

APPLY NOW FOR PARTICIPATION:

The Family Violence Prevention Fund's

***Project Connect: A Coordinated
Public Health Initiative to Prevent
Domestic and Sexual Violence***

Supported by
The Department of Health and Human Services,
Office on Women's Health

**Project Connect:
A Coordinated Public Health Initiative to Prevent Domestic and Sexual Violence**

The Family Violence Prevention Fund (FVVPF) is launching a new multi-state initiative, *Project Connect: A Coordinated Public Health Initiative to Prevent Violence against Women*, supported by the Department of Health and Human Services (HHS), Office on Women's Health (OWH). This initiative is a result of funding from the Violence against Women and Department of Justice Reauthorization Act of 2005. The FVVPF is working with the OWH to identify and partner with statewide teams to develop policy and public health responses to domestic and sexual violence in women's health programs. We are inviting proposals now to work with us on this exciting new initiative. The period of funding is for March 2010 through August 30th, 2011 with a hope of continuing until August 30th, 2012, pending future funding. Because funding for the third year is not confirmed, the primary focus of this program should be on a two year action plan.

The elements of the initiative include:

- Educating providers and public health professionals on the impact of domestic and sexual violence and coercion on health, and how to assess and respond in specific settings including family planning, State Title V; Healthy Start; perinatal health, home visitation, and adolescent health programs.
- Promoting education for patients accessing those public health services about the connection between domestic and sexual violence, reproductive coercion and their health.
- Changing program policy to support assessment of and coordinated responses to victims of abuse.
- Strengthen strategies to improve data collection and monitoring of the prevalence and health impact of violence and reproductive coercion in your state.
- Developing and supporting model programs to offer primary care, reproductive health and preventive health services on site in domestic and sexual violence programs.
- Identifying sustainable funding that can support the work at the State, local, tribal or territorial level.
- Dissemination of models for integration to other States and service settings.
- Evaluating the impact on the health and safety of victims of abuse.

Definitions:

Domestic Violence: The term 'domestic violence' includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Sexual Assault: The term 'sexual assault' means any conduct prescribed by chapter 109A of title 18, United States Code, whether or not the conduct occurs in the special maritime and territorial jurisdiction of the United States or in a Federal prison and includes both assaults committed by

offenders who are strangers to the victim and assaults committed by offenders who are known or related by blood or marriage to the victim.

Reproductive Coercion: includes intentionally exposing a partner to sexually transmitted infections (STIs); attempting to impregnate a woman against her will; intentionally interfering with a partner's birth control, or threatening or acting violent if she does not comply with the perpetrator's wishes regarding contraception or the decision whether to terminate or continue a pregnancy.

Public Health Programs: For the purposes of this initiative, public health programs include State, local, territorial or tribal department of health programs focused on improving maternal, child and adolescent health including: family planning, perinatal health programs, home visitation programs, STI/HIV prevention programs, adolescent health programs and other related public health programs such as injury prevention.

Values:

- The success of *Project Connect* depends upon the cooperation and collaboration between health care and domestic and sexual violence experts.
- In all planning and implementation of programs or policies, input from communities of color, immigrants, lesbian/gay/bi and transgender, rural populations and other underserved communities should be considered and leadership teams should reflect the diverse communities of their States, Territories, or tribes in order to do so.
- All programs will promote the safety, autonomy and confidentiality of victims of domestic and sexual violence and coercion.

In each program described below there is an opportunity to implement systems changes that support sustainable responses to violence and coercion. The ultimate goal is that by working with these programs to identify and respond to domestic and sexual violence, we can decrease risk for unintended pregnancy, and HIV/STI, and improve maternal, child and adolescent health and safety as well as build partnerships between public health providers and domestic and sexual violence prevention advocates. At the same time as the public health programs integrate responses to abuse at the statewide level, we will also work with participating domestic and sexual violence partners to establish strategies for their local programs to better respond to health needs of victims they are serving.

