

Frequently Asked Questions

Substance Abuse (SA) and HIV Prevention Ready-To-Respond Initiative in Communities Highly-Impacted by Substance Abuse and HIV Infection

Request for Applications (RFA) No. SP-10-003

Table 1: Frequently Asked Questions

| QUESTIONS | ANSWERS |
|--|---|
| 1. I am currently a recipient of SAMHSA’s RFA SP-08-001 Prevention of Substance Abuse (SA) and HIV for At-Risk Racial/Ethnic Minority Subpopulations Cooperative Agreements. Am I eligible to apply for funding under this new RFA? | No. In order to leverage Federal resources more appropriately and effectively, and to provide a coherent and sustained response to the epidemic in communities disproportionately affected by SA and HIV/AIDS, grantees funded under SAMHSA’s RFA No. SP-08-001, <i>Prevention of Substance Abuse (SA) and HIV for At-Risk Racial/Ethnic Minority Subpopulations Cooperative Agreements</i> , <u>are not eligible to apply.</u> |
| 2. Are State government agencies and National organizations eligible to apply? | No. Please refer to <u>Section III-1</u> , <i>Eligible Applicants</i> , of the RFA. |
| 3. What are risk factors and how do they apply in the context of this RFA? | Risk factors are conditions or variables associated with a lower likelihood of positive outcomes and a higher likelihood of negative or socially undesirable outcomes. In the context of HIV/AIDS prevention, risk factors increase the chances that one will engage in sexual-risk or otherwise expose themselves to HIV. |
| 4. What are protective factors and how do they apply in the context of this RFA? | Protective factors have the reverse effect: they enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk. Protective factors can include positive attitudes toward contraception and ability to refuse unsafe sexual practices. Some protective factors in communities consist of churches, after-school programs, and other positive social clubs, etc. |

| QUESTIONS | ANSWERS |
|--|--|
| <p>5. What are causal factors and how do they apply in the context of this RFA?</p> | <p>Causal factors are issues and behaviors that lead to HIV infection. For example, club drugs have been known to lead to HIV acquisition and HIV transmission among MSM populations. Poverty, drug use, and other factors may cause poor outcomes for many vulnerable subpopulations.</p> <p>Grantees are expected to design a comprehensive prevention plan that considers the causal factors related to their specific subpopulation of focus.</p> |
| <p>6. Can you send me or e-mail me the RFA?</p> | <ul style="list-style-type: none"> • You may request a complete application kit from the SAMHSA Health Information Network at 1-877-SAMHSA7 or 1-877-726-4727 [TDD: 1-800-487-4889]. • You also may download the required documents from the SAMHSA Web site at http://www.samhsa.gov/grants or via Grants Gov at http://www.grants.gov and search for CFDA No.: 93.243. See Appendix B: Guidance for Electronic Submission of Application. |
| <p>7. Can our agency provide HIV testing off-site with a partner organization?</p> | <p>Yes. However, your agency is required to submit signed Memoranda of Agreement (MOA) as Attachment 1 of your application demonstrating established referral networks for clients needing HIV testing, appropriate counseling, treatment, and support services.</p> |
| <p>8. How much should we budget for HIV testing?</p> | <p>You may use up to 10% of the total grant award to purchase rapid HIV antibody test kits, control kits, confirmatory kits, and/or confirmation laboratory services to test participants enrolled in this program. See Appendix H of the RFA for HIV testing requirements.</p> |
| <p>9. When can I expect grant funds to be awarded and when do you expect us to implement our plans?</p> | <p>SAMHSA expects to make grant awards on or before September 30, 2010 contingent upon the availability of funding. Direct prevention services must begin within 6 months of receipt of the Notice of Award (NoA).</p> |
| <p>10. If I have additional questions about the RFA, whom should I contact?</p> | <p>Please send your inquires to: Helpline: 240-276-0469 Email inquiries to: 2010RTR@samhsa.hhs.gov</p> |
| <p>11. What are the National Outcome Measures (NOMs)?</p> | <p>The National Outcome Measures (NOMs) are SAMHSA’s indicators of program effectiveness. They include specific domains, e.g., reduced morbidity, and help SAMHSA determine whether grant programs are accomplishing their goals. SAMHSA developed the NOMs domains in collaboration with the States. The NOMs are key to SAMHSA's initiative to set performance targets for State and Federally funded programs for substance abuse and mental</p> |

