

Minority AIDS Initiative – Service Integration

March 8, 2022

2:30 – 4:00 pm EST

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[Application Link: https://www.samhsa.gov/grants/grant-announcements/sm-22-005](https://www.samhsa.gov/grants/grant-announcements/sm-22-005)



SAMHSA
Substance Abuse and Mental Health
Services Administration

Basic Information

Estimated Award Amount: \$485,000 per award

Length of Project Period: Up to four (4) years

Due Date: April 25, 2022

Anticipated Start Date: September 30, 2022

Program Purpose

The purpose of this program is to provide resources to help reduce the co-occurring epidemics of HIV, Hepatitis, and mental health disorders through accessible, evidence-based, culturally appropriate mental and co-occurring disorder treatment that is integrated with HIV primary care and prevention services.

SAMHSA expects that this program will help reduce the incidence of HIV and improve overall health outcomes for those at-risk individuals with a mental health disorder or co-occurring disorder (COD).

Eligibility

Eligible applicants are domestic public and private non-profit entities, for example:

- States and territories
- Political sub-divisions of states
- Federally recognized American Indian/Alaska Native tribes, tribal organizations, Urban Indian Organizations and consortia of tribes or tribal organizations, community and faith-based organizations).

All non-profit entities must submit documentation of their non-profit status in **Attachment 8** of your application.

Appendix C – General Eligibility Information (NOFO, Pg. 47)

Required Application Components (p. 17)

- SF-424
- SF-42A Budget Information Form (NOFO, p. 18)
- Project Narrative – no longer than 10 PAGES (p. 18)
- Budget Justification and Narrative – See Appendix L (p. 71)
- Attachments 1-10 (see p. 19 - 21 for page limitations)

Attachments

Attachment 1: Evidence of Experience and Credentials

Attachment 2: Data Collection Instruments/Interview Protocols

Attachment 3: Sample Consent Forms

Attachment 4: Project Timeline

Attachment 5: Biographical Sketches and Position Descriptions – See Appendix G (page 56)

Attachment 6: Letter to the SSA – if applicable. See Appendix J (pages 63-64)

Attachment 7: Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines. See Appendix D (pages 48-50)

Attachment 8: Documentation of Non-profit status

Attachment 9: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations

Attachment 10: Certification of Geographic Catchment Area – See Appendix M (Pages 76)

Application Submission

All applicants must register with NIH's eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, start the registration process immediately. Do not wait to start this process.

**SEE APPENDIX A
FOR DETAILED INSTRUCTIONS**

Application Submission

- Applicants are required to complete **four (4) registration processes**:
 - Dun & Bradstreet Data Universal Numbering System (to obtain a DUNS number);
 - System for Award Management (SAM);
 - Grants.gov; and
 - eRA Commons.
- If you have already completed registrations for DUNS, SAM, and Grants.gov, you need to ensure that your accounts are still active, and then register in **eRA Commons**.

**SEE APPENDIX A
FOR DETAILED INSTRUCTIONS**

Purpose

The purpose of this program is to provide resources to help reduce the co-occurring epidemics of HIV, Hepatitis, and mental health disorders through accessible, evidence-based, culturally appropriate mental and co-occurring disorder treatment that is integrated with HIV primary care and prevention services. SAMHSA expects that this program will help reduce the incidence of HIV and improve overall health outcomes for those at-risk individuals with a mental health disorder or co-occurring disorder (COD).

The population of focus is individuals, ages 18 and over, of racial and ethnic minorities (e.g., black/African American, Hispanic/Latino, American Indian, Alaska Native, Native Hawaiian, and Asian and Pacific Islander populations, etc.) with a mental health disorder or co-occurring disorder (COD) living with or at risk for HIV and/or hepatitis. These at-risk populations are disproportionately impacted by HIV and hepatitis.

