

2023 Strategic Prevention Framework-Partnerships for Success for States (Short Title: SPF-PFS-States)

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May 16, 2023



SAMHSA
Substance Abuse and Mental Health
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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: \$17,500,000

Assistance Listing: 93.243

Awarding Information:

- *Application Due Date:* **Monday, June 5, 2023**
- *Anticipated number of awards:* **14 States**

Program Overview (Con't)

- *Award amount:* **Up to \$1,250,000 per year per award**
 - Proposed budgets cannot exceed \$1,250,000 in total costs (direct and indirect) in any year of the proposed project.
- *Length of Project:* **Up to 5 Years**
- *Cost Sharing/Match Required?:* **No**
- Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Eligibility

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

NOTE: SPF-PFS Cohorts funded under PFS 2019, 2020, 2022 are not eligible to apply.

SPF – PFS Purpose

- The purpose of this grant program is 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.
- The 2023 Strategic Prevention Framework-Partnership for Success program is grounded in the Strategic Prevention Framework (SPF), a community engagement model grounded in public health principles, including being data-driven and focused on providing evidence-based services to underserved communities.

SPF – PFS Purpose (Con't)

- SPF-PFS grant recipients focus on strengthening state and community-level prevention capacity to identify and address local substance use prevention concerns.
- Using local, state, and national substance use public health data, recipients will identify prevention priorities in their state, and develop and implement strategies to prevent the misuse of substances.
- Recipients will utilize a data-driven approach to identify underserved communities and at-risk sub-populations of focus.

Population of Focus

The recommended population of focus is underserved populations with known or suspected:

- **Underage Drinking**
- **Marijuana**
- **Tobacco**
- **Electronic Cigarettes**
- **Opioids**
- **Methamphetamine**
- **Heroin**

Underserved Communities

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

- **National Survey on Drug Use and Health (NSDUH):**

<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

- **Youth Risk Behavior Surveillance System (YRBSS):**

<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

- **Behavioral Risk Factor Surveillance System (BRFSS):**

<https://www.cdc.gov/brfss/index.html>

- **Monitoring the Future (MTF):**

<https://nida.nih.gov/drug-topics/trends-statistics/monitoring-future>

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

Key Personnel

This program is required to hire the following key staff:

- **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.

NOTE: These positions require prior approval by SAMHSA after a review of staff credentials and job descriptions.

Required Activities

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 (Con't)

Within the first 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.
- 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 (Con't)

Within the first 180 days –

Identify eligible underserved communities and existing local community prevention providers organizations within the state that may be in the development phase and are not yet eligible to apply for SPF-PFS award through SAMHSA (e.g., SPF-PFS Communities/Tribes). Initiate efforts to engage and partner with these organizations for targeted substance misuse prevention. To identify these communities, the state should review state epidemiological data or other relevant data if the state epidemiological data does not include all relevant underserved communities such as sexual and gender minorities. States must provide the criteria and justification used when identifying these communities.

Required Activities (Con't)

Within the first 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 (Con't)

Within the first 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 (Con't)

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.
- 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

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

Allowable activities may include:

- 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

Data Collection/Performance Measurements

- 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.
- You must document your 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.
- Recipients are required to report performance including the following measures: Number of people served and/or reached by Institute of Medicine (IOM) category, six strategies and demographic group.

Data Collection/Performance Measurement (Con't)

Annual Targets:

- Planned 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

Data Collection/Performance Measurements Con't)

Quarterly Inputs:

- 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

Data Collection/Performance Measurement (Con't)

Annual Impact Reporting:

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.

Data Collection/Performance Measurement (Con't)

- **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.

Project Performance Assessment

- Recipients must periodically review the performance data they report to SAMHSA , assess their progress, and use this information to improve management of their grant project. Recipients are also required to report on their progress addressing the goals and objectives identified in your Project Narrative.
- 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.
- **Note: See [Appendix E](#) and [Appendix F](#) of this NOFO for more information on responding to this section.**

Other Expectations

SAMHSA expects recipients to use grant funds to implement high quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based as a means of improving behavioral health.

Behavioral health means the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

Other Expectations: Recovery

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

- Recovery oriented recipients promote partnerships with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster:
 - **Health**—managing one’s illnesses or symptoms and making informed healthy choices that support physical and emotional wellbeing.
 - **Home**—a stable and safe place to live.
 - **Purpose**—meaningful daily activities such as a job or school.
 - **Community**—supportive relationships with families, friends and peers.
- Recovery oriented systems of care embrace recovery as:
 - **Emerging from hope**
 - **Person-driven**
 - occurring via many pathways.
 - **Holistic**
 - supported by peers and allies.
 - **Culturally-based and influenced -**
 - supported through relationship and social networks;
 - Involving individual, family, and community strengths.
 - **Responsibility**
 - supported by addressing trauma; and based on respect.

Other Expectations: Trauma-Informed Approaches

Trauma-informed care recognizes and intentionally responds to the lasting adverse effects of experiencing traumatic events.

Trauma-informed care is defined through **Six Key Principles**

- 1. Safety:** participants and staff feel physically and psychologically safe.
- 2. Peer support:** peer support and mutual self-help as vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their lived experience.
- 3. Trustworthiness and Transparency:** decisions are conducted with the goal of building and maintaining trust,
- 4. Collaboration and Mutuality:** importance is placed on partnering and leveling power differences;
- 5. Cultural, Historical, & Gender Issues:** culture and gender-responsive services are offered while moving beyond stereotypes/biases; and
- 6. Empowerment, Voice and Choice:** organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.² It is critical recipients promote the linkage to recovery and resilience for those individuals and families impacted by trauma.

Other Expectations: Behavioral Health Equity

Behavioral health equity is the right to access high quality and affordable health care services and supports for all populations regardless of the individual's

- Race
- Age
- Ethnicity
- Gender
- Disability
- Socioeconomic status
- Sexual orientation
- Geographical location

Other Expectations: Behavioral Health Disparity Impact Statement

If your application is funded, you will be expected to develop a behavioral health disparity impact statement no later than 60 days after your award. (See [Appendix H – Addressing Behavioral Health Disparities](#)).

The behavioral health disparity impact statement is in alignment with the expectations related to Executive Order 13985 “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.”

Other Expectations: Tribal Behavioral Health

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 grant application.

Other Expectations: Tobacco and Nicotine-Free Policy

SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Recipient Meetings

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/Restrictions

The funding restrictions for this project are as follows:

- 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).

Be sure to identify these expenses in your proposed budget

SAMHSA recipients must also comply with SAMHSA's standard funding restrictions, which are included in [Appendix I](#) – Standard Funding Restrictions.

Questions



Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Contact Information

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