

RFF-2019-12-1

January 14, 2020

Community Substance Misuse Prevention and Mental Health Promotion

Questions and Answers

- 1. Must all of SAMHSA's six prevention strategies be addressed and must they each have their separate activities or can activities address multiple strategies?**

*Answer: Grantees do not have to address all six prevention strategies. Grantees may use multiple types of strategies as part of a prevention plan. Please refer to SAMHSA's "Focus On Prevention," pages 13-14 for more information about the six strategies:
<https://store.samhsa.gov/system/files/sma10-4120.pdf>.*

- 2. Is county-wide broad enough to meet this RFF's eligibility?**

Answer: Yes, providing evidence based programs county-wide does meet this RFF's eligibility.

- 3. If our prevention efforts will target youth only, is this acceptable; and, if so, must we present "community needs and resource assessment data" for the other populations bulleted in the RFF (namely, LGBTQ up to age 26, children of incarcerated parents, pregnant woman with children; previously incarcerated individuals, veterans and military families; those with co-occurring disorders/serious mental illness; rural populations) OR, can we present the data only on our target group?**

Answer: Per the RFF, applicants will be expected to provide community needs and resource assessment data for populations who are underrepresented in prevention services. Although it is acceptable to have a target population focused on youth, you must also look at sub-populations within this larger group that are of high risk and underrepresented (LGBTQ, co-occurring disorder/serious mental illness, rural populations etc.). "During the first year of funding, awardees will conduct a thorough community assessment with support from the technical assistance provider." Applicants will then implement a comprehensive strategic plan addressing the risk factors, protective factors and determinants in their community.

- 4. Number 7 beneath Selection Process and criteria, must the statewide prevention capacity referred to be something we devise in our proposal or is this something we will participate in under the DMHA or FSSA direction?**

"Be willing to engage nontraditional partners in MOU relationships in order to build statewide prevention capacity."

Answer: This is something that will need to be proposed by the applicant. Each applicant may have collaborations with other agencies within their county/community that they may want to partner with to aid in their chosen programming. Proposals should include description of current partnerships and willingness/ability to engage additional non-traditional partners during the

grant period. Additional partnerships may be identified during the grant period with support from technical assistance provider.

- 5. Number 8 beneath the selection process and criteria, are these assessments something we design as part of our proposal or something the provider works with DMHA/FSSA in implementing following the providers proposals acceptance and funding?**

“Be willing to engage fully in the Strategic Prevention Framework, including completing a community needs assessment, community readiness assessment, and capacity/resource assessment and implementation plan.”

Answer: Proposals should include current assessments and plans as outlined in the RFF, Evaluation Criteria. If awarded, grantees will be expected to follow the Strategic Prevention Framework (SPF) with support from the technical assistance provider (see link to SPF within the RFF).

- 6. Is it advisable for us to contact the Regional Coordinator(s) in the areas impacted by our work and invite their participation in the proposal formulation?**

Answer: Each Region will have an assigned Regional Coordinator, however, the Regional Coordinator will not be able to participate in proposal formulation.

- 7. Have the regional coordinators been selected, and if so, is it possible to get a list of who is the contact for each region?**

Answer: The process for selecting Regional Coordinators is ongoing; not all regions have been assigned a coordinator as of this posting. At this time, Regions 1, 2, 5 & 10 have been filled. Each grantee will receive the contact information of each Regional Coordinator.

- 8. The funding amount maximum (listed on page 3) indicates the award maximum is \$400,000. We assume this is for both years combined (correct?); does the amount need to be evenly divided between the two years, or can one year have a higher request than the other, as long as it stays within \$400,000 total?**

Answer: Awards granted will be for two years with a maximum award of \$400,000; however, this does not guarantee a grantee will receive the maximum amount. Each applicant must submit a budget and costs associated with the proposed programs. It is not required for each year to have the same expenditures; proposed budgets should demonstrate costs for each year.

- 9. On page 5, it says that we will have to collect NOMS data as appropriate, but includes a list of items. Some of the items extend well beyond the possible scope of this project**

- **Abstinence from drug and alcohol use**
- **Decreased symptoms of mental illness with improved functioning**
- **Getting and keeping a job or enrolling in school**
- **Decreased involvement with the criminal justice system**
- **Access to services**
- **Retention in services**
- **Use of evidence-based practices in treatment**
- **Client perception of care**

These are beyond primary prevention and some begin to fall into the realm of treatment, which page three says is not an appropriate population ("funds are to be used for...people who are identified as not needing treatment"). Are we correct to assume that this list of NOMS is just a possible list, but we will likely only need to monitor those receiving our services by demographics and their abstinence from drug and alcohol use (as these funds have done in the past)?

