

Frequently Asked Questions

The Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities Ages 13-24 Cooperative Agreement

Funding Opportunity Announcement (FOA) No. SP-17-004

Table 1: Frequently Asked Questions

QUESTIONS	ANSWERS
<p>1. I am a current CSAP MAI awardee. Am I eligible to apply for funding under this new FOA?</p>	<p>Yes, however, you must serve the population of focus outlined in this FOA. If you are currently serving high risk MSM populations, you must select a different geographic area to avoid duplication of effort. If awarded, your Government Project Officer (GPO) will assess this and assist you in avoiding a duplication of efforts.</p> <p>In addition, eligible applicants are community-level domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native Tribes (AI/AN) and tribal organizations and urban Indian organizations.</p> <p>For example, non-profit community-based organizations, faith-based organizations, middle and high schools, colleges and universities, health care delivery organizations, territories and local governments are eligible to apply.</p> <p>Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of AI/ANs in all phases of its activities.</p> <p>Consortia of tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.</p>
<p>2. Are State government agencies and national organizations eligible to apply?</p>	<p>No. Please refer to <u>Section III-1</u>, <i>Eligible Applicants</i>, of the FOA.</p>

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3. What are risk factors and how do they apply in the context of this FOA?	Risk factors are conditions or variables associated with a lower likelihood of positive outcomes and a higher likelihood of negative or socially undesirable outcomes. In the context of HIV/AIDS prevention in this FOA, risk factors increase the chances that individuals may engage in risky behavior and/or otherwise expose themselves to HIV.
4. What are protective factors?	Protective factors have the reverse effect: they enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk. Protective factors can include positive attitudes toward one's ability to refuse unsafe sexual practices. Some protective factors in communities consist of churches, after-school programs and other positive social clubs, etc.
5. What are causal factors?	Causal factors are issues and behaviors that lead to HIV infection. For example, club drugs may decrease inhibition, and thereby lead to HIV acquisition and HIV transmission among MSM populations. Poverty, drug use and other factors may cause poor outcomes for many vulnerable subpopulations. Grantees are expected to design a comprehensive strategic plan that considers the causal factors related to the specific population of focus.
6. Can you send me or e-mail me the FOA?	<p>You may request a complete application kit from the SAMHSA Health Information Network at 1-877-SAMHSA7 or 1-877-726-4727 [TDD: 1-800-487-4889].</p> <p>You also may download the required documents from the SAMHSA Web site at http://www.samhsa.gov/grants or via Grants. Gov at http://www.grants.gov and search for CFDA No.: 93.243.</p>
7. What is the new eRA Commons grants system and how does this affect grant application submission?	<p>Applicants will need to register with NIH'S eRA Commons in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).</p> <p>Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process six (6) weeks in advance of the application due date to avoid unforeseen delays.</p>
8. What type of reports will be required under this cooperative agreement?	Grantees will be required to submit Quarterly Progress reports. Quarterly Progress reports will be submitted into SAMHSA's Performance Accountability & Reporting Systems (SPARS). Grantees will be required to attend trainings and will receive user IDs and passwords upon completion of the training.
9. How much should we budget for HIV and hepatitis testing?	You may use up to 5% of the total grant award to purchase rapid HIV and VH antibody test kits, control kits, confirmatory kits and/or confirmation laboratory services to test participants

QUESTIONS	ANSWERS
	enrolled in this program. See Appendix H of the FOA for HIV testing requirements. If the 5% is not used because the grantee receives free test kits, then the funds should be used for additional substance misuse prevention services.
10. When will grant funds be awarded and when should services begin?	SAMHSA expects to make grant awards no later than September 30, 2017 contingent upon the availability of funding. Direct prevention services must begin 4 to 6 months after receipt of the Notice of Award (NoA).
11. If I have additional questions about the FOA, whom should I contact?	Please send your inquiries to: Helpline: 240-276-2567 Email inquiries to: FOACSAP@samhsa.hhs.gov
12. What are the National Outcome Measures (NOMs)?	The National Outcome Measures (NOMs) are SAMHSA’s indicators of program effectiveness. They include specific domains, e.g., reduced morbidity and help SAMHSA determine whether grant programs are accomplishing their goals. SAMHSA developed the NOMs domains in collaboration with the States. The NOMs are key to SAMHSA’s initiatives to set performance targets for State and Federally funded programs for substance misuse and mental health prevention, early intervention and treatment services. Additional information can be found at: https://www.samhsa.gov/grants/gpra-measurement-tools .
13. Can I serve both Youth (13-17) and Young Adults (18-24)?	Yes, however, you will need to have needs assessments developed for both populations as well as interventions. In addition, you will also need to administer both SAMHSA’s MAI Youth and Adult Questionnaires.
14. Who are considered Key Staff for the Prevention Navigator Program?	The Key staffs are: The Project Director who oversees the grant and works directly with SAMHSA’s Government Project Officer (GPO), Peer Support Specialist and the Evaluator.
15. What type of services does CSAP consider to be an intervention?	Intervention is an activity or set of activities to which a group or individual is exposed in order to change their behavior or their knowledge/attitudes associated with behavior change.
16. When should the baseline questionnaire be administered?	In order to establish a “true baseline” for the participant, the baseline questionnaire should be administered before program services begin. It can be administered any time within the 30 days preceding the first service encounter. This is considered to be the first data collection point.
17. When should the exit questionnaire be administered?	The exit questionnaire should be administered when the intervention(s) provided to an individual or group has ended. It can be administered any time within 30 days following the last service encounter. The exit survey is considered to be the second data collection point. If the participant comes back for further services after taking the exit questionnaire, a second exit questionnaire should be administered at the end of the additional services, that is, within 30 days following the last service encounter. Multiple exit records can be submitted; the cross-site team will include the exit record with the latest interview date in outcome analyses.

