



**Primary Prevention Enhancement for
County Alcohol and Drug Abuse Authorities**

**Application Package**

**Overview**

**Project Summary**

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) will provide up to $4,860,000 to fund up to 18 three-year primary prevention sub-awards of up to $90,000.00 each per year to county alcohol and drug abuse authorities in South Carolina. The purpose of the sub-awards is to utilize the Strategic Prevention Framework (SPF) model to identify local needs related to substance use, misuse, and consequences. Communities will enhance implementation of evidence-based primary prevention programs, policies, and practices. In particular, the SPF model will be used to advance health equity for special populations to reduce the risks of substance use-related health disparities and Adverse Childhood Experiences (ACEs). Communities will use local data, and in addition will use data and information related to substance use-related health disparities, ACEs, and Social Determinants of Health to identify special target populations, such as families, women of childbearing age, older adults, military families, LGBTQ+ individuals, underserved ethnic groups, etc. Substance Abuse Prevention and Treatment Block Grant (SABG) data-collection requirements will be followed. Funding will be allowed to support strategy implementation, data collection, evaluation, and staff support. Project evaluation to produce outcomes, sustainability, and substance use-related health disparities will be areas of focus. Training and technical assistance will be provided throughout the grant period for the communities to develop an evaluation plan, a sustainability plan, and a health disparities impact statement (*see Attachment 5 for more information)*. The planned sub-award period is **November 1, 2021, to September 29, 2024**. Applicants may apply to receive an award of up to $90,000.00 per year, for a maximum total award of $270,000.00 over the three-year grant period.

***Please note that funds are not available through this award to implement secondary and tertiary prevention strategies. Funds are also not available to diagnose or provide treatment services.***

**Funding Source**

The funding sources are the American Rescue Plan Act of 2021 (ARPA) and the Coronavirus Response and Relief Supplement Appropriations Act of 2021 via the Substance Abuse Block Grant COVID (SABG COVID) Supplement. These funds are administered to DAODAS by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The CFDA number is 93.788.

**Eligibility for Funding**

Organizations eligible to apply for funding include the following: SABG recipient county alcohol and drug abuse authorities located within the state of South Carolina. Any questions concerning eligibility can be submitted during the specified question period *(see below)*, and DAODAS will respond to ensure your organization is eligible prior to submission of your application.

**Question Period**

Prospective applicants can pose any questions concerning the application requirements to DAODAS between **August 2 and August 27, 2021**. Question(s) must be e-mailed to **application@daodas.sc.gov**. A complete summary of all questions received by August 27 – and their answers – will be posted on the DAODAS website home page ([www.daodas.sc.gov](http://www.daodas.sc.gov)) no later than the close of business on **September 3, 2021**.

**Due Date**

Applications are due to DAODAS *(see application requirements on Page 6)* **by close of business (5:00 p.m.) on September 24, 2021**. No late applications will be moved forward to the review/scoring phase. Late applications are those that arrive via e-mail any time after 5:00 p.m. on September 24, 2021.

**Review Process**

Applications will be reviewed and scored using the following criteria:

* Technical Proposal (25 points)
* Qualifications and Experience (15 points)
* Budget (10 points)

**Scoring Criteria**

Technical Proposal (25 points)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outstanding** | **Very Good** | **Good** | **Marginal** | **Poor** |
| 25-20 | 19-15 | 14-10 | 9-5 | 4-0 |

Qualifications and Experience (15 points)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outstanding** | **Very Good** | **Good** | **Marginal** | **Poor** |
| 15-12 | 11-9 | 8-6 | 5-3 | 2-0 |

Budget (10 points)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outstanding** | **Very Good** | **Good** | **Marginal** | **Poor** |
| 10-9 | 8-7 | 6-5 | 4-3 | 2-0 |

**Descriptors for Scoring Criteria**

**Outstanding:** The applicant organization explicitly addresses the criteria by providing comprehensive descriptions and thorough details. Relevant examples and data are included to support the information presented. The applicant organization demonstrates a strong and informed understanding of the topic, and the level of detail provided reinforces each response. The applicant organization effectively describes how the project will be implemented.

