DVPI
Purpose Area 1 & 2
New Projects Welcome Webinar
February 7, 2018
Part 1: DVPI

- DVPI History
- Best Practice
- Resources

Part II: Program House Keeping

- Funding Cycle, Awards, Notice of Award, and Special Terms and Conditions
- Technical Assistance Staff & Communication
- What to Expect: Project Year 1
- Technical Assistance Providers for Evaluation
- Wrap-Up and Questions
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I.A. DVPI History

• In 2010, the Indian Health Service (IHS) began the Domestic Violence Prevention Initiative (DVPI) as a pilot demonstration project.
  – IHS awarded 65 DVPI projects.
  – Tribal and Urban Indian Health Programs.

• In 2015, the DVPI became a grant and federal award program (Tribes, tribal organizations, Urban Indian Organizations (UIOs) and IHS federal facilities.)
  – IHS awarded 57 DVPI grants and federal program awards with a five-year funding cycle.

• 2017, new awards
  – IHS awarded 26 DVPI grants and federal program awards with a three-year funding cycle.
  – To date, there is a total of 83 DVPI projects.
1.B. DVPI Program Background

• DVPI is a nationally-coordinated program that promotes the development of evidence-based and practice-based models that represent culturally appropriate prevention and treatment approaches to domestic and sexual violence from a community-driven context.
I.C. DVPI Projects by State

*Urban Projects spread across the country
I.D. DVPI Projects by IHS Area

*Urban Projects spread across the country
I.E. DVPI Project Demographics

57 Tribes/Tribal Orgs
14 Urban Programs
12 IHS Federal Facilities
83 Total
I.F. DVPI Goals

• Build tribal, Urban Indian Health Programs and federal capacity to provide coordinated community responses to American Indian and Alaska Native (AI/AN) victims of domestic and sexual violence.

• Increase access to domestic and sexual violence prevention, advocacy, crisis intervention, and behavioral health services for American Indian and Alaska Native victims and their families.

• Promote trauma-informed services for AI/AN victims of domestic and sexual violence and their families.

• Offer health care provider and community education on domestic violence and sexual violence.

• Respond to the health care needs of AI/AN victims of domestic and sexual violence, and

• Incorporate culturally appropriate practices and/or faith-based services for AI/AN victims of domestic and sexual violence.
I.G. DVPI Purpose Areas

• To meet the national goals, DVPI has two purpose areas:

1) Purpose Area 1:
   – Domestic and Sexual Violence Prevention, Advocacy, and Coordinated Community Responses.
   – 75 projects

2) Purpose Area 2:
   – Provide Forensic Healthcare Services.
   – 8 projects
I.H. Purpose Area 1

• Objectives

1) Expand crisis intervention, counseling, advocacy, behavioral health, and case management services to victims of domestic and sexual violence;
2) Foster coalitions and networks to improve coordination and collaboration among victim service providers, healthcare providers, and other responders;
3) Educate and train service providers on trauma, domestic violence, and sexual assault and its impact on victims;
4) Promote community education for adults and youth on domestic and sexual violence;
5) Improve organizational practices to improve services for individuals seeking services for domestic and sexual violence;
6) Establish coordinated community response policies, protocols, and procedures to enhance domestic and sexual violence intervention and prevention;
7) Integrate culturally appropriate practices and/or faith-based services to facilitate the social and emotional well-being of victims and their children; and
8) Implement trauma informed care interventions to support victims and their children.
I.I. Purpose Area 2

• Objectives

1) Expand available medical forensic services to victims of domestic and sexual violence;
2) Foster coalitions and networks to improve coordination and collaboration among forensic healthcare programs to ensure adequate services exist either on-site or by referral for victims of domestic and sexual violence 24/7 year round;
3) Educate and train providers to conduct medical forensic examinations;
4) Promote community education on available medical forensic services;
5) Improve health system organizational practices to improve medical forensic services and care coordination among victim services;
6) Establish local health system policies for sexual assault, domestic violence, and child maltreatment;
7) Integrate culturally appropriate treatment services throughout the medical forensic examination process; and
8) Implement trauma informed care interventions to support victims and their children.
I.J. DVPI Best Practices

- National Best Practices for Sexual Assault Kits: A Multidisciplinary (publication by NIJ)
- Duluth Model Intervention Curriculum
- Documentaries and Educational-Awareness Building Videos
- Healing Shawl Project
I.K. Forensic Health: Subject Matter Experts

