Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

FY 2015 Program Supplements for Violence Intervention to Enhance Lives

(Short Title – VITEL)

(Initial Announcement)

Request for Applications (RFA) No. TI-15-013

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

PART 1: Programmatic Guidance

[Note to Applicants: This document must be used in conjunction with SAMHSA's "Request for Applications (RFA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements". PART I is individually tailored for each RFA. PART II includes requirements that are common to all SAMHSA RFAs. You must use both documents in preparing your application.]

Key Dates:

Application Deadline	**Applications are due by June 22, 2015.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of one-year supplemental funding to enable grantees from the Targeted Capacity Expansion: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS Minority Women (TCE-HIV: Minority Women) cohort funded in FY 2013 to expand/enhance grant activities required under the 2013 Request for Applications (RFA). The Violence Intervention to Enhance Lives (VITEL) supplemental grants will allow awardees to enhance existing substance use disorder (SUD) treatment services by implementing intimate partner violence (IPV) screening. Information on the TCE-HIV: Minority Women program may be found in the original funding announcement, TI-13-011 available on the SAMHSA website at http://media.samhsa.gov/Grants/archives.aspx. This program is being funded by the Secretary's Minority AIDS Initiative Fund (SMAIF).

Funding Opportunity Title:	Violence Intervention to Enhance Lives (VITEL)
Funding Opportunity Number:	TI-15-013
Due Date for Applications:	June 22, 2015
Anticipated Total Available Funding:	$350,000
Estimated Number of Awards:	Up to 5 awards
Estimated Award Amount:	Up to $70,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	One year
Eligible Applicants:	Current SAMHSA FY 2013 Targeted Capacity Expansion: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS Minority Women (TCE-HIV: Minority Women) grantees [See Section III-1 of this RFA for complete eligibility information.]

Be sure to check the SAMHSA website periodically for any updates on this program.

I. FUNDING OPPORTUNITY DESCRIPTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of one-year supplemental funding to enable grantees from the Targeted Capacity Expansion: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS Minority Women (TCE-HIV: Minority Women) cohort funded in FY 2013 to expand/enhance grant activities required under the 2013 Request for Applications (RFA). The Violence Intervention to Enhance Lives (VITEL) supplemental grants will allow awardees to enhance existing substance use disorder (SUD) treatment services by implementing intimate partner violence (IPV) screening. Information on the TCE-HIV: Minority Women program may be found in the original funding announcement, TI-13-011 available on the SAMHSA website at http://media.samhsa.gov/Grants/archives.aspx. This program is being funded by the Secretary's Minority AIDS Initiative Fund (SMAIF).

The purpose of the TCE-HIV: Minority Women program is to expand SUD treatment and HIV services for African American, Hispanic/Latina and other racial/ethnic minority women (ages 18 years and older), including heterosexual, lesbian, and bisexual persons, women who were previously incarcerated, and their significant others, who have substance use disorders and/or co-occurring substance use and mental disorders and are living with or at risk for HIV/AIDS (hereafter known as "the population of focus"). The VITEL grants will allow five existing grantees the opportunity to enhance their current SUD treatment services by implementing IPV screening. The goals of the VITEL program are 1) reduce IPV through screening and referrals, 2) reduce risky behaviors that lead to new HIV infections and substance use disorders, 3) increase access to care and improve health outcomes for people living with HIV and AIDS, 4) reduce HIV-related health disparities resultant from IPV screening tool implementation, and 5) determine the feasibility of integrating IPV screening in behavioral health settings.

At a minimum the funds awarded will be used to conduct the following activities:

- Incorporate IPV screening via the Hurt, Insult, Threaten with harm, and Scream at them (HITS) tool into existing screening protocols, which includes substance use and mental disorders, trauma, HIV testing, and Hepatitis B/C testing;
- Train grantee staff on SAMHSA's Trauma-Informed Approach (TIA http://newsletter.samhsa.gov/2015/03/samhsas-concept-trauma-guidance-trauma-informed-approach/), domestic violence, and IPV to promote effective screening and education of women;
- Track and monitor adherence to the National CLAS Standards (culturally and linguistically appropriate) when executing IPV screenings;

- Promote familiarization of local IPV support services among grantee personnel;
- Incorporate safety planning into client visit, inclusive of follow-up monitoring to include referrals; and
- Monitor and evaluate IPV screening implementation and outcome.