| QUESTIONS | ANSWERS |
|---|---|
| | health prevention, early intervention, and treatment services. |
| 12. What type of services does CSAP consider to be an intervention? | Direct prevention services that last at least 30 days in duration are considered an intervention. A core intervention may consist of participation in several activities or services. Drop-in services where a client is rarely seen, or participation in a single activity or event, such as a community health fair or school assembly, are not considered core service interventions. |
| 13. When should the baseline questionnaire be administered? | The baseline questionnaire should be administered within 30 days of intake or before core program services begin. It is considered to be the first data collection point. |
| 14. When should the exit questionnaire be administered? | The timing for the exit questionnaire must be determined by each grantee. The exit questionnaire should be administered when the intervention(s) provided to an individual or group have ended. The exit questionnaire is considered to be the second data collection point. As a rule of thumb, the exit interview should be conducted: <ul style="list-style-type: none"> • More than 30 days after the baseline survey, and • Within 30 days after the last intervention |
| 15. When should the follow-up questionnaire be administered? | The follow-up questionnaire should be administered approximately 3 months after the exit questionnaire is administered. The exit questionnaire is considered to be the third data collection point. |
| 16. What are environmental strategies? | Environmental strategies focus on reducing risk factors in the society/environmental domain (that is, in systems or environmental contexts) including norms tolerant of use and abuse, policies enabling use and abuse, lack of enforcement of laws designed to prevent use and abuse, and inadequate negative sanctions for use and abuse. They may be included as policies, programs, and practices employed to address the needs and problems identified in the needs assessment. Grantees must use up to 20% of the total grant award for environmental strategies. |
| 17. What is meant by infrastructure development? | You may use up to 10% of the total services grant award for the following types of infrastructure development, if necessary, to support the direct service expansion of the grant project: <ol style="list-style-type: none"> 1. Developing partnerships with other service providers for service delivery; 2. Enhancing your computer system, management information system (MIS), electronic health records, or referral systems to track referrals to and from referral resources, etc.; |

| QUESTIONS | ANSWERS |
|--|--|
| | <p>3. Training/workforce development to help your staff or other providers in the community identify substance abuse issues or provide effective services consistent with the purpose of the grant program.</p> |
| <p>18. Am I required to provide environmental strategies and infrastructure development?</p> | <p>No. Environmental strategies are mandatory; infrastructure development is optional.</p> |
| <p>19. What is the Prevention Management Reporting and Training (PMRT) and how is it different from CSAMS?</p> | <p>The <u>Prevention Management Reporting and Training Tool</u> (PMRT) system provides a single point of access to a variety of content and core services, and offers a single sign-on to many Prevention web sites that previously required separate logins. PMRT will provide all access to prevention education, data collection, reporting, analyses and training through one web portal.</p> <p>PMRT provides three separate but integrated information services: (1) Prevention Resources, (2) Data Submissions, and (3) Reporting Service. These are described below:</p> <ul style="list-style-type: none"> a. Prevention Resources: Serves as the coordinated prevention knowledge and information dissemination center. b. Data Submissions: Serves as the centralized data collection and management mechanism for monitoring and managing the block grant as well as other discretionary grants and contracts. c. Reporting Service: Serves as the data repository and report generation center for the field of prevention. <p>NOTE: <i>The CSAMS system was the system developed by the prior contractor. This system focused mainly on data submission; which is now incorporated into the PMRT under <u>Data Submission</u>.</i></p> |
| <p>20. What are Evidence-Based Substance Abuse and Evidence-Based HIV Interventions?</p> | <p>You will find information on evidence-based practices in SAMHSA’s <i>Guide to Evidence-Based Practices on the Web</i> at www.samhsa.gov/ebpwebguide. SAMHSA developed this Website to provide a simple and direct connection to information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The <i>Guide</i> provides a short description and a link to dozens of Websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.</p> |

| QUESTIONS | ANSWERS |
|--|---|
| | <p>Please note that SAMHSA’s Guide to Evidence-Based Practices also refers to another SAMHSA Web site, the <i>National Registry of Evidence-Based Programs and Practices (NREPP)</i> available at http://www.nrepp.samhsa.gov/ . NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool rather than an authoritative list of effective interventions.</p> <p>NOTE: <i>Inclusion in NREPP, or in any other resource listed in the Guide, does not mean an intervention is “recommended” or that it has been demonstrated to achieve positive results in all circumstances.</i></p> |
| <p>21. What is the difference between the National Outcome Measures (NOMs) and the Government Performance and Results Act (GPRA) and how do I make sure I am providing the appropriate reporting data?</p> | <p>The Government Performance and Results Act of 1993 (GPRA) was enacted to improve Federal program effectiveness and public accountability by promoting a new focus on results, service quality, and customer satisfaction. The NOMs represent some of the domains used to report these data to SAMHSA.</p> |
| <p>22. As a former expert grantee using the SPF framework and Substance Abuse and HIV Evidence-Based Practices (EBP), am I required to submit an updated Strategic Prevention Framework plan for my subpopulation of focus?</p> | <p>Yes. You are required to submit an updated Needs Assessment (Step-1), Capacity Building Plan (Step-2), Strategic Plan (Step-3), and Implementation Plan (Step-4) within 30 days of being notified of receiving an award. You should submit this information to the Project Officer listed on your Notice of Award (NoA) immediately.</p> <p>[NOTE: <i>Your implementation plan should include your plan to implement services within 6 months and should include a work plan with timelines and milestones to be achieved for the first year and subsequent year.</i>]</p> <p>Remember! SPF Step-5 is done each year to compare your completed activities with your planned activities and to assess whether or not you need to adjust your prevention programming activities.</p> |
| <p>23. Is a cross-site evaluation required and what is its purpose?</p> | <p>Yes. A cross-site evaluation is being conducted under a separate SAMHSA contract and all grantees’ will be required to participate. To support implementation of the cross-site evaluation, grantees will receive training and technical assistance from the data contractor to assist with assessing the overall effectiveness of their program. Information collected through the cross-site evaluation will be used to report relevant SAMHSA National Outcome Measures (NOMs) as well as identified GPRA measures. SAMHSA’s NOMs are available at the following Web site:</p> |

| QUESTIONS | ANSWERS |
|------------------|---|
| | http://www.nationaloutcomemeasures.samhsa.gov/ . |