**Very Good:** The applicant organization provides significant descriptions and relevant and related detail in addressing the criteria, but the response is not entirely comprehensive. The applicant organization demonstrates a sound understanding of the topic and includes pertinent examples. It is possible to distinguish what makes the response better than “Good,” but not up to the standard of “Outstanding.”

**Good:** The applicant organization provides a basic response to the criteria. The applicant organization does not include significant detail or pertinent information. Key details and examples are limited. The applicant organization minimally translates the requirement of the application into practice.

**Marginal:** The applicant organization provides insufficient information, details, and/or descriptions that do not completely answer the criteria. The applicant may have answered part of the criteria but missed a key point and/or there are major gaps in the information presented.

**Poor:** The applicant organization does not address the criteria. The applicant organization states the question but does not elaborate on the response. The applicant merely repeats information included in the application. The applicant organization skips or otherwise ignores the criteria or includes irrelevant information that does not meet the criteria elements.

*\*Information adapted from the Centers for Disease Control and Prevention (CDC)
Application Field Review Process for NOFOs #CE20-2002 and CE20-2003*

**Notification of Awards**

Final awards will be posted on the DAODAS website homepage ([www.daodas.sc.gov](http://www.daodas.sc.gov)) on or before **October 22, 2021.** **All posted awards are considered final.** All non-funded applicants will receive a summary report with evaluative comments for the summited application no later than December 23, 2021.

**Contract Period**

The first annual contract for funded applicants, also referred to as sub-awardees, will be issued by DAODAS on **November 1, 2021**. The annual contract period is **November 1 to September 29, each year of the three-year grant period (see below)**. **All services must be rendered and all goods purchased must be received each fiscal year by the final date of the respective contract period.**

Funds will be reimbursed for expenses on a monthly basis per fiscal year, contingent upon meeting the reporting requirements outlined in the next section and availability of funds.  **Final budget reimbursement requests per fiscal year must be made no later than:**

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Contract Period** | **Final Budget Reimbursement Request Due Date** |
| FY2022 | November 1, 2021, to September 29, 2022 | October 12, 2022 |
| FY2023 | October 1, 2022, to September 29, 2023 | October 11, 2023 |
| FY2024 | October 1, 2023, to September 29, 2024 | October 10, 2024 |

**Reporting Requirements**

# Sub-awardees will submit all grant activity information as directed by DAODAS through web-based reporting. Deliverables will be due on the eighth working day of the month for all services and activities implemented during the previous month. Monthly finance and program implementation data must be reported. Accurate reporting of this data will be required for reimbursement requests to be processed by DAODAS.

**Financial Guidelines**

Funds will be available on a reimbursement basis upon completion of monthly deliverables. Agencies are welcome to supplement this federal funding with other appropriate agency funds. DAODAS will conduct quarterly reviews of budget spending. If budget is not spent in a timely manner, funds could be reduced by up to 10%. The availability of funds for subsequent years will be dependent on the awardee’s performance and adherence to DAODAS requirements.

**Defining “Supplement” and “Supplant”**

“Supplement” means to “build upon” or “add to”; “supplant” means to “replace” or “take the place of.” Federal law prohibits recipients of federal funds from replacing state, local, or agency funds with federal funds. Existing funds for a project and its activities **may not** be displaced by federal funds and reallocated for other organizational expenses. This is illegal. On the other hand, federal agencies encourage **supplementing** (i.e., adding federal funds to what is available through state, local, or agency funds).

**Unallowable Expenditures**

SAMHSA grant funds may not be used to:

* Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags, purchased solely for the purposes of marketing your organization or for general prevention messaging. All materials purchased must be linked directly to selected strategies.
* Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

**NOTE:** A treatment or prevention provider may give up to $30.00 in non-cash incentives to individuals to participate in required data-collection follow-up. This amount may be paid for participation in each required follow-up interview.