Answer: The items listed for the NOMs data are possible outcome measures that a grantee can report on as it relates to their prevention program. Comprehensive data collection and evaluation plans will be developed during the grant period.

- 10. On page 8, it identifies that "Completed Attachment A, Applicant Information" is worth one point -- do you mean Attachment B?**

Answer: Correct, Attachment B is the Applicant Information.

- 11. On page 10 (and other locations) it mentions having MOUs/Cooperative Agreements with two "other community prevention providers" -- do these providers have to be specific prevention organizations/coalitions, or can they be other organizations/groups that are delivering prevention programming?**

Answer: No, providers do not have to be specific prevention organizations/coalitions. A grantee may partner with other organizations/groups that are delivering similar prevention programs.

- 12. Two of the required attachments are letters of support from a community coalition partner and the Local Coordinating Council (LCC). Should these be letters of support, or letters of acknowledgement sent to them?**

Answer: DMHA is requesting letters of support from the Local Coordinating Council and community coalition partners. Should an applicant only have access to one or the other, the applicant may submit two letters of support from either the LCC or the community coalition partner. The letters should simply support the applicant's prior efforts as well as their confidence in the applicant's ability to implement the program.

- 13. We typically have a 10% Indirect Cost rate on grants; is this something we can include in the budget (there's no direction within the document)?**

Answer: You are able to use the 10% indirect cost rate on the grant included in the budget.

14. Is it expected that we work in all the counties in our Region (2)? We are currently collaborating in many, but not all; however, if this is a requirement, we can expand our outreach.

Answer: You are not required to work in all counties within your region. You may work within the county(ies) you choose to provide programming.

15. Is low income considered a health disparity?

Answer: Although low income is considered a health disparity, it is not one of the areas DMHA is focusing on for these funding years. Health disparities can be affected by one or more of the following: race, religion, ethnicity, nationality, gender, age, disability, sexual orientation, and socio-economic status.

16. What guidance or references may we use to distinguish evidence-based from best practice strategies?

The Indiana Evidence Based Practice Guide (2019 version) can be accessed on the DMHA website or by clicking this link:

https://www.in.gov/fssa/dmha/files/Evidence_Based_Practice_Guide.pdf. Respondents may also refer to SAMHSA's Selecting Best-fit Programs and Practices (https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf).

17. What does "lived experience" qualify as under this grant?

Answer: This RFF does not require individuals with "lived experience."

18. On what age range should this application focus?

Answer: This is open to the lifespan and solely based on community needs. However, more specifically, the age could range from birth (0 years) to older adults (49+ years).

19. Are there DMHA designated abused or misused substances of priority on which to focus our efforts?

Answer: This varies as each county may have a different focus based on the community needs assessment result. Each grantee should focus on the priority substances identified in their community needs assessment.

20. What outcomes are expected for prevalence rates and for risk & protective factors?

Answer: This will vary for each grantee. Grantees will work with the DMHA-designated evaluation provider to develop outcomes and evaluation plan. This may look different for each community and each program.

21. Is there an evidence-based practice DMHA endorses to address vaping?

Answer: DMHA does not endorse any particular program and encourages respondents to refer to the Indiana Evidence Based Practice Guide (2019 version) which can be accessed on the DMHA website or by clicking this link:

https://www.in.gov/fssa/dmha/files/Evidence_Based_Practice_Guide.pdf.

22. Can the funds be used to pay stipends or gift cards for high school volunteers?

Answer: No. Funds may not be used to pay stipends or gift cards for high school volunteers.

23. If we provide DMHA services in three counties, do we need to provide prevention programming in all the counties?

Answer: No. you do not need to provide prevention programming in all counties in which you provide DMHA services; however, please keep in mind that prevention funding must be used for prevention services.

24. If we provide DMHA services in three counties, do we need to obtain letters of support from each county's local coordinating council?

Answer: You may provide letters of support from LCC or community coalition partners from counties you served and/or counties you intend to provide prevention services too.

25. Must the applicant build statewide prevention capacity through the grant?

Answer: Applicants should demonstrate collaboration and partnerships with other prevention providers within their county, region and/or state so that prevention capacity expands in the state. Applicants are not expected to cover the whole state.