If trauma-informed and related supportive services (i.e., advocacy groups, safe houses, and domestic shelters, legal and social) will not be provided in-house, grantees must demonstrate partnerships and linkages with appropriate providers. Memoranda of agreement (MOAs) demonstrating these partnerships/linkages must be included in **Attachment 1** of your application.

Project implementation and service delivery should begin no later than one month after grant award.

Grantees will be expected to conduct the GPRA activities that are required for the current TCE-HIV: Minority Women grant to include abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services, and social connectedness at baseline, discharge, and six months post discharge.

Once data are collected, grantees are required to utilize the Common Data Platform (CDP), SAMHSA's web-based data collection and reporting tool. All data must be submitted through the CDP within seven days of data collection.

In lieu of conducting individual performance assessments of their projects, applicants should be aware that SAMHSA will be conducting an evaluation of the VITEL grant program that will allow grantees and SAMHSA to assess the progress of individual projects as well as measure the effectiveness of the grant program overall. The evaluation will be designed to comply with the Office of Management and Budget's (OMB) expectations regarding independence, scope, and quality.

In addition to collecting existing TCE-HIV: Minority Women program performance data, grantees will be required to provide the following VITEL program performance data:

- number of clients screened for IPV;
- disposition of all clients referred to trauma-informed services including number referred, the number currently receiving services, and the number who have withdrawn from services;
- the number and types of trauma-informed care trainings; and
- client satisfaction.

In addition, it is possible the evaluation design may necessitate changes in the required data elements and/or timing of data collection or reporting. Grantees will be required to comply with any changes in data collection requirements. SAMHSA will work in collaboration with grantees in developing any changes in data collection requirements.

Training and technical assistance on the evaluation will be provided by CSAT at no cost to the grantee.

Per the original TCE-HIV: Minority Women funding announcement, TI-13-011, grantees were required to submit a health disparities impact statement. Under this funding announcement, applicants are required to submit a revised health disparities impact statement.

VITEL grants are authorized under Section 301 (SMAIF funds) of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

NOTE: In addition to the above, grantees must comply with all of the requirements/expectations of the original grant for this program, including GPRA data collection.

II. AWARD INFORMATION

Funding Mechanism: Grant

Anticipated Total Available Funding: $350,000

Estimated Number of Awards: Up to 5 awards

Estimated Award Amount: Up to $70,000 per year

Length of Project Period: One year

Proposed budgets cannot exceed the allowable amount of $70,000 in total costs (direct and indirect).

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility for this funding opportunity is limited to current SAMHSA FY 2013 TCE-HIV: Minority Women grantees because these grants specifically focus on minority women who are disproportionately affected by intimate partner violence. These grantees have the established infrastructure, partnerships, and necessary knowledge and skills to rapidly implement the Violence Intervention to Enhance Lives program without a lengthy start-up period or break in service.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

IV. APPLICATION AND SUBMISSION INFORMATION

In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:

1. ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **Project Narrative and Supporting Documentation –** The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in Section V – Application Review Information of this document.

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. There are page limits for Section E, Biographical Sketches/Job Descriptions; but there are no page limits for Section F, Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines. Additional instructions for completing these sections are included in PART II-V: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 3** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

  - **Attachment 1**: Data Collection Instruments/Interview Protocols – If you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 1. If applicable, MOAs for referrals provided to trauma-informed and related supportive services (i.e., advocacy groups, safe houses, and domestic shelters, legal and social) that are not provided in-house that demonstrate that you have partnerships and linkages with appropriate providers.

- **Attachment 2**: Sample Consent Forms
- **Attachment 3**: Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **June 22, 2015.**

3. FUNDING LIMITATIONS/RESTRICTIONS

You must comply with the same funding restrictions that applied to the original grant.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

Your application will be reviewed and scored against the requirements listed below for developing the Project Narrative (Sections A-D). Independent reviewers will review and score your application and report to SAMHSA on the quality of your response to the requirements listed below, on issues that may impede the effective implementation of your project, and on participant protection issues that may need to be addressed. Deficiencies in your application may delay or prevent grant award or lead to special terms and conditions being placed on your award. In Sections A-D of the Project Narrative, you must clearly describe how you intend to use grant funds. Sections A-D of your application may not exceed 25 pages.

- You must use the four sections/headings listed below in developing your Project Narrative. **You <u>must</u> indicate the Section letter and number in your response or it will not be considered, i.e., type "A-1", "A-2", etc., before your response to each question.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative. Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section V and Appendix F).

Section A: Progress to Date (20 points)

1. Describe your organization's experience with the existing grant program. Report on accomplishments to date. Discuss any obstacles/problems that have been encountered and actions taken towards their resolution.