Each grantee would be required to implement violence prevention and intervention education into at least two of the programs below:

1. Reproductive and Sexual Health Programs: Exposure to domestic and sexual violence significantly increases risk for unplanned pregnancy, rapid repeat pregnancy and STI's. Clients may not be able to negotiate safe sex with an abusive partner, and intimate partner violence (IPV) may be a more immediate threat to a client than a sexually transmitted infection or unplanned pregnancy. Educating decision makers and professionals about these connections and offering strategies to respond is critical. Interventions designed to decrease unplanned pregnancy by identifying risks for birth control interference and offering alternate birth control options can decrease the risk for unplanned pregnancy and

increase the safety of women. Grantees would work with the FVVPF to integrate this intervention into State and local family planning programs and initiate policies that promote and evaluate this tailored intervention statewide.

2. Home Visitation Programs: Home visitation and other coordinated case management programs can decrease risk for child abuse but have been less successful in homes where domestic and sexual violence is present. Building upon emerging programs that are responding to IPV, grantees will work with the FVVPF to develop policies that promote assessment for lifetime exposure to IPV, education for parents on about the long term health consequences for children exposed to abuse, and strategies for both mothers and fathers to build positive parenting skills and strategies for the health professional conducting the home visit to help improve the health and safety of the entire family.
3. Other maternal and child health and perinatal programs: Domestic and sexual violence is strongly associated with poor pregnancy outcomes, post-partum depression and poor infant health and is the second leading cause of maternal mortality. Maternal and child health programs can educate pregnant women and new parents about the impact violence has on their health and the health of their child, offering anticipatory guidance about healthy relationships and safety, and promote opportunities to promote safety and resiliency for both the mother and child. Grantees would work to implement training on assessment and intervention for IPV in maternal and child health settings, partner with domestic and sexual violence programs that provide education and support services for children, and integrate counseling services and education on preventing violence into existing maternal and child health programs.
4. Adolescent Health Settings: Adolescents face high rates of domestic and sexual violence as well as related poor health outcomes such as substance abuse, mental health issues, unplanned pregnancies and STI's. Health interventions need to be tailored for adolescents and offered in settings where adolescents seek services such as public health clinics and school based health settings. In addition, there is an opportunity to promote prevention by educating adolescents about healthy relationships.

In addition to the programs mentioned above, applicants may (but are not required to) identify one other emerging area in which to focus their violence prevention efforts as part of this initiative.

Length of Program:

Currently, there is funding for the first two years of this program through the Violence Against Women and Department of Justice Reauthorization Act of 2005. If funding is allocated in future years, we anticipate that this will be a three year program. Year One is designated as a planning and initial implementation year; Year Two is dedicated to program and policy implementation and evaluation, and Year Three (pending funding) would be dedicated to further implementation, and implementation dissemination of models and best practices developed by the States, Territories and tribes to additional sites nationwide. If selected, you would receive funding for the first year and be eligible for funding for years 2 and 3 upon receipt of proposals each year.

Funding:

Participants will be responsible for guiding the program in their State, Territory, or tribe, and will receive **\$100,000** (including direct and indirect costs) each year for the first two years of their participation in the project. Successful applicants must be able to demonstrate a 25% match (**\$25,000 – can be in-kind**) in order to be selected. The FVPF will provide technical assistance and materials, convene national meetings and develop policies to support the work of the participants.

Selection Criteria:

States, Territories, or tribes will be selected based on history of collaboration between public health and domestic and sexual violence prevention fields. Demonstrated creativity and vision for reform in their State, and capacity and interest in pursuing a program that is focused primarily on public health initiatives, policy reform and partnerships will be considered. States, Territories, or tribes that have the capacity to implement evaluation of health care projects are desired. States, Territories, or tribes that have applied to the program but are not selected will be invited to participate in the program and attend national meetings but will not receive any funding to do so.