- TA – Forensic Healthcare
  - Adolescent/Adult/Pediatric Sexual Assault
  - Child Maltreatment
  - Intimate Partner Violence (IPV)
  - Elder Abuse
  - Human Trafficking

- Medical Forensic Exams
  - Adolescent/Adult, Pediatrics, IPV

- Coordinated Community Response
  - SART, MDT

- Training
  - Tribal Forensic Healthcare.org

- Forensic Healthcare Listserv

- IHS Forensic Healthcare Webpage

Theresa “Terry” Friend
National Forensic Nurse Consultant
Theresa.friend@ihs.gov

Erica Gourneau, RN, BSN
National Forensic Nurse Coordinator
Erica.Gourneau@ihs.gov
I.L. Resources

To assist with strengthening grantees and awardees capacity.

- Indian Health Manual
  [https://www.ihs.gov/ihm/index.cfm?module=dsp_ihm_pc_p5c27](https://www.ihs.gov/ihm/index.cfm?module=dsp_ihm_pc_p5c27)
  - Part 3
    - Chapter 29 – Sexual Assault
    - Chapter 31 – Intimate Partner Violence
    - Chapter 36 – Child Maltreatment soon to be released
  - Part 5
    - Chapter 27 – Responding to Requests for IHS Employee's Testimony or IHS Documents in Proceedings where the United States is not a Party.

- Tribal Forensic Healthcare
  [http://www.tribalforensichealthcare.org/page/archived](http://www.tribalforensichealthcare.org/page/archived)

- National Indigenous Women’s Resource Center

- International Association of Forensic Nurses
  [http://www.forensicnurses.org/?page=AboutSANE](http://www.forensicnurses.org/?page=AboutSANE)
Part II: Program Housekeeping
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II.A. DVPI Funding Cycle

• Grant and federal program award process:
  – Grantees
  – IHS federal program awardees

• Three-year funding cycle that runs from FY2017 – FY2020

• Project Period Year 1 Timeline:
  – September 30, 2017 – September 29, 2018
II.A. Awarded Projects: DVPI

– 2015 awards = 57
  • Funds awarded = approximately $7.6 Million

– 2017 new awards = 26
  • Funds awarded = approximately $3.6 Million

– Total Projects: 83
– Total Funds Awarded: $11.2 Million
II.B. Notice of Award

- All official Notices of Award (NoA’s) have been disseminated via email:
  - Grantees: IHS Division of Grants Management (DGM)
  - IHS Federal Facilities: IHS Division of Behavioral Health (DBH)

- NoA’s for Grantees were emailed by DGM to the individual(s) listed as the Project Director and/or the Authorizing Official.
II.B. NoA Special Terms & Conditions

• Additional terms & conditions are included in your NoA. Please review this information carefully!

• Standard Grant Conditions (Grantees):
  – Includes contact information for your IHS Program Official and IHS Grants Management Specialist (GMS), reporting requirements and deadlines, federal regulations, cost principals, when to obtain approval for changes to grant, audit requirements, etc.

• Programmatic Terms & Conditions (Grantees & IHS Federal Programs):
  – Includes program-specific requirements: submission of required reports and financial forms, submission of brief project overview, revisions to applications, continuation applications, kick-off meeting, required participation in national evaluation and technical assistance calls, and how/when to notify of personnel changes.
II.C.i. Technical Assistance Staff: IHS DVPI Program Official

- Selina Keryte
  - DVPI National Program Coordinator
  - DVPI Program Official

- The IHS Program Official (DVPI National Coordinator) assists with national programmatic inquiries.

- Contact information is also listed in the official NoA.
II.C.ii. Technical Assistance Staff: Area Project Officers (APOs)

- APOs provide general technical assistance for all project staff, guidance on project activities, and disseminate important information to the project staff on submissions, upcoming deadlines, etc., throughout the duration of the funding cycle to grantees and IHS Federal awardees.

- Serve as your first line of contact for all questions related to your scope of work and any other programmatic activities.

