

## FREQUENTLY ASKED QUESTIONS

### CAPACITY BUILDING FOR SUBSTANCE ABUSE (SA) AND HIV PREVENTION SERVICES FOR AT-RISK RACIAL/ETHNIC MINORITY YOUNG ADULTS

*Request for Applications (RFA) No. SP-10-004*

QUESTIONS	ANSWERS
1. <b>Are State government agencies and national organizations eligible to apply?</b>	<b>No.</b> 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, State government agencies and national organizations are <u>not</u> eligible to apply. Please refer to <a href="#">Section III-1</a> of the RFA, <i>Eligible Applicants</i> , of the RFA.
2. <b>What are risk factors and how do they apply in the context of this RFA?</b>	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 sexually-risky behaviors or otherwise expose themselves to HIV.
3. <b>What are protective factors and how do they apply in the context of this RFA?</b>	Protective factors are conditions that build resilience to substance abuse and can serve to buffer the negative effects of risks. 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.
4. <b>What are causal factors and how do they apply in the context of this RFA?</b>	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 populations.  Grantees are expected to design a comprehensive prevention plan that considers the causal factors related to their specific population of focus.
5. <b>Can you send me or e-mail me the RFA?</b>	<ul style="list-style-type: none"> <li>• 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].</li> <li>• You also may download the required documents from the SAMHSA Web site at <a href="http://www.samhsa.gov/grants">http://www.samhsa.gov/grants</a> or via Grants Gov at <a href="http://www.grants.gov">http://www.grants.gov</a> and search for CFDA No.: 93.243. See <a href="#">Appendix B: Guidance for</a></li> </ul>

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	<a href="#">Electronic Submission of Application.</a>
6. <b>Can our agency provide HIV testing off-site with a partner organization?</b>	<b>Yes.</b> 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.
7. <b>How much should we budget for HIV testing?</b>	You must budget up to 10% of total grant funds to provide HIV testing services. You may conduct blood testing or 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.
8. <b>When can I expect grant funds to be awarded and when do you expect us to implement our plans?</b>	Contingent upon the availability of funding, SAMHSA expects to make grant awards on or before September 30, 2010. Direct prevention services must begin within 4 months of receipt of the Notice of Award (NoA).
9. <b>If I have additional questions about the RFA, whom should I contact?</b>	Please send your inquires to: <b>Helpline:</b> 240-276-0469 <b>Email inquiries to:</b> <a href="mailto:2010CBI@samhsa.hhs.gov">2010CBI@samhsa.hhs.gov</a>
10. <b>What are the National Outcome Measures (NOMs)?</b>	The <a href="#">National Outcome Measures (NOMs)</a> 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 health prevention, early intervention, and treatment services.
11. <b>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?</b>	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.
12. <b>What type of services does CSAP consider to be an intervention?</b>	Direct prevention services that last at least 30 days in duration are considered to be 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 for purposes of this grant program.

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13. <b>When should the baseline questionnaire be administered?</b>	The baseline questionnaire should be administered <b>within 30 days</b> of intake or before core program services begin. It is considered to be the first data collection point.
14. <b>When should the exit questionnaire be administered?</b>	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"> <li>• More than 30 days after the baseline survey, and</li> <li>• Within 30 days after the last intervention</li> </ul>
15. <b>When should the follow-up questionnaire be administered?</b>	The follow-up questionnaire should be administered approximately <b>3 months</b> after the exit questionnaire is administered. The exit questionnaire is considered to be the third data collection point.
16. <b>What are environmental strategies?</b>	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.  Note: You are required to use up to up to 10% of the total grant award for environmental strategies.
17. <b>What is meant by infrastructure development?</b>	Infrastructure developments are enhancement activities to improve substance abuse and HIV service delivery. Some types of infrastructure development strategies are: <ul style="list-style-type: none"> <li>• Develop systems that aid in a smoother transition planning process for affected persons, establish referrals and access to intensive case management for HIV diagnosed participants, establish referral and access to care and treatment, aid in the development of family strengthening prevention systems that promote seamless and coordinated cross-organizational level strategies that set policy, practices and procedures.</li> <li>• Promote organizational collaboration and coordination among agencies, such as those that handle housing, HIV/AIDS services/prevention, and mental health and substance abuse treatment and substance abuse prevention services.</li> </ul> <p>Applicants may budget up to 10% of the total grant award</p>

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	<p>for infrastructure enhancements. If infrastructure development is not needed, the applicant must budget the remaining 10% for additional direct prevention services. [See <a href="#">Section I- 2.5 of the RFA for allowable infrastructure development activities.</a>]</p>
<p>18. <b>Am I required to provide environmental strategies and infrastructure development?</b></p>	<p>You are <b>required</b> to provide environmental strategies. However, providing infrastructure development is an optional activity and only deemed necessary as dictated by your community needs assessment.</p>
<p>19. <b>What is the Prevention Management Reporting and Training System (PMRTS) and how is it different from CSAMS?</b></p>	<p>The Prevention Management Reporting and Training System (PMRTS) (available at <a href="https://www.pmrts.samhsa.gov/pmrts/">https://www.pmrts.samhsa.gov/pmrts/</a>), 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. PMRTS will provide all access to prevention education, data collection, reporting, analyses and training through one web portal.</p> <p>PMRTS provides three separate but integrated information services: (1) Prevention Resources, (2) Data Submissions, and (3) Reporting Service. These are described below:</p> <ol style="list-style-type: none"> <li>a. Prevention Resources: Serves as the coordinated prevention knowledge and information dissemination center.</li> <li>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.</li> <li>c. Reporting Service: Serves as the data repository and report generation center for the field of prevention.</li> </ol> <p><b>NOTE:</b> <i>The CSAMS system focused mainly on data submission, which is now incorporated into the PMRTS under <u>Data Submission</u>.</i></p>
<p>20. <b>What are Evidence-Based Substance Abuse and Evidence-Based HIV Interventions?</b></p>	<p>You will find information on evidence-based practices in SAMHSA’s <i>Guide to Evidence-Based Practices on the Web</i> at <a href="http://www.samhsa.gov/ebpwebguide/index.asp">http://www.samhsa.gov/ebpwebguide/index.asp</a>. 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>

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	<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 <a href="http://www.nrepp.samhsa.gov/">http://www.nrepp.samhsa.gov/</a>. 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 as an authoritative list of effective interventions.</p> <p><b>NOTE:</b> <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><b>21. Is a multi-site evaluation required and what is its purpose?</b></p>	<p><b>Yes.</b> A multi-site evaluation is being conducted under a separate SAMHSA contract and all grantees’ will be required to participate. To support implementation of the multi-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 multi-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 <a href="http://www.nationaloutcomemeasures.samhsa.gov/">http://www.nationaloutcomemeasures.samhsa.gov/</a>.</p>