

# TI-16-011 Minority Women FOA FAQs

## **(1) What are the six U.S. Preventative Services Task Force Intimate Partner Violence (IPV) screening tools?**

*Hurt, Insult, Threaten, Scream (HITS)* (English and Spanish versions); *Ongoing Abuse Screen/Ongoing Violence Assessment Tool (OAS/OVAT)*; *Slapped, Threatened, and Throw (STaT)*; *Humiliation, Afraid, Rape, Kick (HARK)*; *Modified Childhood Trauma Questionnaire–Short Form (CTQ-SF)*; and *Woman Abuse Screen Tool (WAST)*. They can be found:

<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening#consider>

## **(2) Are applicants required to establish partnerships with external providers?**

Yes. Applicants must indicate partnerships with organizations that provide service(s) that are not provided by their organization. These linkages/partnerships must be evidenced by the development of Memoranda of Agreement (MOA's) or contracts with community-based organizations with experience in providing other services not provided by the grantee necessary for optimizing the health outcomes of clients. Applicants must specify the roles of collaborating organizations in responding to the targeted need. Memoranda of agreement and contracts must specify the terms and conditions of the services to be provided, including the level and intensity of these services. A list of participating and coordinating organizations and the services they will provide must be included in **Attachment 1**. (See page 5 of the FOA.)

## **(3) Are applicants required to expand and/or enhance services?**

Yes. Applicants must propose to expand substance use and/or co-occurring substance use and mental disorders treatment and/or to enhance substance use disorder and or co-occurring substance use and mental disorders treatment and peer to peer recovery support services. Applicants may propose to expand services by increasing access and availability of service to a larger number of clients as a result of the award. If expanding services, applicants must clearly state the number of additional clients to be served each year of the proposed grant. In addition to or instead of expansion, applicants may propose to enhance services by improving the quality and/or intensity of services by adding evidence-based practices or approaches to treatment or by adding a new service to address emerging trends or unmet needs. Applicants proposing to enhance services must indicate the number of clients who will receive the new enhanced services. (See pages 8-9 of the FOA.)

## **(4) Do applicants have to screen patients for SUD/Co-occurring disorder and trauma?**

Yes. Applicants must screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders. (See page 13 of the FOA)

Applicants must screen clients for trauma using one of the six screening tools recommended by the U.S. Public Health Task Force and must also ensure that patients who need trauma-related services have access to these services through case management and referral to certified trauma providers. (See page 9 of the FOA.)

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## **(5) Are applicants required to provide HIV services?**

Yes, all clients and their drug-using and /or sexual partners must be offered HIV rapid preliminary antibody testing at enrollment, including rapid fourth-generation HIV diagnostic testing. Clients who test positive for HIV must be provided or linked to confirmatory testing, with follow-up by the grantee on the client's HIV status, as appropriate (clinician, case manager, etc.). More information can be found on pages 9 and 10 of the FOA.

## **(6) Are applicants required to provide viral hepatitis services?**

Yes, all clients who are considered to be at risk for viral hepatitis (B and C), as specified by the United States Preventive Services Task Force (USPSTF) recommendations for hepatitis B and hepatitis C screening, must be tested for viral hepatitis (B and C) in accordance with state and local requirements, either onsite or through referral. **Exactly five percent (e.g., \$25,000)** of grant funds **must** be used for the hepatitis testing and services, which can be found on page 11 of the FOA.

## **(7) Do applicants have to integrate Medication Assisted Treatment (MAT) into their SUD treatment activities?**

No, MAT is not a requirement, but is an allowable activity. MAT may be an important part of a comprehensive substance use disorder treatment plan. Grantees may use up to 5 percent of the annual grant award to pay for FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium) as part of a comprehensive treatment plan when the client has no other source of funds to do so. (See page 12 of the FOA.)

## **(8) Are applicants required to provide tobacco cessation to clients?**

No, tobacco cessation is not required, although grantees are strongly encouraged to provide a tobacco free workplace and promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices). (See page 13 of the FOA.)

## **(9) Are applicants required to have an Electronic Health Record (EHR)?**

No. Grantees may use a maximum of 15 percent of the total grant award for infrastructure development activities including adopting and/or enhancing an EHR to document and manage client needs, care processes integration with related support services and outcomes. (See page 18 of the FOA.)

## **(10) What are the data and reporting requirements for applicants?**

Grantees must regularly submit required data using SAMHSA-specified data collection tools (e.g. Rapid HIV and Hepatitis [RHHT] form and Bi-Annual Report form). Additionally, grantees will be required to report on the number of viral hepatitis test kits purchased with SAMHSA grant funds, the number of positive tests and data on referrals and linkages to follow-up care. Applicants must also submit the local performance assessment and disparities impact statement on the specified deadlines. For HIV and viral hepatitis testing, applicants must comply with state and local laws and regulations for testing and reporting. (See pages 15-18 of the FOA.)