- APOs are based regionally and at IHS HQ:
  - **Area Offices**: Alaska, Albuquerque, Bemidji, and Phoenix
  - **Regional (IHS Area)**: California, Billings, Great Plains, Nashville, Navajo, Oklahoma, Portland, Tucson
  - **IHS HQ**: Urban
## II.C.ii. Area Project Officers

<table>
<thead>
<tr>
<th>IHS Area</th>
<th>Area Project Officer</th>
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<tbody>
<tr>
<td>Alaska</td>
<td>Elisa Bruns</td>
<td><a href="mailto:Elisa.Bruns@ihs.gov">Elisa.Bruns@ihs.gov</a></td>
</tr>
<tr>
<td>Albuquerque</td>
<td>Jennifer Nanez</td>
<td><a href="mailto:Jennifer.Nanez@ihs.gov">Jennifer.Nanez@ihs.gov</a></td>
</tr>
<tr>
<td>Bemidji</td>
<td>Charles “Lee” Pelley</td>
<td><a href="mailto:Charles.Pelley@ihs.gov">Charles.Pelley@ihs.gov</a></td>
</tr>
<tr>
<td>Billings</td>
<td>Scott Zander</td>
<td><a href="mailto:Scott.Zander@ihs.gov">Scott.Zander@ihs.gov</a></td>
</tr>
<tr>
<td>California</td>
<td>Sarah Tillman</td>
<td><a href="mailto:Sarah.Tillman@ihs.gov">Sarah.Tillman@ihs.gov</a></td>
</tr>
<tr>
<td>Great Plains</td>
<td>Cleota “Rae” Burnette</td>
<td><a href="mailto:Cleota.Burnette2@ihs.gov">Cleota.Burnette2@ihs.gov</a></td>
</tr>
<tr>
<td>Nashville</td>
<td>Charles “Lee” Pelley</td>
<td><a href="mailto:Charles.Pelley@ihs.gov">Charles.Pelley@ihs.gov</a></td>
</tr>
<tr>
<td>Navajo</td>
<td>Elsie Joe</td>
<td><a href="mailto:Elsie.Joe@ihs.gov">Elsie.Joe@ihs.gov</a></td>
</tr>
<tr>
<td>Oklahoma City</td>
<td>Amanda Bradley</td>
<td><a href="mailto:Amanda.Bradley@ihs.gov">Amanda.Bradley@ihs.gov</a></td>
</tr>
<tr>
<td>Phoenix</td>
<td>Thomas Walter</td>
<td><a href="mailto:Thomas.Walter@ihs.gov">Thomas.Walter@ihs.gov</a></td>
</tr>
<tr>
<td>Portland</td>
<td>Sarah Tillman</td>
<td><a href="mailto:Sarah.Tillman@ihs.gov">Sarah.Tillman@ihs.gov</a></td>
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<tr>
<td>Tucson</td>
<td>Thomas Walter</td>
<td><a href="mailto:Thomas.Walter@ihs.gov">Thomas.Walter@ihs.gov</a></td>
</tr>
<tr>
<td>Urban</td>
<td>Steven Whitehorn</td>
<td><a href="mailto:Steven.Whitehorn@ihs.gov">Steven.Whitehorn@ihs.gov</a></td>
</tr>
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Il.C.iii. Technical Assistance Staff: Grants Management Specialist

DVPI
Andrew Diggs
Tel: 301-443-2298
Andrew.Diggs@ihs.gov
II.C.iv. Official Communication

Grantees:

• Official contacts are listed in the official NoA as the **Project Director** and the **Authorizing Official**. These individuals receive all communication.

• If changes need to be made to official contacts listed in the NoA, please contact your assigned Grants Management Specialist for guidance on how to submit this request and update your Area Project Officer.

Federal Awardees:

• Your official contacts are those individuals that were listed in the application submission.

• If you have changes to your official contacts, please notify your Area Project Officer.
II.D. Required Reporting – All Projects

1. SF-425 (financial report)
2. Continuation Application (CA)
3. Annual Progress Report (APR)
4. Local Data Collection Plan (LDCP)

• Additional required submission:
  – Brief Project Summary (listed in the official NoA). The brief project summary is a short, 2-5 sentence summary of your project.
  – The summary will be posted on the DVPI webpage when complete.
II.D.i. Required Reporting: SF-425

• SF-425 (financial report)
  – Quarterly submissions
  – Reporting periods and due dates are listed in the official NoA

• Submission of financial reports are different for grantees vs. federal awardees.
II.D.i SF-425 Submission: GRANTEES

• Submit financial reports to:
  – GrantSolutions and PMS.

• All grantees are required to draw down funds from PMS.

• Important Reminder: Please connect with your Tribal Finance office to ensure that the project financial staff have access to PMS.
II.D.i. SF-425 Submission: Federal Awardees

- Submit financial reports to:
  - DVPI online data portal

- All Federal awardees should have access to the DVPI online data portal.

- Important Reminder: If you do not have access to the DVPI online data portal please inform your Area Project Officer immediately to assist with obtaining access.