Eligible Applicants:

Public health departments or public health programs working in collaboration with domestic and sexual violence prevention programs, or domestic and sexual violence prevention programs working in collaboration with public health departments/programs. Preference will be given to State level organizations, but applicants that represent counties or regions will be considered as long as they can demonstrate that they will be able to impact policy changes at the State level. All grantees must demonstrate a history of collaboration between the health care (i.e. medical, nursing and allied health professionals, public health and domestic violence fields with demonstrable outcomes and changes in public health programming or clinical practice. Additionally, we are seeking applicants with:

- Capacity to conduct policy reform within the public health programs
- Demonstrated cultural competency
- Capacity to participate in evaluation of the initiative
- A clearly designated lead staff person and lead agency for the program
- Demonstrated capacity of the staff person, lead agency and partners

We require that grantees designate **at least 50%** of a staff person's time to oversee the project to ensure sustainability, accountability and oversight.

Grantees would perform the following tasks:

1. Convene a Leadership Team including the State or regional domestic and sexual violence coalition and a public health leader, including partners from community-based health and violence prevention groups as well as key public health groups such as regional and State women's health and adolescent health coordinators.
2. Develop and implement a comprehensive action plan to create sustainable changes to its State/tribal public health response to domestic and sexual violence. As part of the action plan, the grantees shall pursue policies and funding sources

that advance systems changes in women's health programs or divisions in their State.

3. Pursue and develop strategies for educating both patients and providers about domestic and sexual violence as a major public health concern, such as participation in the FVPF's annual *Health Cares About Domestic Violence Day (HCADV Day)* (October 13, 2010), *National Women's Health Week* (the week after Mother's Day- May 9-15, 2010) or the *National Women and Girl HIV/AIDS Awareness Day* (March 10, 2010).
4. Pursue plans and strategies to create or integrate violence education, policies and procedures, and data collection into on-going public health programs targeting at least two programs for in-depth integration (i.e. family planning, home visitation, HIV/AIDS, etc.).
5. Participate in a technical assistance site visit from FVPF staff and faculty including organizing a State level training for relevant providers (offered by the FVPF staff and faculty).
6. Send five team members to one national meeting in Washington, D.C. in the first year, two meetings in year Two and one national meeting in Year Three (pending funding), and have at least two members participate in program webinars and regular telephone check-ins.
7. Coordinate, with the FVPF, and other groups participating in the initiative to share materials or strategies developed as part of the program and provide input about additional resources that the FVPF should develop for the program.
8. Convene the Leadership Team at least three times a year in person over the course of the program, create and implement an action plan and a method for communicating with all members, and designate a member of the team to be the primary contact for the FVPF.
9. Participate in an evaluation component whose final process and methodology is yet to be determined, but which will minimally include indicators and benchmarks that track the action plan progress and identify a pilot clinic site to measure the impact of the program on health outcomes for women.
10. Collaborate across States to promote the initiative's goals, provide progress reports and regularly present to the other project grantees on project activities during conference calls and in-person meetings. Share materials developed as part of the initiative with the FVPF and the OWH.

Specifically, the FVPF shall perform the following tasks:

1. **Convene a National Meeting:** The FVPF will convene one national meeting in Washington, DC and will convene two national meetings during Year 2 and one national meeting in Year 3 (pending funding).
2. **Consult on the development of each leadership team's Action Plan.**
3. **Facilitate and monitor all grantee activities:** including soliciting and managing progress reports on activities in participating States, Territories, and tribes, and administering the grant funding to teams for program implementation.
4. **Facilitate communication between leadership teams:** by providing a forum for exchanging ideas and strategies between leadership teams and national experts,

convening webinars with representatives from the leadership teams to discuss policy, implementation issues, etc.

5. **Conduct site visits and training:** The FVPF staff will travel to each grantee community and provide on-site technical assistance (TA) to the leadership team and other community members identified by the grantees. The FVPF staff and faculty can also offer training for public health programs as part of the on-site TA visit.
6. **Provide Technical Assistance:** The FVPF will provide technical assistance and other forms of professional and logistical support to grantees including one on-site training and TA visit in each participating State, Territory, or tribe.
7. **Promote policies that support the initiative:** The FVPF will work at a national level to promote Federal, State and tribal policy initiatives that further support the work of the initiative.
8. **Provide educational materials** for patients and providers as well as training resources and to assist with technical assistance to each participating State, Territory, or tribe.
9. **Conduct an educational briefing:** The FVPF will convene an educational briefing for policy makers about the role of violence prevention in major public health initiatives during each year of the program.
10. **Share findings:** The FVPF will identify strategies and model programs, in collaboration with grantees to be included in a best practices manual at the end of program.