In 2018, Black/African Americans represented 13 percent of the US population, but 41 percent of people with HIV. Hispanics/Latinos represented 18 percent of the population, but 23 percent of people with HIV. Similar disparities are seen in the latest incidence of HIV among Blacks/African Americans representing 42 percent of new HIV cases while Hispanics/Latinos represent 28 percent of new HIV cases. Three quarters of new HIV cases in the United States are among racial and ethnic minorities. To help reduce these disparities, the MAI-SI grant program focuses on ethnic and racial minorities. **[Priority will be given to communities accounting for the greatest number of HIV cases](#)**
<https://www.cdc.gov/endhiv/jurisdictions.html> (see **[Appendix M](#)** – ***Localities Hardest Hit by the HIV Epidemic.***)

Key Personnel

- Key personnel for this program are:
 - **Project Director** – minimum 50% level of effort (LOE).
 - **Clinical Director*** – minimum 20% LOE
 - **Evaluator** – minimum 10% LOE

These positions require prior approval by SAMHSA after a review of job descriptions and staff credentials.

*The Clinical Director must either be a medically trained professional (e.g., psychiatrist, physician, nurse, nurse practitioner) or have experience, knowledge, and ability in care coordination of the health and behavioral health needs of individuals with chronic complex health problems.

Required Activities

- Provide easily accessible HIV and hepatitis prevention services (e.g., screening, risk assessment, prevention counseling, HIV and hepatitis testing, referral to pre-exposure prophylaxis (PrEP), hepatitis vaccination) within a behavioral health care setting.
- Provide culturally-informed evidence-based treatment and practices for individuals with mental health disorders or COD that are trauma-informed, recovery-oriented, and culturally appropriate.
- Provide peer support services for individuals with mental health disorders or COD.
- Implement outreach strategies that effectively target the populations in need of these services to inform individuals of available behavioral health services, HIV and hepatitis primary care, and prevention services.
- Provide case management services to coordinate all aspects of care, including behavioral health, primary care, HIV and hepatitis treatment, other supportive services (e.g., housing, benefits, employment), and transitions to the community after any hospitalization or emergency room visit.

Required Activities, cont.

- Develop Memorandum of Agreements (MOAs) with the following:
 - Primary HIV treatment and care providers, including Ryan White providers, to strengthen integration of care through case management.
 - Treatment providers for referrals and linkages to follow-up care and treatment for individuals with viral hepatitis (B or C).
 - Care providers for referrals and linkages to Pre-Exposure Prophylaxis (PrEP).
 - Care providers for referrals and linkages to primary care services.

Data Collection and Performance Measurement

- **National Outcome Measures**

- Report performance on the following: demographic data, functioning, military family and deployment, violence and trauma, stability in housing, education and employment, criminal justice involvement, perceptions of care, social connectedness, and HIV-specific measures.
- Data is collected at baseline, 6 months after baseline, and at discharge.
- Data is reported into SPARS within 7 days of data collection and included in annual performance reports.

- **Infrastructure, Prevention and Promotion Indicators:**

- The number of organizations collaborating/ coordinating/ sharing resources with other organizations as a result of the grant.
- The number of individuals screened for mental health or related interventions.
- Data is collected and reported quarterly into SPARS

Funding Restrictions

- No more than 15 percent of the total grant award for the budget period may be used for infrastructure development. (**NOTE:** infrastructure development required and allowable activities are marked as such in Section I.3.)
- No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.
- No more than 5 percent of the total grant award for the budget period may be used for the following hepatitis testing and services (based on risk and USPSTF guidelines):
 - Viral hepatitis B and C (antibody and confirmatory) testing;
 - Viral hepatitis A and B vaccination (including purchase and administration);
 - Purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.); and
 - Training for staff related to viral hepatitis (B and C) testing.

Funds may not be used for providing HIV or hepatitis primary care services. However, costs related to HIV or hepatitis testing, pre-and post-counseling, and confirmatory testing may be included in the budget.

Application Evaluation Criteria

Section A: Population of Focus and Statement of Need

(20 points – approximately 1 page)

Section B: Proposed Approach (30 points – approximately 5 pages)

Section C: Proposed Evidence-Based Practices

(25 points approximately 2 pages)

Section D: Staff, Management and Relevant Experience

(15 points approximately 1 page)

Section E: Data Collection and Performance Measurement

(10 points – approximately 1 page)

Section A: Population of Focus and Statement of Need

FIVE ADDITIONAL POINTS WILL BE GIVEN IN THIS SECTION FOR THOSE ORGANIZATIONS WITHIN THE LOCALITIES HARDEST HIT BY THE HIV EPIDEMIC – SEE APPENDIX M. ALL OTHER APPLICANTS CAN OBTAIN A MAXIMUM OF 15 POINTS FOR THIS SECTION.