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<td>Quarter 2</td>
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<td>July 2018</td>
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<td></td>
<td>September 2018</td>
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II.D.i. Payment Management System

• Payment Management System (PMS)
  – **Webinar training:** Tips on how to fill out the Federal Financial Report (FFR) also known as the SF 425.
  – [https://www.ihs.gov/dvpi/techassistance/webinars/](https://www.ihs.gov/dvpi/techassistance/webinars/)
  – **Grantees only**

• Contact Person:
  – **TJ Thomas**, Chief, Governmental and Tribal Payment Section, Grants Finance and Administrative Service.
  – Phone #: (301) 492-4999
  – E-mail address: [Tonja.Thomas@psc.hhs.gov](mailto:Tonja.Thomas@psc.hhs.gov)
II.D.ii. Required Reporting: Continuation Application

• **Continuation Application (CA)**
  – To receive your Year 2 funds, all projects are required to submit a CA prior to the start date of the next project year.
  – Guidance will be given to all projects from your Area Project Officer on requirements, access to forms/templates, and deadline for submission.

• **Grantees:**
  – Submit via GrantSolutions
  – Official email notification from DGM
  – APO will send reminders

• **Federal Awardees:**
  – Submit via DVPI data portal
  – Official email notification from APO
II.D.iii. Required Reporting: Annual Progress Report

• **Annual Progress Report (APR)**
  - One (1) progress report per year
  - Submit at the end of project year (October 31, 2018)
  - Captures activities from September 30, 2017 through September 29, 2018

• Grantees and Federal Awardees complete the APR via the DVPI online data portal.
  - Guidance will be given to all projects from your Area Project Officer on requirements, access to forms/templates, and deadline for submission.
II.D.iv. Required Reporting: Local Data Collection Plan

• **Local Data Collection Plan (LDCP)**
  – The LDCP is your project plan for gathering local data, submitting data requirements, and data tracking and reporting. Tracking the core processes, outcomes, impacts and benefits of the project.

• **You can locate a template for the LDCP here:**
  https://www.ihs.gov/DVPI/techassistance/continuationap/

• Projects should work on developing the LDCP with their TA Provider for Evaluation.
II.E. DVPI Online Data Portal

• The DVPI online data portal is a system operated by the Division of Behavioral Health.

• Grantees and Federal Awardees will utilize the data portal to complete submission of the Annual Progress Report (APR).
  – All APRs must be submitted via the online portal (not hard copy or

• **Federal Awardees** use the DVPI data portal for **all required submissions**.
II.E. DVPI Online Data Portal

• DVPI online data portal is open:

• All project staff (project director, project coordinator, or similar) should have access to the portal(s) to complete submissions.

• If you do not have access or have questions about access, contact your Area Project Officer **and** Steven Whitehorn at: [Steven.Whitehorn@ihs.gov](mailto:Steven.Whitehorn@ihs.gov).
II.F. Timeline

APR = Annual Progress Report
CAK = Continuation Application Kit

* Applies to both grantees and awardees
II.G. Technical Assistance (TA) Providers for Evaluation

• The TA Providers for Evaluation are based at your regional Tribal Epidemiology Centers (TECs)
  – TEC staff serve as your TA Provider for Evaluation.

• For additional information on how to contact your TA provider for evaluation, please contact your APO and visit:
  – https://www.ihs.gov/dvpi/techassistance/projectofficers/
II.G. What should I be working on with my TA Provider for Evaluation?

- The TA Provider for Evaluation provide guidance on how to collect data for your project and serve as your point of contact for all evaluation-related questions.

- TA Providers for Evaluation help project staff develop the LDCP.

- **IMPORTANT**: TECs do not serve as your evaluator. They provide TA for evaluation activities you have planned.
II.H. DVPI Webpage

• Where can I find all this information?

• Project information and any upcoming technical assistance calls, webinars, and other general information can be found on the Division of Behavioral Health DVPI webpage:
  – DVPI: www.ihs.gov/dvpi/

• When you arrive at the DVPI webpage, click on “Funded Projects or Technical Assistance”
II.I. Contact Information

National DVPI Coordinator

Selina Keryte, MPH
Public Health Analyst
Indian Health Service
Office of Clinical Preventive Service
Division of Behavioral Health
5600 Fishers Lane
Rockville, Maryland 20857

office: 301-443-7064
e-mail: Selina.keryte@ihs.gov
Wrap Up & Questions