It is through these shared responsibilities that the project partners can work together to improve the health care response to victims of violence seeking care through women's health programs. Each project's outcomes, experiences and lessons learned will be shared with one another and with others nationwide as part of the technical assistance and dissemination the Family Violence Prevention Fund conducts through the National Health Resource Center on Domestic Violence. This has proven to be a very successful strategy in many multi-state initiatives and one that builds capacity and leadership in the states as well as informing national efforts to create change.

Funding:

Funding for *Project Connect* is provided by OWH and is limited to \$100,000 total (including direct and indirect) each year for the first two years. If funding continues to be available through the Violence against Women and Department of Justice Reauthorization Act of 2005, this grant may continue for an additional \$100,000 in year Three.

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**Project Connect:
A Coordinated Public Health Initiative to Prevent Domestic and Sexual Violence**

Application for Participation

The Family Violence Prevention Fund together with the Office on Women’s Health is inviting applications to participate in an exciting multi-year, multi-state initiative to improve health and safety of women and children through violence prevention.

How to Apply:

Please review the enclosed information about *Project Connect: A Coordinated Public Health Initiative to Prevent Violence Against Women* prior to completing the application. Please submit an application that addresses the questions below:

To: The Family Violence Prevention Fund
 383 Rhode Island Street, Suite 304
 San Francisco, CA 94103
Attn: Project Connect Program

With: Contact information for yourself and key collaborators including:
 Name, Title & Organization
 Address
 Phone, Fax & Email address
 Letters of support
 Memorandum of Understanding

By: **February 8, 2010**

We encourage you to partner with other interested parties from your State, Territory or tribe but only one application is needed. Your application should be no more than 10 pages double spaced and single sided *without* the letters of support. If you have any questions, please contact Lisa James at 415-252-8900 ext. 27, lisa@endabuse.org or Keisha Walker (Keisha@endabuse.org) 202-682-1212.

Participating States, Territories or tribes will receive \$100,000(includes direct and indirect) a year for the first two years with the option to continue the program for a total of Three years (pending funding). Applicants must be able to demonstrate a 25% match (\$25,000 – can be in-kind) in order to be selected.

Information required in your application:

1. Assess the level of interest and need in your State, locality, Territory or tribe for a public health initiative on violence against women, including a brief description of how you as the applicant want to collaborate with and/or expand any existing initiatives.
2. Under each of the following categories, please describe your vision, measurable goals and objectives for your State, Territory or tribe for how to integrate domestic and sexual violence

and coercion prevention and response into at least two programs from the four areas described below (family planning, home visitation, adolescent health programs and other maternal child health/perinatal programs). Please describe the capacity you and your potential leadership team members have to do so. Under each category, please address how you plan to integrate the needs and opinions of underserved communities:

- Public Health: Local and statewide strategies to integrate responses to domestic and sexual violence education into public health programs including: family planning programs, home visitation programs, other maternal and child health programs and adolescent health programs.
- Provider Education: Mechanisms to ensure that health care providers in your public health programs receive regular and on-going training on the impact of domestic and sexual violence and coercion on health and how to assess and respond in specific settings.
- Patient Education: Promoting education for patients accessing those services about the connection between domestic and sexual violence and their health.
- Improve Data Collection: Strengthen strategies to improve data collection and monitoring of the prevalence and health impact of violence and reproductive coercion in your state.
- Offering basic primary care, reproductive and preventive health services such as education on healthy behaviors and self care management of chronic health issues in domestic and sexual violence programs: Providing health services on site in domestic and sexual violence programs to promote women's health and safety.
- Policy Reform: Promoting legislative and administrative policies and funding sources that support assessment of and coordinated responses to victims of abuse.

Please select two programs from the list below that you would chose to target in your State, Territory or tribe and explain why. You must select *at least* two:

- Family Planning
- Home Visitation programs
- Adolescent Health programs
- Other Maternal child health and perinatal programs (please describe)

Please also indicate what domestic and sexual violence programs you target to begin offering primary care and basic reproductive health services as described above and why.