QUESTIONS	ANSWERS
18. When should the follow-up questionnaire be administered?	The follow-up questionnaire should be administered approximately 3 months and up to 6 months after the exit questionnaire is administered. The follow-up survey is considered to be the third data collection point and is only required for participants whose services lasted 30 days or more.
19. What are environmental strategies?	Environmental strategies focus on reducing risk factors in the society/environmental domain (that is, in systems or environmental contexts) including norms tolerant of use and misuse of alcohol and illicit drugs, policies enabling use and misuse, lack of enforcement of laws designed to prevent use and misuse, and inadequate negative sanctions for use and misuse. They may be included as policies, programs and practices employed to address the needs and problems identified in the needs assessment.
20. Are environmental strategies required?	Yes. Environmental strategies are mandatory for this cooperative agreement. In this grant program, grantees must use up to 25% of the total grant award for environmental strategies to conduct extensive outreach, including social media, new media, awareness campaigns and other intensive strategies and interventions.
21. What is SAMHSA’s Performance Accountability & Reporting System (SPARS)	SPARS is a new online data entry, reporting, technical assistance request and training system that will support effective GPO and overall management of SAMHSA’s grant portfolio and timely and accurate reporting to stakeholders and Congress. The new system will also support SAMHSA in meeting requirements of the Government Performance and Results Act (GPRA) of 1993 and the Government Performance and Results Modernization Act of 2010.
22. What are evidence-based substance misuse interventions?	You will find information on evidence-based practices in SAMHSA’s <i>Guide to Evidence-Based Practices on the Web</i> at http://www.samhsa.gov/ebpwebguide . SAMHSA developed this website to provide a simple and direct connection to information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The <i>Guide</i> provides a short description and a link to dozens of websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.
23. What is the National Registry of Evidence-Based Programs and Practices (NREPP)?	Please note that SAMHSA’s <i>Guide to Evidence-Based Practices</i> also refers to another SAMHSA website, the <i>National Registry of Evidence-Based Programs and Practices (NREPP)</i> available at http://www.nrepp.samhsa.gov/ . NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders.

QUESTIONS	ANSWERS
	<p>NREPP is intended to serve as a decision support tool rather than an authoritative list of effective interventions.</p> <p><i>NOTE: Inclusion in NREPP, or in any other resource listed in the Guide, does not mean an intervention is “recommended” or that it has been demonstrated to achieve positive results in all circumstances.</i></p>
<p>24. What are evidence-based HIV interventions?</p>	<p>The Center for Disease Control and Prevention (CDC) provides a Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention. The Evidence-Based Interventions (EBIs) and Best Practices in the Compendium are identified by the CDC's Prevention Research Synthesis (PRS) Project through a series of ongoing systematic reviews. The Compendium comprises three chapters and can be found at the following URL: https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html.</p>
<p>25. When should grantees submit an updated Needs Assessment?</p>	<p>If a grant is awarded, SAMHSA’s Government Project Officer (GPO) will review and approve the needs assessment to determine whether or not it adequately addresses the population of focus for this FOA. If the needs assessment is not approved, the grantee will need to submit a revised needs assessment after consultation with the GPO and have it approved by the GPO before beginning to provide prevention services. The updated Needs Assessment should be submitted on or before January 29, 2018.</p>
<p>26. When can services begin for the Prevention Navigator Program?</p>	<p>SAMHSA requires that services be implemented no later than 4 to 6 months after receipt of the Notice of Grant Award (NoA). Before services can begin, grantees will need to receive approval of their Strategic Plan by their GPO. The Strategic Plan is part of SAMHSA’s Strategic Prevention Framework and should include all the elements of a strategic planning process. The Strategic Plan should include a plan or logic model with timelines and milestones to be achieved for all five years of the grant. The GPO must approve the Strategic Plan before the grantee can implement services.</p> <p>The Strategic Plan should be submitted on or before March 31, 2018.</p>
<p>27. Is a cross-site evaluation required and what is its purpose?</p>	<p>Yes. A cross-site evaluation is being conducted under a separate SAMHSA contract, and all grantees will be required to participate. To support implementation of the cross-site evaluation, grantees will receive training and technical assistance from the data contractor to assist with assessing the overall effectiveness of their program. Information collected through the cross-site evaluation will be used to report relevant SAMHSA National Outcome Measures (NOMs) as well as</p>

QUESTIONS	ANSWERS
	<p>identified GPRA measures. SAMHSA’s NOMs are available at the following Web site: http://www.nationaloutcomemeasures.samhsa.gov/).</p>
<p>26. What is a Peer Support Specialist?</p>	<p>A Peer Support Specialist is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency. For this grant, it is recommended that Peer Support Specialists be trained and conduct extensive outreach to the high risk population of focus.</p>