

2023 Sober Truth on Preventing Underage Drinking Act Grants (Short Title: STOP Act)

Center for Substance Abuse Prevention (CSAP/DPP Eastern Branch)
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

February 13, 2023
presentation



SAMHSA
Substance Abuse and Mental Health
Services Administration

Program Overview

Program Title: Sober Truth on Preventing Underage Drinking Act Grants (Short Title: STOP Act Grants)

Authorizing Legislation: STOP Act program is authorized under Section 519B (42 U.S.C. 290bb-25b) of the Public Health Service Act, as amended.

Funding Opportunity Number: SP-23-002

Anticipated Total Available Funding: \$3 million

Type of Award: Infrastructure

Assistance Listing: 93.243

Awarding Information:

- *Application Due Date:* **Friday, March 3, 2023**
- *Anticipated number of awards:* **50**
- *Award amount:*
 - Up to **\$60,000**

Program Overview (cont.)

Length of Project: Up to 4 Years

Cost Sharing/Match Required?: No

Proposed budgets cannot exceed \$60,000 in total costs (direct and indirect) in any year of the proposed project.

- 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 the award.

Eligibility

Eligible applicants are domestic public and private non-profit entities that are current or former DFC Support Program Recipients, including:

- 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.
- Governmental Agencies

NOTE: STOP Act Cohorts funded under STOP 2022, FY 19-003 with start dates of 4/30/20 and 4/30/2021 are not eligible to apply.

STOP Act Grant Purpose

The purpose of this program is to prevent and reduce alcohol use among youth and young adults ages 12-20 in communities throughout the United States. The program aims to:

- (1) address norms regarding alcohol use by youth,
- (2) reduce opportunities for underage drinking,
- (3) create changes in underage drinking enforcement efforts,

STOP Act Grants Purpose (cont.)

(4) address penalties for underage use, and/or,

(5) reduce negative consequences associated with underage drinking (e.g., motor vehicle crashes, sexual assaults). In addition, applicants will build on the strategic plans that were developed under a Drug Free Communities (DFC) award utilizing the strategic prevention framework model which aims to address underage drinking behaviors.

Key Personnel

This program is required to allow the following key staff:

- **Project Director**
- **Project Coordinator**

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

Required Activities

Funds must be used primarily to support infrastructure development. Infrastructure development is defined as strengthening strategic prevention framework processes which include assessment, capacity building, planning, implementation, and evaluation (SAMHSA, 2019). It may also include enhancing diversity, equity, and inclusion.

Recipients are required to:

- Identify, establish, and implement relevant evidenced-based community approaches that will expand and increase the coalition's ability to address underage drinking in the community.
- Enhance intergovernmental cooperation and coordination on the issue of alcohol use among youth and young adults.
- Serve as a catalyst for increased citizen participation and greater collaboration among all sectors and organizations of a community to foster a long-term commitment to reducing alcohol use among youth.

Required Activities (cont.)

- Strengthen collaboration among communities, the federal government, state, local, and tribal governments to reduce alcohol use among youth and young adults.
- Disseminate timely information to communities regarding state-of-the-art practices and initiatives that have proven to be effective in preventing and reducing alcohol use among youth.
- Develop a 12-month Action Plan that builds upon DFC planning processes (i.e., Strategic Prevention Framework) that enhances local community initiatives for preventing and reducing alcohol use among youth. Implement strategies and needed actions identified in the Action Plan.

Required Activities (cont. 1)

- Utilize Town Halls to gain feedback from communities on underage drinking issues in the community and utilize this feedback to implement change.
- Work with the Prevention Technology Transfer Centers (PTTC) to ensure best practices are shared between the PTTC and your program to expand the reach of messaging regarding best practice strategies to address underage drinking.

Allowable Activities

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

Examples of allowable activities linked to possible spending include, but are not limited to:

- Developing and disseminating an educational communications campaign to prevent and reduce youth alcohol use;
- Providing training for individuals who work with youth to support culturally-appropriate, trauma-informed services; or
- Hosting an alcohol- and drug-free youth event with community partners.
- In addition, it may also include enhancing diversity, equity, and inclusion efforts.

Application Review Information

Evaluation Criteria

- The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to your response to the requirements in Sections A-D.
- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than **10 pages**.

Application Review Information (cont.)

