

Strategic Prevention Framework-Partnerships for Success for Communities, Local Governments, Universities, Colleges, and Tribes/Tribal Organizations FY 2024 Pre-Application Webinar

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Before we get started...

- Use the question-and answer box to submit a question to the presenters.
- Please feel free to use the **question-and-answer box** to ask questions as we go through the presentation.
- We have allotted time at the end of the presentation for questions and answers

Program Overview

Program Title: Strategic Prevention Framework – Partnerships for Success for Communities, Local Governments, Universities, Colleges, and Tribes/Tribal Organizations (Short Title: SPF-PFS-Communities/Tribes)

Funding Opportunity Number: SP-23-004

Anticipated Total Available Funding: \$15,500,000

Anticipated Number of Awards and Award Amount: 41 Awards, Up to \$375,000 per year per award

Cost Sharing/Match Required?: No

Authorizing Statute: SPF-PFS program is authorized under Section 516 of the Public Health Services Act, as amended.

Anticipated Award Process

Award Posted Date: November 16, 2023

Application Due Date: February 21, 2024

Anticipated Award Date: August 31, 2024

Anticipated Project Start Date: September 30, 2024

Length of Project Period: Up to five years

SPF-PFS Program Purpose (pg. 9)

Purpose: to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community-based substance misuse for prevention and mental health promotion services.



SPF-PFS Program Purpose

- SPF-PFS grant recipients focus on strengthening community-level prevention capacity to identify and address local substance use prevention concerns, such as underage drinking, marijuana, tobacco, electronic cigarettes, opioids, methamphetamine, and heroin.
- Using local, state, and national substance use public health data, recipients will identify prevention priorities in their communities, and develop and implement strategies to prevent the misuse of substances and promote mental health and well-being among youth and adults.

Underserved Communities (pg. 10)

Underserved communities - refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life.

To identify underserved communities and sub-populations, the following resources are available:

- **National Survey on Drug Use and Health (NSDUH)**
- **Youth Risk Behavior Surveillance System (YRBSS)**
- **Behavioral Risk Factor Surveillance System (BRFSS)**
- **Monitoring the Future (MTF)**

Eligibility (pg. 21)

Eligible applicants are domestic public and private non-profit entities including community-based organizations, federally recognized tribes, tribal organizations, local governments, and institutions of higher education.

- Governmental units including state alcohol and drug agencies in addition to political subdivisions of a state, such as a county, city, or town.
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.
- Public or private universities and colleges.
- Community- and faith-based organizations.

NOTE: Entities funded under SP-20-002, SP-22-004, or SP-23-004 are not eligible to apply.

Key Personnel (pg. 11)

The following key personnel are required by the grant program:

- **Project Director** (minimum 0.5 FTE level of effort)
 - Responsible for oversight of the entire project
- **Data Analyst** (minimum 0.5 FTE level of effort)
 - Responsible for epidemiological, data, and program analysis

If awarded, recipients will be notified by SAMHSA about whether the individuals designated for these positions have been approved.

NOTE: The Project Director and Data Analyst cannot be the same person.

Required Activities (pg. 11)

Within the first 45 days –

- To reduce areas of overlap, improve coordination, and facilitate partnership, the SPF-PFS Communities/Tribes recipients must identify points of contact with the SPF-PFS State recipients (SP-23-003).
- Work in conjunction with the SPF-PFS Communities/Tribes recipients to establish a plan for regular communications and engagement to ensure the coordination of efforts, address gaps in prevention, improve networking relationships, and promote partnerships within and across communities.

NOTE: This activity is only applicable for award recipients in which the State is also a FY 2024 SPF-PFS award recipient

Required Activities - Assessment

Within the first 90 days –

- Assess, collect, and Identify data sources and gaps in the data specific to the prevention landscape in the community.
- Using up-to-date public health data, identify substance use concerns that are having negative consequences in the community, including identifying sub-populations that may be at greater risk and/or are underserved by existing prevention services.
- Assess what risk factors might be mitigated or what protective factors might be strengthened.
- Estimate the potential impact of prevention initiatives.
- The assessment is to be submitted with the second quarterly report.