* Pay for meals, which are generally unallowable unless they are an integral part of an education strategy such as the Strengthening Families program. Grant funds may be used to pay for light snacks, not to exceed $3.00 per person per day.
* Purchase supplies, which are items costing less than $5,000.00 per unit, often having one-time use.

**Difference Between a Contract and a Consultant**

* A **contract** is a legal instrument by which a grant recipient purchases good and services needed to carry out the project or program under a federal award. Contracts are with vendors (dealer, distributor, or other seller) that provide, for example, supplies, expendable materials, or data processing services in support of project activities. The grant recipient must have established, written procurement policies and procedures that are consistently applied to these contracts.
* **Consultants** are individuals retained to provide professional advice or services for a fee. Travel costs for consultants and contractors should be shown in this category, along with consultant/contractor fees.

**Application Requirements**

All applications must meet the requirements listed below.

| **Requirements** | **Description** |
| --- | --- |
| Submit an application that addresses substance use, misuse, and/or consequences related to use of at least one substance that data suggests is being misused, with an emphasis on the prevention of misuse among special populations in the county(ies) served by the county authority. Examples of special populations include but are not limited to: families, women of childbearing age, older adults, military families, LGBTQ+ individuals, underserved ethnic groups, etc. The application must be submitted by the due date and time stated in the “Due Date” section on Page 2. | * Submit an application to:
1. Reduce or prevent the misuse of alcohol, marijuana, tobacco, opioids, or other substances;*and/or*
2. Prevent or reduce the consequences of alcohol, marijuana, tobacco, opioids, or other substance use and misuse.
3. Address the prevention needs of a special needs population(s) to reduce substance use-related health disparities.
 |
| Complete the Application Cover Letter, Applicant Information Form, Technical Proposal, Qualifications and Experience, and Budget sections, and then **submit the documents as a single PDF** to the e-mail address provided on Page 8. | * Complete an Application Cover Letter to indicate your organization’s intent to apply for a sub-award.
* Complete the Applicant Information Form as requested, to share important contact information, other details about your organization, and the desired funding award amount.
* Complete the Technical Proposal and include the required content.
* Complete the Qualifications and Experience section and include the required content.
* Complete the Budget, using the template provided, and include the required content.
 |
| Adhere to the maximum page lengths where indicated. | * The Technical Proposal must be no longer than 10 pages, the Qualifications and Experience section must be no longer than four pages, and the Budget must be no longer than six pages.
 |
| Use the Pre-Approved Strategy Resource List (Page 7) to identify and select a minimum of one evidence-based primary prevention strategy to implement, with a focus on enhanced service implementation for at least one special population of need.  | * Select one or more evidence-based strategies that your agency proposes to implement. Non-evidence-based strategies can also be implemented to complement the implementation of the evidence-based strategies. Ensure that each selected strategy corresponds with data-supported needs that are included in the Technical Proposal’s Statement of Need.
* Ensure each selected strategy is a fit or is adaptable for the targeted special population.
 |

**Primary Prevention Enhancement for County Alcohol and Drug Abuse Authorities**

**Pre-Approved Evidence-Based Strategy Resource List**

**Instructions:** Use the links provided to view each strategy resource list to determine a best fit strategy(ies) to implement with populations in the county(ies) served by the county alcohol and drug abuse authority. County authorities are also allowed to implement non-evidence-based strategies to complement the selected evidence-based strategies to achieve outcomes.