Section B: Proposed Approach for Program Expansion/Enhancement (35 points)

1. Describe your plans to expand or enhance your existing program to incorporate use of the HITS screening tool, subsequent linkages and referrals to trauma-informed services, and how your planned activities will meet the expected goals and objectives of the supplemental program.

2. Discuss how the supplemental activities will be integrated into the ongoing project.

3. Describe roles and responsibilities of collaborating organizations, where applicable. If trauma-informed and related supportive services (i.e., advocacy groups, safe houses, domestic shelters, legal and social) are not provided in-house, applicants must submit in **Attachment 1** memoranda of agreement(s) demonstrating that you have partnerships and linkages with appropriate providers to provide such services.

4. Describe how you will identify, recruit and retain the population(s) of focus. Provide the projected number of persons to be served, along with a clinical and demographic description of the projected number of persons to be served.

5. Demonstrate how the proposed approach fosters adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care which includes factors such as age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender of the population

Section C: Implementation Plan and Staffing (30 points)

1. Present your plan for implementing and managing the supplemental activities. Include a realistic timeline for the project showing key activities, milestones and responsible staff. These key activities should include the requirements outlined in Section I. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations. Be sure to show that project implementation and service delivery begins as soon as possible, but no later than <u>one month</u> after grant award.

2. Describe how the IPV screening will be conducted, by whom, and who will interpret the results and work with the patient to determine the appropriate intervention. In addition, describe a Referral/Transition Plan that outlines how you will provide referrals and linkages to appropriate follow-up trauma-informed services for all individuals who screen positive for IPV. The plan must include the following:

    - How basic information will be collected;

- What strategies will be used for assessing and recording accomplishments of milestones (i.e., appointment scheduling, follow-up reminders);

- What types of referral and linkage reporting and analyses will be conducted;

- Feedback loop for all provider input that will be included in a sustained integrated care plan;

- Referral tracking and follow-up process;

- Staffing (e.g., health navigator, care coordinator, referral coordinator); and

- Patient referral checklist that provides information to prepare patients for upcoming appointments and prompting to encourage active participation in the referral process.

Section D: Data Collection and Performance Measurement (15 points)

1. Provide an updated performance measurement plan that incorporates the new activities to be funded with supplemental funds. Identify data that will be collected to provide regular feedback to the project to determine if the goals of the supplemental program are being met. The performance measurement plan should include both process and outcome requirements. Include copies of instruments and/or protocols you will use in **Attachment 1** of your application (if you are not providing a web link) and copies of consent forms in **Attachment 2.**

2. Describe how you will incorporate individuals served as a result of the supplemental activities into your ongoing Government Performance and Results (GPRA) Modernization Act of 2010 activities. Remember to include data collection and performance measurement costs in your requested budget.

3. Describe your data collection and reporting plan for the following:

    - number of clients screened for IPV;

    - disposition of all clients referred to trauma-informed services including number referred, the number currently receiving services, and the number who have withdrawn from services;

    - the number and types of trauma-informed care trainings; and

    - client satisfaction.

SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Job Descriptions

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for instructions on completing this section.

Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects
You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section F of your application. See Appendix I of this document for guidelines on these requirements.

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements of your original grant, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/reporting-requirements.

VII. AGENCY CONTACTS

For questions about program issues contact:

Alton King, MBA
Center for Substance Abuse Treatment, Division of Services Improvement,
Substance Abuse and Mental Health Service Administration
1 Choke Cherry Road
Room 5-1010
Rockville, MD 20857
(240) 276-1618
alton.king@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
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eileen.bermudez@samhsa.hhs.gov

Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

    - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

    - Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.

    - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

    - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

    - Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.

    - Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

   - Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

   - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $30.

   - State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

   - Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

   - Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

   - Provide in **Attachment 1, "Data Collection Instruments/Interview Protocols,"** copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

5. Privacy and Confidentiality

    - Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

    - Describe:

        - How you will use data collection instruments.

        - Where data will be stored.

        - Who will or will not have access to information.

        - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures

    - List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

    - State:

        - Whether or not their participation is voluntary.

        - Their right to leave the project at any time without problems.

        - Possible risks from participation in the project.

        - Plans to protect clients from these risks.

    - Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

    - Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent

forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 2, "Sample Consent Forms"**, of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA website, under "Applying for a New SAMHSA Grant," http://www.samhsa.gov/grants/apply.aspx.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project.

General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.