Required Activities - Capacity

Within the first 180 days –

- Identify and engage local partners and resources that may contribute to reducing risks or increasing protective factors.
- Connect and engage with the Prevention Technology Transfer Center (PTTC).
- Partner with the SPF-PFS State award recipient, if applicable, and other community partners to readily identify areas of duplication and overlap to ensure appropriate distribution and allocation of resources, skills, and efforts.

Required Activities - Capacity

Within the first 180 days –

- Develop and strengthen prevention resources, which may include a variety of community members and stakeholders who are well positioned to deliver substance misuse prevention and mental health promotion services.
- Build or strengthen existing community structures that can provide input, oversee, and sustain prevention initiatives.

Required Activities – Planning

Within the first 180 days –

- Include regular engagement with SPF-PFS State award recipients, if applicable, as well as community partners to strengthen and inform planning efforts at the community level.
- Develop an implementation plan to reduce risks and enhance protective factors in the community. The implementation plan is to be submitted with the second quarterly report.
- Establish processes to continually review and revise the plan, making it an adaptable “living document” that can respond to changes occurring during implementation.
- Include the integration of evidence-based prevention interventions as part of the planning. Some interventions may require some modifications to fit the specific needs of your community.
- A strategic plan is to be submitted with the fourth quarterly report.

Required Activities – Implementation

Within the first 180 days –

- Institute regular engagement with SPF-PFS State award recipients, if applicable, as well as community partners during implementation to ensure supports are in place to help ensure success and to make needed adjustments given changing landscapes
- Begin delivering prevention services within the first 6 months of the program.
- Continually monitor program implementation through locally driven feedback mechanisms and be prepared to modify programs as needed.

Required Activities – Evaluation

Within the first 180 days –

- Ensure that your goals and objectives are reflective of the intended outcomes described for your community.
- Establish impact measures tied to the original problem that you plan to address that can be monitored on an annual basis.
- Share results with the SPF-PFS State award recipients, if applicable, and other community stakeholders to build upon successes and promote solutions for challenges.
- The evaluation plan is to be submitted with the second quarterly report.

Allowable Activities (pg. 13)

Allowable activities are an allowable use of funds but are not required

Identify and collaborate with entities serving the selected communities and populations, such as:

- substance use disorder treatment providers
- recovery community organizations
- local harm reduction coalitions
- emergency medical services agencies (e.g., 988/Local Crisis Call Center)
- departments of justice
- child protective agencies
- mental health agencies
- organizations serving underserved youth

Disparity Impact Statement (pg. 18)

If your application is funded, you will be expected to develop a behavioral health Disparity Impact Statement (DIS) no later than 60 days after your award. (See Appendix H –Addressing Behavioral Health Disparities). Progress and evaluation of DIS activities will be reported in annual progress reports (see Section VI.3 Reporting Requirements).

Tribal Behavioral Health Agenda (pg. 18)

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board developed the first collaborative National Tribal Behavioral Health Agenda (TBHA). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies that are addressed by their application. The TBHA can be accessed at <http://nihb.org/docs/12052016/FINAL%20TBHA%2012-4-16.pdf>.

Recipient Meetings (pg. 20)

Recipient meetings will be held virtually and recipients are expected to fully participate in these meetings. If SAMHSA elects to hold an in-person meeting, budget revisions may be permitted.

Funding Limitations (pg. 27)

No more than 20 percent of the total award for the budget period may be used for data collection, performance measurement, and performance assessment.

Data Collection, Performance Measurement, and Performance Assessment



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Data Collection/Performance Measurement (pg. 14)

All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the **Government Performance and Results (GPRA) Modernization Act of 2010**. Applicants must document their plan for data collection and reporting in your Project Narrative in response to Section E: Data Collection and Performance Measurement of Section V of this NOFO.

