Duke University to evaluate the implementation and outcomes of this funding. If funded, your organization will be required to work collaboratively with CHPIR on these common evaluation indicators and performance measures.

Application Process, Award Information, and Timeline

Review Process

Independent Review Committee

Grant applications will be reviewed by an independent review committee composed of community members from each of the nine (9) states eligible for funding and representing each of the areas of expertise of the three COMPASS Coordinating Centers.

Timeline

Application and Funding Timeline	
Date	Funding Activity
September 4, 2018	Request for Proposals Released
September 19, 2018	Webinar 1
September 25, 2018	Webinar 2
October 29, 2018	Completed Application Due by 11:59 PM EST

November 30, 2018	Applicants Notified of Funding Decisions
January 1, 2019	Grant Period Begins
February 2019	Grantee Convening
June 30, 2019	Interim Grantee Report Due
December 31, 2019	Grant Period Ends
January 31, 2020	Final Grantee Report Due

Additional Requirements and Restrictions

Allowable Expenses

- Direct program expenses, including but not limited to the following: personnel expenses, consultant costs, fringe benefits, and travel to implement the proposed project;
- Cultural Competency Training;
- Pilot and demonstration projects;
- Replication/Expansion of successful interventions;
- Public health capacity building;
- Policy and statistical analysis in line with programmatic goals;
- Strategic communications, including public/patient education;
- Community engagement and coalition-building;
- Program research and evaluation; and
- Indirect expenses of up to 10% of the proposed budget.

Prohibited Expenses

- Medications or purchasing of medications;
- Direct medical expenses, including labs;
- Existing deficits;
- Basic biomedical research, clinical research, or clinical trials;
- Projects that directly influence or advance Gilead Science, Inc.'s business, including purchase, utilization, prescribing, formulary position, pricing, reimbursement, referral, recommendation, or payment for products;
- Individuals, individual health care providers, or physician group practices;
- Events or programs that have already occurred; and
- Government lobbying activities.

Unallowable Activities

- Projects that focus on or include pre-exposure prophylaxis (PrEP);
- Procedures or policies that exclude community members from receiving adequate and efficient health care, safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived sex, age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children;
- Procedures or policies that compromise the confidentiality of information and/or privacy of persons being served at or by the applying organization/individual;
- Project designs and budgets that fail to account for the access needs of individuals with disabilities, with limited English proficiency, or who are deaf or hard of hearing;
- Projects that place a criteria or requirement for community members to access services;

- Project activities that promote or create a unsafe, uncomfortable, or counter-productive work environment;
- Project activities that exclude staff that are representative of the community members being targeted through this grant project from serving in leadership or advisory capacity;
- Grant funds may not be used to provide legal representation in civil and criminal matters, such as family law cases (divorce, custody, visitation, and child support), housing cases, consumer law cases, and other legal cases.

Note: This list is not exhaustive. Applications that propose any activities that comprise a community member’s safety and access to services may receive a deduction in points during the review process or may be eliminated from consideration entirely.

Application Requirements

Formatting and Technical Requirements

Applications must adhere to the requirements listed below. Points may be deducted for applications that fail to adhere to these requirements.

1. Application must be double-spaced and no more than 24 pages. Supplemental materials (attachments) except for your work plan do not count toward this page limit.
2. Pages must be 8.5 x 11 inches with one-inch margins.
3. Pages must be numbered.
4. Application must use 12-point Time New Roman or Arial font.
5. Applications must be saved as a Microsoft Word (.doc) or PDF (.pdf) file and uploaded through the Gilead COMPASS Initiative™ website (www.gileadcompass.com).
6. Questions should be answered in the order outlined in the application. Use of headings and subheadings is strongly encouraged.
7. Applications should include appropriate references when citing data.
8. Applications must include all required supplemental materials. Applications that do not include all required supplemental materials will be considered substantially incomplete and will not be considered for funding. Templates for supplemental materials can be downloaded from the COMPASS Initiative website (www.gileadcompass.com).
9. Memorandum of Agreements (MOAs) or Letters of Support (LOS) must be signed by all parties.