Evaluation Criteria

- You must use the four sections listed below in developing your project narrative:
 - SECTION A: Population of Focus and Statement of Need
 - SECTION B: Proposed Implementation Approach
 - SECTION C: Staff and Organizational Experience
 - SECTION D: Data Collection and Performance Measurement
- You must indicate the section letter and each subsection must be indicated by a number. For example, the subsection of section A should be labeled A-1.
- ***Only information included in the appropriate numbered question will be considered by reviewers.***

Application Review Information (cont.)

SECTION A: Population of Focus and Statement of Need

Points: Up to 30 points

Note: Applicants that document in subsection A.3 that more than 50 percent of their total population of focus will be from underserved communities greatly impacted by SUD will be awarded 10 extra points.

Pages: 2 pages

Application Review Information (cont.)

SECTION B: Proposed Implementation Approach

Points: Up to 35 Points

Pages: 5 pages not including Attachment 4 – Project Timeline

SECTION C: Staff and Organizational Experience

Points: Up to 20 Points

Pages: 2 pages

Application Review Information (cont.)

SECTION D: Data Collection and Performance Measurement

Points: 15 points

Pages: 1 page

Data Collection/Performance Measurement

- 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 D: Data Collection and Performance Measurement of Section V of this NOFO.

Data Collection/Performance Measurement (cont.)

Recipients are required to report on their performance, including the following measures:

- 1. Past 30-day use (alcohol only)**
- 2. Perception of risk or harm (alcohol only)**
- 3. Perception of parental disapproval of use (alcohol only)**
- 4. Perception of peer disapproval of use (alcohol only)**

Data Collection/Performance Measurement (cont.)

- This information will be gathered using local surveys determined by the recipient. Data will be collected and reported at least every two years and for at least three grade levels (i.e., 6th through 12th grade) for alcohol use.
- It is important to note that the size of the data collection must be sufficient to provide an accurate and meaningful statistical representation of the geographic area served by the coalition.
- No more than 10 percent of the grant award may be used for data collection, performance measurement, and performance assessment (e.g., required activities).

Project Performance Assessment

- Recipients must periodically review the performance data they report to SAMHSA (as required above), 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.**

Budget Justification, Existing Resources, and Other Support (Other federal and non-federal sources)

You must provide a narrative justification of the items included in your proposed budget. You must also provide a narrative description of existing resources and other support you expect to receive for the proposed project as a result of cost matching. Other support is defined as funds or resources, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

An illustration of a budget and narrative justification is included in Appendix L – Sample Budget and Justification. **It is highly recommended that you use this sample budget format.** Your proposed budget must reflect the funding limitations/restrictions specified in Section IV-5. **Specifically identify the items associated with these costs in your budget.**

For fiscal/budget related questions contact:

Office of Financial Resources, Division of Grants Management Substance Abuse and Mental Health Services Administration: 240-276-1400

FOACSAP@samhsa.hhs.gov

Additional 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.

Recovery Guidance

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***
 - ***Home***
 - ***Purpose***
 - ***Community***
- Recovery oriented systems of care embrace recovery as:
 - **Emerging from hope**
 - **Person-driven**
 - **Holistic**
 - **Culturally-based and influenced**
 - **Responsibility**

Trauma-Informed Care

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*
2. *Peer support*
3. *Trustworthiness and Transparency*
4. *Collaboration and Mutuality*
5. *Cultural, Historical, & Gender Issues*
6. *Empowerment, Voice and Choice*

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

Behavioral Health Equity (cont.)

By improving access to behavioral health care...

- Promoting quality behavioral health programs and practice
- Reducing persistent disparities in mental health and substance use services for underserved populations and communities

Recipients can be ensured that everyone has a fair and just opportunity to be as healthy as possible.

Behavioral Health Equity (cont.)

In conjunction with promoting access to high quality services, behavioral health disparities can be further mitigated by addressing social determinants of health, such as:

- Social exclusion
- Unemployment
- Adverse childhood experiences
- Food and housing insecurity

Behavioral Health Disparity 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.”

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. The TBHA can be accessed at <http://nihb.org/docs/12052016/FINAL%20TBHA%2012-4-pdf>.

Tobacco and Nicotine Free Policies

Tobacco Practices

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).

Grantee Meetings

All 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 will be permitted.

Funding Limitations/Restrictions

The funding restrictions for this project are as follows:

- No more than 10 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment for community, tribal, or territory recipients.
- No more than 6 percent of the grant may be used for administrative expenses.

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 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.

Jerry Campbell

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