

# Strategic Prevention Framework-Partnerships for Success for States FY 2024 Pre-Application Webinar

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Services Administration

# 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 States  
(Short Title: SPF-PFS-States)

**Funding Opportunity Number:** SP-23-003

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

**Anticipated Number of Awards and Award Amount:** 12 Awards, Up to \$1,250,000  
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. 8)

**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 recipients will focus on strengthening state and 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 underserved communities and sub-populations of focus, identify prevention priorities in their state, and develop and implement strategies to prevent the misuse of substances..

# Underserved Communities (pg. 9)

**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. 20)

**Eligibility is limited to states including U.S. Territories, Pacific Jurisdictions, and the District of Columbia.**

States that received funding under SP-20-002 (in FY 2020 or FY 2021), SP-22-004 or SP-23-003 are not eligible to apply. In addition, communities/tribes that received SPF-PFS funding under SP-20-002 (in FY 2020 or FY 2021), SP-22-004, or SP-23-004 are not eligible to be a subrecipient under this award.



# Key Personnel (pg. 10)

**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. 10)

## Within the first 45 days –

- To reduce overlap, improve coordination, and facilitate partnership, the SPF-PFS State recipients must identify points of contact with the SPF-PFS Communities/Tribes recipients funded under SP-23-004.
- 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 partnership within and across communities.

**NOTE:** This activity is only applicable if there is a recipient under SP-23-004 in the state.

# Required Activities – 90 days

- Assess, collect, and identify data sources and gaps in the data specific to the prevention landscape across the state.
- Assess the prevention landscape in the state and use the SPF to develop a statewide community health assessment, also known as community health needs assessment, that refers to a state, tribal, local, or territorial health assessment that identifies key substance use prevention needs and issues through systematic, comprehensive data collection and analysis. The statewide community health assessment must be submitted with the second quarterly report.

# Required Activities – 90 days

- Use the results of the statewide community health assessment activities and the community health improvement process to develop a statewide community health improvement plan to address substance use prevention across the state that is a long-term, systematic effort to address public health problems. The statewide community health improvement plan must be submitted with the third quarterly report.

# Required Activities - 180 days

## States will develop strategies to enhance the capacity of community-level prevention providers that:

- Use a minimum of 60 percent of their award to fund subrecipient communities/community providers that demonstrate a need for programming in their selected prevention priority(ies) as dictated by data.
- Connect and orient local community prevention provider organizations to SAMHSA's Prevention Technology Transfer Center (PTTC).
- Enhance the fiscal management of community subrecipients by providing technical assistance and guidance on sound fiscal management.

# Required Activities – 180 days

- Expand the data collection and analysis capacity of community subrecipients by providing technical assistance on local-level reports (e.g., county, zip code, census tract), trainings, and access to data.
- Provide technical assistance to community subrecipients on strategies to ensure sustainability.
- Identify opportunities and activities to foster collaboration, partnership, and engagement among state subrecipients and recipients of the SPF-PFS Communities/Tribes award.
- Submit a strategic plan with the fourth quarterly report.

# Required Activities – throughout the award

- Establish and implement strategies, including the use of technology and partnership, across the state aimed at the community level that support the wide dissemination and adoption of evidence-based and promising practices in substance misuse prevention.
- Develop an evaluation plan for identified targeted strategies and populations as well as the identification and assessment of strategies and approaches used to build organizational capacity at the community level related to prevention. The evaluation plan is to be submitted with the second quarterly report.

# Required Activities – throughout the award

- Identify strategies and implement plans to build the capacity of subrecipients through technical assistance, integration with community partners, and sharing of resources that positively positions subrecipients to prepare and complete applications for prevention award including the SPF-PFS-Communities/Tribes award.



# 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. 17)

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).

# Recipient Meetings (pg. 19)

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. 25)

The funding restrictions for this project are as follows. Be sure to identify these expenses in your proposed budget.

- No more than 10 percent of the total award for the budget period may be used for data collection, performance measurement, and performance assessment.
- A minimum of 60 percent of the total award for the budget period must be used to fund subrecipient communities that demonstrate a need for programming in their selected prevention priority(ies).

# Data Collection, Performance Measurement, and Performance Assessment



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# Data Collection/Performance Measurement (pg. 13)

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. 13)

- 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. 14)

- 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. 14)

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](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

LT Kawana Cohen-Hopkins  
Public Health Advisor, Division of Primary Prevention  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services



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# Participant Protection Governance (pg. 51)

- 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. 26)

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. 40)

## Grants.gov Service Desk

- By e-mail: [support@grants.gov](mailto: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. 32)

**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:**

Tiffany Gray, Office of Financial Resources, Division of Grant Review  
Tiffany.gray@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.

Alexandria Washington

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[www.samhsa.gov](http://www.samhsa.gov)

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