Application Details

Submitted applications must include three major sections 1) Project Cover Page 2) Project Narrative, and 3) Supplemental Materials. Below is a description of these various components, the amount of points they are weighted in the overall score of your application, and additional details.

Please Note: Please revisit the specific requirements for each Coordinating Center and programmatic focus areas for additional instructions.

Project Cover Page	
Section	Additional Details
1. Project Title	-
2. Total Amount Requested	Maximum \$100,000

3. Priority Area	Select <u>one</u> of the following: 1. Organizational Capacity Building 2. Wellbeing, Mental Health, Substance Use, and Trauma-Informed Care 3. HIV-Related Stigma Reduction
4. Project Abstract	5-6 sentence summary of your project

Project Narrative			
Section	Points	Maximum Length	Additional Details
1. Statement of Need	15	2 pages	Please describe the HIV epidemic in your geographic region as it relates to your proposed priority area.
2. Organizational Background and Capacity	20	4 pages	Please provide a brief description of your organization's history and purpose, including mission, goals, and priority populations. (If you don't hold 501(c)(3) status, please briefly describe your fiscal sponsor, including its history, purpose, and relationship to your work.) Please also describe the role your organization plays with regard to the intersection between HIV and other social and racial justice issues. If your organization does not have a history of such intersectional work, please describe how you plan to integrate a more intersectional approach to addressing HIV in your community.
3. Project Description	25	8 pages	Please provide a detailed description of your proposed project using the headers below, including: <ul style="list-style-type: none"> Detailed description of the proposed project (see Coordinating Center specific requirements and insert the relevant program components here, including information about the proposed intervention or program). Population of focus on which the project is intended to serve. How your organization/community will benefit from the proposed project. How the proposed project meets the goals of respective coordinating center. How the proposed project helps to enhance access to high-quality HIV care and/or prevention services.
4. Project Work Plan	20	4 pages	Please use the provided template to provide information about your proposed goals, objectives, key activities, and anticipated outcomes.
5. Evaluation Plan	10	2 pages	Please provide an overview of how you intend to evaluate the impact of your proposed project. Your evaluation plan should demonstrate a measurable

			<p>commitment to the mission and guiding principles of the COMPASS Initiative. Please note, detailed reporting and additional evaluation requirements will be discussed post award. Evaluation designs will differ depending on project specifics, but should include:</p> <ul style="list-style-type: none"> • Specific program/intervention components, • The method by which the data/information will be collected, and • Description of anticipated program/intervention outcomes (both process and final outcomes).
6. Sustainability/ Replicability	10	2 pages	Please describe how your organization plans to sustain the proposed project beyond the 12-month funding period <u>and</u> how the proposed project might be replicated elsewhere in the South.
7. Technical Assistance (Optional)	-	1 page	Please describe any technical assistance support that your organization will need to successfully implement your proposed project.

Supplemental Materials	
Required	
<ol style="list-style-type: none"> 1. Project Budget Template 2. Work Plan 3. 501(c)(3) Verification (or letter from fiscal sponsor or agent) 4. Audit (if your organization does not undergo an audit, then attach your most recent IRS Form 990) 5. Board of Directors List 6. Diversity Table 	
Optional	
<ol style="list-style-type: none"> 1. Memorandum of Agreement (MOA) or Letters of Support (if any) 	

References

- Centers for Disease Control and Prevention (CDC). (2016). *HIV in the Southern United States*. CDC Issue Brief. <https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf>
- National Institute of Mental Health (NIMH). (2017). *Mental Illness*. Retrieved from https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154910.
- RAND Health. (2018). *HIV Cost and Services Utilization Study (HCSUS) Key Findings*. Retrieved from <https://www.rand.org/health/projects/hiv/HCSUS-findings.html>.