3. Please map out an initial timeline for activities during Years One, Two and Three (year Three pending funding).
4. Please describe your organization's intent and ability to serve as a leader on *Project Connect* and discuss the members as well as the qualifications of your potential leadership team. (See RFP for *Project Connect* description).
5. Please describe any previous collaborative efforts between health, public health and domestic and sexual violence fields. Address any characteristics of your domestic and sexual violence or public health programs that make you uniquely positioned to do this work.

6. Please explain who from your organization or potential leadership team will staff the initiative, their qualifications and how much time will be allotted to the project. ***We require that at least 50% of a staff person be designated to this project.*** Please demonstrate your ability to begin this initiative immediately upon acceptance.
7. As mentioned above, States, Territories or tribes will receive \$100,000 for their participation in the project the first year (March-Dec 2010) and must be able to demonstrate a 25% match (\$25,000 – can be in-kind) in order to be selected. Please explain the source of the \$25,000 match and describe any other financial, media, printing, and staff resources or expertise currently available to assist in this project and any resources that might potentially be available from your organization or the core organizations participating. Successful applicants can apply for continued funding of \$100,000 per year in years Two and Three. Please submit a preliminary budget for years one and two. No other budget information is required at this time. If selected, we will ask you to submit a budget and Action Plan.
8. Please describe any additional resources or contributions you bring to the *Project Connect initiative*, or any other information you feel might be relevant to the project.

Definitions:

Domestic Violence: The term ‘domestic violence’ includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.

Sexual Assault: The term ‘sexual assault’ means any conduct prescribed by chapter 109A of title 18, United States Code, whether or not the conduct occurs in the special maritime and territorial jurisdiction of the United States or in a Federal prison and includes both assaults committed by offenders who are strangers to the victim and assaults committed by offenders who are known or related by blood or marriage to the victim.

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Public Health Programs: For the purposes of this initiative, public health programs include State, local, territorial or tribal department of health programs focused on improving maternal, child and adolescent health including: family planning, perinatal health programs, home visitation programs, STI/HIV prevention programs, adolescent health programs and other related public health programs such as injury prevention.

Selection Criteria:

Grantees will be selected based on history of collaboration between public health and domestic and sexual violence fields, creativity and vision for reform in their State, Territory or tribe and capacity and interest in pursuing a program that is focused primarily on public health initiatives and policy reform. States must have the ability to demonstrate that at every level of program planning, implementation and evaluation they will integrate the needs and opinions of communities of color, lesbian/gay/bi and transgender communities, rural and other often underserved communities. States that have applied to the program but are not selected will be invited to participate in the program and attend all meetings but will not receive any funding to do so.

Letters of Support and Memorandum of Understanding (MOU):

Please include letters of support with your application from the State domestic and sexual violence coalition and representatives from the public health programs you plan to work in, and any other organizations with which you have coordinated this application. The application should include *a least* one MOU indicating a partnership between the lead applicant and either the public health program and/or the domestic and sexual violence prevention programs. Other letters of support from potential members of your leadership team are also welcome. The letter of support and MOU should address the following:

- The organization's intent and ability to serve as a leader on this project and attend quarterly in person meetings at a minimum.
- Any existing or intended efforts of the organization related to health care and domestic and sexual violence.
- Resources that the organization can bring to the initiative such as additional staff time, materials or key contacts, etc.

Timeline for Selection:

Please submit applications no later than **February 8, 2010**. The FVVPF will make a preliminary selection of finalists and may conduct phone interviews with potential members of your leadership team during early February. Selected applicants will be contacted by phone no later than February 19th, 2010. **Please note that States, Territories or tribes selected will be asked to send five members to a kick-off meeting tentatively scheduled for March 18/19, 2010 in Washington, DC, and prospective leadership team members should try to keep those dates available.** Travel funds to attend this and all meetings will come out of the \$100,000 awarded to selected sites. Questions about applying to this RFP should be sent to Lisa James (lisa@endabuse.org) or by calling 415-252-8900 ext. 27.

Thank you!