Data Collection/Performance Measurement

Performance Measures:

- Number of people served by Institute of Medicine category
- Number of people reached by Institute of Medicine category
- Six strategies (Substance Use Prevention, Treatment, and Recovery Services Block Grant primary prevention strategies)
- Demographic group
- Annual targets
- Quarterly inputs

Performance Measures – Annual Targets (pg. 14)

- Community prevention messaging and outreach:
 - Planned community prevention messaging and outreach activities
 - Estimated number of individuals **planned** to be **reached** with community prevention messaging and outreach
 - Estimated demographics of individuals **planned** to be **reached** with community prevention messaging and outreach
- Individual and small group prevention services (including mental health promotion services):
 - Planned individual and small group prevention services
 - Estimated number of individuals **planned** to be **reached** with individual and small group prevention services
 - Estimated demographics of individuals **planned** to be **reached** with individual and small group prevention services

Performance Measures – Quarterly Inputs (pg. 15)

- Community prevention messaging and outreach:
 - Community prevention messaging and outreach activities implemented
 - Number of individuals reached with community prevention messaging and outreach
 - Demographics of individuals reached with community prevention messaging and outreach
- Individual and small group prevention services (including mental health promotion services):
 - Individual and small group prevention services implemented
 - Number of individuals reached with individual and small group prevention services
 - Demographics of individuals reached with individual and small group prevention services

Annual Impact Report (pg. 15)

Applicants will identify up to three community-level prevention priorities to address. For each priority, recipients will need to develop an impact reporting model which links the program/activity inputs described above to community level impact. This reporting model must include, at a minimum, the following for each priority area:

- **Intervening variable – Risk Factor Reduction** – Survey data measuring the knowledge, attitudes, and perceptions of the target audience the program is planning to reach. This may include perception of parental or peer disapproval, attitudes, or the perceived risk/harm of substance use.
- **Intervening variable – Protective Factor Promotion** – Survey and other data tracking uptake or increases in protective factors, such as participation in after school activities, family communications, etc.

Annual Impact Report

- **Consumption or Behavior Variable** – Survey data measuring the actual behavior of the target audience. This most commonly is measured by past 30-day usage of a particular substance or set of substances, but may also include quantity of consumption (e.g., binge drinking) or other similar variables, based on the particular prevention priority.
- **Consequence Variable** – Survey data, or data from external data sources showing the impact at a community level, including substance use related crime, hospitalizations, accidents, or school discipline.

SAMHSA's Performance Accountability and Reporting System (SPARS)

Recipients are required to submit data via SAMHSA's Performance Accountability and Reporting System (SPARS); access will be provided upon award.

- Data will be collected quarterly and submitted quarterly through SPARS within 30 days of the end of each reporting period.
- Access to SPARs will be provided upon award
- Additional information about SPARS can be found at https://spars.samhsa.gov/sites/default/files/2022-06/DSPMRT_508.pdf.
- Technical assistance related to data collection and reporting will be offered.

Project Performance Assessment

- Recipients must periodically review the performance data they report to SAMHSA, assess their progress, and use this information to improve the management of their project.
- The project performance assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project.
- Performance assessments should be used to determine whether your project is having/will have the intended impact on behavioral health disparities.

Confidentiality and Participant Protection

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Public Health Advisor, Division of Primary Prevention
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Participant Protection Governance (pg. 53)

- Adherence - SAMHSA Projects must abide by:
 - Health Insurance Portability and Accountability Act (HIPAA) of 1996 Regulations
 - Authority, Disclosures, Health Information Technology, Compliance
 - Regulations under 42 U.S. Code Part 2, which are part of HIPAA; and/or
 - 45 CFR 46, if applicable
- Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines

Participant Protection Governance

- 1) Protect Clients and Staff from Potential Risks
- 2) Fair Selection of Participants
- 3) Absence of Coercion
- 4) Data Collection
- 5) Privacy and Confidentiality
- 6) Adequate Consent Procedures
- 7) Risk/Benefit Discussion

Application Evaluation Criteria



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Project Narrative (pg. 28)

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E. Your application will be reviewed and scored according to your response to the requirements in Sections A-E.

