

**Partnerships for Success: State and Community Prevention Performance Grants
(Short Title: Partnerships for Success)**

(Request for Application No. SP-09-005)

Frequently Asked Questions (FAQs)

Application Requirements and Review Issues

- Q: Will a review summary be sent out to every grant applicant, whether they are successful in receiving a grant or not?
- A: Yes, each grant applicant will receive a summary statement.
- Q: Will progress reports need to be submitted quarterly or annually?
- A: Per the terms and conditions in the Notice of Award (NoA), grantees must submit quarterly progress reports to SAMHSA.
- Q: How will the State/Territory know that it is eligible to apply for a Program Expansion Supplement?
- A: Grantees will be asked to submit Evaluation Reports that assess their progress in meeting and exceeding their State-wide prevention performance targets. CSAP will use the required Evaluation Reports and to determine if they have met or exceeded the prevention performance targets by the end of Year 3. CSAP will validate the report data prior to making a final decision.
- Q: As a prospective grantee, when should my State begin working with the identified subrecipient communities?
- A: It is important that prospective grantees establish a working relationship and agreements prior to submitting the application for funding. Some preliminary work must be done in advance of funding in order for grantees to have a reasonable chance of qualifying for the incentive.
- Q: Will SAMHSA/CSAP need to approve the use of grant funds for priority needs identified by subrecipient communities that were not identified as a State priority in the original grant application?
- A: If subrecipient communities identify additional priority needs that were not included in the original grant application, the State will be required to consult with SAMHSA/CSAP to set performance targets. However, the State must reach the prevention performance target linked to the original State priority. Additional priorities are not subject to prevention performance incentives.

Q: Is the development of an effective performance management system important to the success of this grant?

A: Yes, in order to be successful in meeting the prevention performance targets, grantees will need to implement a performance management system that will enable them to reach and exceed their prevention performance target.

Q: Can grant funds be used to address the data management needs to support the performance management system?

A: Yes, grantees will be required to implement or enhance an existing data collection system that will enable them to report progress on meeting their prevention performance target.

Q: How do the prevention performance targets relate to the contributing factors?

A: Grantees will require the subrecipient communities to develop a comprehensive strategic plan that address the variables specific to their community that are driving the problem. Contributing factors is one name given to a set of variables that contributes to the problem behavior.

Application Submission and Forms

Q: Which DUNS number belongs on the original SF-424 form in the application?

A: The State should provide the DUNS number of the Governor's Office on the application. Applicants should contact: DUNS (Dun and Bradstreet) at www.dunandbradstreet.com or call 1-866-705-5711 to obtain a DUNS number.

Awards/Funding/Budget

Q: If we apply for \$2.3 million, could we be approved at a lesser award amount?

A: Yes. The RFA states that annual awards are expected to be "up to \$2.3 million" per year.

Data Collection and Evaluation

Q: What are your expectations regarding the State Epidemiological and Outcomes Workgroup (SEOW) in terms of the State evaluator collecting NOMs (National Outcome Measures) or developing capacity to collect NOMs at the State and local levels?

A: Although the method for accomplishing this task is up to the State, both the EPI workgroup and evaluator should be involved. The State is required to deliver NOMs information to SAMHSA. If the NOMs are incorporated into the

evaluation design, the evaluator could assume principal responsibility for the delivery of NOMs to SAMHSA/CSAP. Since the EPI workgroup should be using NOMs and other data in their assessment activities, they should also help with identifying data sources, building data collection capacity and with data collection and reporting.

Q: With regard to evaluation “outcome components,” what are some examples of the following:

- “program/contextual factors associated with outcomes”
- “individual factors”

A: Program/contextual factors refer to the conditions in the community or the general environment around the individual that might shape his/her behavior (e.g., what are the community norms around drug use--is it seen more as a “rite of passage” or perceived to be inappropriate behavior). Community norms may shape an individual’s behavior, as well. Additionally, one can think of program/contextual factors in terms of the quality of the strategy’s implementation (e.g., the strategy’s process evaluation).

Individual factors refer to the individual characteristics of people, their attitudes, beliefs, skills, knowledge and behavior (e.g., does that individual perceive drug use as harmful, and does that perception shape his/her behavior).

Q: On the NOMs chart, where it says “not applicable,” what does that mean?

A: It means that the measure does not apply to you and do not need to address that measure.

Q: Will NSDUH data be used to determine if a grantee is meeting or exceeding the performance target?

A: No, CSAP will use the required Evaluation Reports to determine grantees progress toward meeting or exceeding the prevention performance targets by the end of Year 3.

Q: What is considered to be an appropriate outcomes measure when tracking progress on meeting the target?

A: Grantees must use outcomes measures that are appropriate for the priority need and target. For example, if a State is addressing underage drinking they need to track 30 day use of alcohol for ages 12 to 20 as an outcomes measure. However, age of first use may not be an appropriate measure.

Definitions

- Q: Is it safe to assume that the terms “**contributing factors,**” “**causal factors**” and “**intervening variables**” are synonymous with risk and protective factors?
- A: Generally speaking, yes. By using the other terms, “contributing factors, causal factors and intervening variables,” we are encouraging grantees to look at the literature and identify any variables that drive the problems in your communities-- whether someone may have previously labeled those variables as risk factors or not.
- Q: What is meant by “**cultural competence**”?
- A: Applicants are required to address the issue of cultural competence in their applications. As communities begin to use grant funds to implement policies, programs and practices to prevent and reduce substance abuse in communities, they will need to respond by adapting strategies and services to fit the unique needs of diverse ethnic, racial and cultural groups in various settings. More information about this topic is available on the SAMHSA Web site at www.samhsa.gov.

Distribution of Funds

- Q: Please explain the 85 percent. What kind of flexibility is there at the community level to use the 85 percent?
- A: As noted in the RFA, 85 percent of grant funds are to be used for the implementation of community-level policies, programs and practices, and for community-level infrastructure development as well as local-level data collection.
- Q: Can the 85 percent include training and data collection for the communities, and can someone come in and train communities to develop the surveys?
- A: Yes, the 85 percent can include training and data collection for the community, provided the communities stay within the correct percentage amounts.

Epidemiological Workgroups

- Q: Can the State’s EPI Workgroup lead and the evaluator be the same individual?
- A: No, the lead of the EPI Workgroup may not be the same individual as the evaluator. The EPI Workgroup is included as part of the overall program and program evaluation; therefore, the evaluators must not evaluate themselves.
- Q: Do we have the flexibility to do the cultural competence piece the way we want with regard to the EPI Workgroup efforts?

A: Yes, you have the flexibility to tailor your cultural competence to the EPI Workgroup as you address it in your application.

Management/Leadership

Q: If there is an existing Advisory Group addressing a number of public health issues, can we add members to the group?

A: Yes. States may adapt an existing Advisory Council and add members as needed.

Q: Does the Chair of the State Advisory Council need to be appointed in advance of the award?

A: The State Advisory Council should already be in place and operating in order for a State/Territory to qualify for the grant award.

Q: Does the CSAP Project Officer, who is a member of the Advisory Council in the States/Territories that he/she monitors, have a vote?

A: No, the CSAP Project Officer serves in an Ex Officio role and does not have voting status.

Resources/Connections/TA

Q: Can SAMHSA provide us with some TA/training models for measurement tools?

A: Yes, please refer to the SAMHSA Web sites:

www.preventionplatform.samhsa.gov

<https://www.csapdccc-csams.samhsa.gov/tools/publictools.aspx?sp=5>