1. Identify and describe your population(s) of focus and the geographic catchment area where services will be delivered that align with the intended population of focus. Provide a demographic profile of the population of focus in the catchment area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Describe the extent of the problem in the catchment area, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in your response to A.1. Provide specific documentation of the impact of the HIV epidemic in the catchment area and the lack of resources to effectively address the problem. Identify the source of the data.

Appendix M: Localities Hardest Hit by the HIV Epidemic

48 counties, San Juan, Puerto Rico, Washington, D.C.; 7 states

<p><u>Counties</u></p> <p><u>Arizona</u> Maricopa County</p> <p><u>California</u> Alameda County Los Angeles County Orange County Riverside County Sacramento County San Bernardino County San Diego County San Francisco County</p> <p><u>Florida</u> Broward County Duvall County Hillsborough County Miami-Dade County Orange County Palm Beach County Pinellas County</p> <p><u>Georgia</u> Cobb County DeKalb County Fulton County Gwinnett County</p> <p><u>Illinois</u> Cook County</p> <p><u>Indiana</u> Marion County</p>	<p><u>Louisiana</u> East Baton Rouge Parish Orleans Parish</p> <p><u>Maryland</u> Baltimore County Montgomery County Prince George's County</p> <p><u>Massachusetts</u> Suffolk County</p> <p><u>Michigan</u> Wayne County</p> <p><u>Nevada</u> Clark County</p> <p><u>New Jersey</u> Essex County Hudson County</p> <p><u>New York</u> Bronx County Kings County New York County Queens County</p> <p><u>North Carolina</u> Mecklenburg County</p> <p><u>Ohio</u> Cuyahoga County Franklin County Hamilton County</p>	<p><u>Pennsylvania</u> Philadelphia County</p> <p><u>Tennessee</u> Shelby County</p> <p><u>Texas</u> Bexar County Dallas County Harris County Tarrant County Travis County</p> <p><u>Washington</u> King County</p> <p>Washington, D.C.</p> <p><u>Territories</u></p> <p><u>Puerto Rico</u> San Juan Municipio</p> <p><u>States</u></p> <p>Alabama Arkansas Kentucky Mississippi Missouri Oklahoma South Carolina</p>
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Section B: Proposed Approach

1. Describe the goals and measurable objectives (see [Appendix F](#)) of the proposed project and align them with the Statement of Need described in A.2. Provide the following table:

Number of Unduplicated Individuals to Be Served with Grant Funds				
Year 1	Year 2	Year 3	Year 4	Total

2. Describe how you will implement all of the Required Activities in Section I.

3. In **Attachment 4**, provide a chart or graph depicting a realistic timeline for the entire four years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I [**NOTE**: Be sure to show that the project can be implemented, and service delivery can begin as soon as possible and no later than four months after grant award. **The timeline cannot be more than two pages and should be submitted in Attachment 4.**] The recommendation of pages for this section does not include the timeline.

Section C: Proposed Evidence-Based Practices

1. Identify the Evidence-Based Practice(s) (EBPs), evidence-informed, and/or culturally promising practices that will be used. Discuss how each intervention chosen is appropriate for your population(s) of focus and the outcomes you want to achieve. Describe any modifications that will be made to the EBP(s) and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.
2. Describe how you will monitor and ensure fidelity of EBPs, evidence-informed and/or promising practices that will be implemented.

Section D: Staff, Management, and Relevant Experience

1. Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this NOFO. Identify other organization(s) that you will partner with in the proposed project. Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. If applicable, Letters of Commitment from each partner must be included **Attachment 1** of your application. If you are not partnering with any other organization(s), indicate so in your response.
2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director, Clinical Director and Evaluator) and other significant personnel. Describe the role of each, their level of effort, and qualifications, to include their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s). The Clinical Director must either be a medically trained professional (e.g., psychiatrist, physician, nurse, nurse practitioner) or have experience, knowledge, and ability in care coordination of the health and behavioral health needs of individuals with chronic complex health problems

Section E: Data Collection and Performance Measures

1. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor, and enhance the program.

Questions?

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Government Project Officer

Minority AIDS Initiative – Service Integration

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