- **You must use the five sections/headings listed below in developing your Project Narrative.**
- **You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1.**

Project Narrative

- **Only information included in the appropriate numbered question will be considered by reviewers.**
- **Your application will be scored according to how well you address the requirements for each section of the Project Narrative.**
- **The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.**

Evaluation Criteria

SECTION A: Population of Focus and Statement of Need

(25 points – approximately 2 ½ pages)

1. Identify and describe the proposed geographic catchment area where the project will be implemented and the population(s) that will be impacted by the infrastructure development in the targeted systems or agencies. Provide a demographic profile of the population of focus in the catchment area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Document the need to reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services in the proposed catchment area. Include information on the service gaps and other problems related to the need for infrastructure development. Identify the source of the data.

Evaluation Criteria

SECTION B: Bonus Points for Providing Services to Priority Populations (10 points – approximately ½ page)

An additional 10 points will be given to applicants with more than 50 percent of their total population(s) of focus in underserved communities that are greatly impacted by SUD. Underserved communities are defined under section 2 of Executive Order 13985. To receive the bonus points, you must provide documentation of the percentage of your population(s) of focus, individually or collectively, that are in underserved communities greatly impacted by SUD. Provide the percent of each underserved community within the geographic catchment area for your project.

Evaluation Criteria

SECTION C: Proposed Implementation Approach

(30 points – approximately 5 pages not including Attachment 4 – Project Timeline)

1. Describe the goals and measurable objectives (see Appendix E) of your proposed project and align them with the Statement of Need outlined in A.2.
2. Describe how you will implement the Required Activities as stated in Section I.
3. In Attachment 4, provide a chart or graph depicting a realistic timeline for the entire 5 years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I. The timeline cannot be over two pages and should be submitted in Attachment 4. The recommendation of pages for this section does not include the timeline.

Evaluation Criteria

SECTION D: Staff and Organizational Experience

(20 points – approximately 1 page)

1. Describe the experience of your organization with reducing the onset and progression of substance misuse and its related problems by supporting the development and delivery of community-based substance misuse prevention and mental health promotion services and similar projects to the population(s) of focus. Identify any other organization(s) that will partner in the proposed project. Describe their specific roles and responsibilities in this project. If applicable, Letters of Commitment from each partner must be included in Attachment 1 of your application. If you are not partnering with any other organization(s), indicate so in your response.

Evaluation Criteria

SECTION D: Staff and Organizational Experience

2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director, Data Analyst) and other significant personnel. For each staff member describe their:
 - Role,
 - Level of Effort, and
 - Qualifications, including their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s).

Evaluation Criteria

SECTION E: Data Collection and Performance Measurement (15 points – approximately 1 page)

Provide specific information about your how you will collect the required data for this program and how such data will be utilized to manage, monitor, and enhance the program (See Appendix F). Describe your quality improvement efforts and explain how you will use the data to address your identified behavioral health disparity(ies) and close the gap(s).

Review and Selection Process (pg. 31)

Decisions to fund a grant are based on:

- The strengths and weaknesses of the application as identified by peer reviewers;
- Approval by the Center for Substance Abuse Prevention National Advisory Council;
- Availability of funds;
- SAMHSA may select awards for funding that best reach underserved communities and/or populations;
- Submission of any required documentation that must be submitted prior to making an award;
- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization located in SAM.gov

Submission Assistance (pg. 42)

Grants.gov Service Desk

- By e-mail: support@grants.gov
- By phone: (toll-free) 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

NIH eRA Service desk

- To submit a service request ticket: <http://grants.nih.gov/support/index.html>
- By phone: 301-402-7469 or (toll-free) 1-866-504-9552. (Press menu option 6 for SAMHSA). The NIH eRA Service desk is available Monday – Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

Agency Contacts (pg. 34)

For program and eligibility questions contact:

Fred Volpe or Alexandria Washington
CSAP.DPP@samhsa.hhs.gov

For fiscal/budget questions contact:

Office of Financial Resources, Division of Grants Management
FOACSAP@samhsa.hhs.gov

For review process and application status questions contact:

Angela Houde, Office of Financial Resources, Division of Grant Review
Angela.houde@samhsa.hhs.gov

Thank You

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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