

**Strategic Prevention Framework State Incentive Grants
(Request for Application No. SP-09-001)
Frequently Asked Questions (FAQs)**

Application Requirements and Review Issues

- Q: Will Federally recognized Tribes be required to use evidence-based programs, policies and practices?
- A: Tribes should make every effort to select and implement the evidence-based programs, policies and practices (EBPs) that are deemed most effective in fulfilling the goals of the Tribe's unique SPF grant project and in meeting the needs of the population(s) to be served. If EBPs are not available, please refer to the SPF SIG grant announcement, Part I, Section 2, Expectations—Using Evidence-Based Practices, for further guidance pertaining to other acceptable forms of evidence.
- Q: Will there be Tribal representation on the Initial Review Group (IRG)?
- A: It is the SAMHSA Office of Review's policy that all tribal applications have at least one American Indian reviewer.
- Q: Will a review summary statement be sent out to every grant applicant, whether they are successful in receiving a grant or not?
- A: Each grant applicant will receive a review summary statement.
- Q: Will the SPF SIG reports need to be submitted quarterly or annually?
- A: The Notice of Award (NoA) specifies that grantees must submit quarterly progress reports to SAMHSA.

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 grant announcement 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 Epidemiological (EPI) workgroup in terms of the State/tribal evaluator collecting NOMs (National Outcome Measures) or developing capacity to collect NOMs at the State, tribal and local levels?

A: Although the method for accomplishing this task is up to the State/Tribe, both the EPI workgroup and evaluator should be involved. The State/Tribe 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 identification of data sources, 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: What about the GPRA requirement and the NOMs requirement? How do we separate them out?

A: By satisfying the NOMs requirement, you satisfy the GPRA requirement. You do not need to separate them out (SAMHSA will do that).

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 you do not need to address that measure.

Definitions

Q: Is it safe to assume that the terms “causal factors” and “intervening variables” are synonymous with risk and protective factors?

A: Generally speaking, yes. By using the other terms, “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 and throughout each step of the Strategic Prevention Framework. As communities begin to use SPF SIG funds to implement policies, programs and practices to prevent and reduce substance abuse in communities with the greatest need, 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.

Q: It is possible there might not be just American Indians in our identified “tribal” communities. Do we name the other populations in our surveys, or are we just to address Native Americans in our communities?

A: If the other populations are included in your surveys, you will need to determine how or whether you will address these other populations in your application.

Distribution of Funds

Q: Please explain the 15 percent/85 percent split. What kind of flexibility is there at the community level to use the 85 percent?

A: As noted in the grant announcement, 15 percent of SPF SIG award funds are to be used for State level administration of the SPF SIG project and/or for State-level capacity building and infrastructure development. Eighty-five percent of SPF SIG award funds are to be used for the implementation of community-level programs, policies and practices; for community-level capacity building and infrastructure development; and for local-level data collection to support the Strategic Prevention Framework.

Q: There is a 20 percent budget ceiling for evaluation and a 15 percent ceiling for state coordination. Does the 20 percent come from the total award or from only the 15 percent?

A: The 20 percent comes from the total award. States/Tribes must pay for the activities at the State/tribal level out of the 15 percent allocation for States/Tribes.

However, SAMHSA recognizes that there may be additional data collection and evaluation expenditures at the community level. State/tribal and community level expenditures combined may not exceed 20 percent of the total budget.

Q: Can the 85 percent include training and data collection for the Tribe, and can someone come in and train Tribes to develop the surveys?

A: Yes, the 85 percent can include training and data collection for the Tribe, provided these functions are carried out at the community level. Training on data collection and developing surveys will be available from CSAP.

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.

Q: Do we have the flexibility to do the cultural competence piece the way we want in 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 and Tribes may adapt an existing Advisory Council as long as it meets the membership requirements in the grant announcement, and as long as its Chair, for the purposes of this grant, is appointed by the Governor of the State or Territory or the Chief Executive Officer, or highest ranking member of the Tribe.

Q: Does the Chair of the SPF SIG Advisory Council need to be appointed in advance of the award and named in the SPF SIG application?

A: No, but the grant announcement requires the Governor of the State or Territory or the Chief Executive Officer, or highest ranking member of the Tribe to appoint the Advisory Council Chair, should a grant be awarded.

Q: Does the CSAP Project Officer, who is a member of the SPF SIG Advisory Council in the States 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 following two SAMHSA Web sites

(www.preventionplatform.samhsa.gov).

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