| **Evidence-Based Strategies Resource List** |
| --- |
| **Strategy Resource**(in alphabetical order) | **Link** | **Description** |
| Blueprints for Healthy Youth Development | <https://www.blueprintsprograms.org/> | Blueprints identifies, recommends, and disseminates programs for youth, families, and communities that, based on scientific evaluations, have strong evidence of effectiveness. Those programs are rated as either Promising, Model, or Model Plus. |
| Community Health Online Resource Center (CHORC) | <https://nccd.cdc.gov/DCH_CHORC/> | The CHORC provides a host of tools to support environmental changes that address obesity and tobacco use. These resources describe why environmental changes are at the heart of making healthy living easier, and how to execute them. |
| CollegeAIM (Alcohol Intervention Matrix) | <https://www.collegedrinkingprevention.gov/collegeaim/> | The College Alcohol Intervention Matrix is an easy-to-use and comprehensive booklet and website to help identify effective alcohol interventions for college students. |
| Healthy People 2030 Evidence-Based Resources | <https://health.gov/healthypeople/tools-action/browse-evidence-based-resources> | This website provides reviews of studies and interventions to improve health organized into intuitive topics so you can easily find what you are looking for. Pick a topic that interests you and explore relevant resources. |
| The Athena Forum’s Excellence in Prevention Strategy List | <https://theathenaforum.org/EBP> | This page provides detailed information about direct service and environmental prevention strategies. All programs listed include substance abuse prevention as an area of interest. |

**Submission Information**

**What to Submit**

Applicants must submit the following documents – attached as a single PDF file – via e-mail to daodasapplication@daodas.sc.gov:

* Application Cover Letter
* Include a bulleted list of the strategies selected for implementation
* Applicant Information Form
* Technical Proposal
* Qualifications and Experience
* Budget

Text must be legible. Pages must be typed in black, single-spaced, and using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each.

Applicants may use Times New Roman 10 for charts and tables *only*.

**Application Package for Submission**

**Applicant Information Form**

**Instructions:** Please provide a response to each item in the table below.

|  |  |
| --- | --- |
|  | **Primary Prevention Enhancement for County Authorities RFP** |
| **1.** | **Organization Information** | Organization Name |  |
| Mailing Address |  |
| **2.** | **Substance Selected & Special Population of Focus** | Substance(s) |  |
| Special Population(s) |  |
| **3.** | **Point of Contact** | Contact Name |  |
| E-mail Address |  |
| Phone Number |  |

**Technical Proposal (maximum of 10 pages)**

**Include the following information:**

| **Technical Proposal Sections** | **Required Content** |
| --- | --- |
| 1. **Statement of Need**
 | * Data that describes substance use, misuse, onset of substance use disorders, and related consequences of substance use for communities served by the county authority, in particular special populations that experience substance use-related health disparities such as families, women of childbearing age, older adults, military families, LGBTQ+ individuals, underserved ethnic populations, etc. Include qualitative and quantitative data. Identify the source of all data. (Data can be placed in tables/charts, with explanations to follow.)
* Clear identification of the geographic area and/or communities that strategies will impact, including the population of the proposed service area.
* Identify the special population(s) of focus.
* Describe the Social Determinants of Health that impact the special population(s) of focus.
* Any specific challenges motivating the applicant’s interest in applying for this grant.
* Service gaps that will be addressed with the funding.
* Existing efforts (either provided by your organization or others in the community) and explanation of how this new effort will not be duplicative.
* Explanation of the inability to fund the proposed program without federal assistance, and a description of any existing funding or resources that are being leveraged to support the proposed program.
 |
| 1. **Plan to Implement Selected Strategy/Strategies**
 | * Measurable SMART goals and objectives *(See Attachment 1 for more information on writing SMART goals and objectives.)*
* Identify the pre-approved primary prevention evidence-based strategy or strategies that will be implemented *(a minimum of one strategy must be selected)*. Identify any complementary non-evidence-based strategies that will also be implemented to enhance the selected evidence-based strategies.
* Provide a description of how the identified strategies (both evidence-based and non-evidence-based) will be implemented and describe how they will address the need identified through data in the Statement of Need section. Indicate the applicable Institute of Medicine population classification for each strategy that will be implemented. Prevention interventions can be classified by target population as “Indicated,” “Selective,” or “Universal.”

Applicants that select evidence-based curriculums as strategies to implement are required to adhere to additional instructions related to them as outlined in the corresponding bullet points below.* Describe the recruitment process for gaining curriculum-based program participants; and
* Include a Memorandum of Agreement/Understanding (MOA/MOU) from each key stakeholder organization (as is applicable) that will be partnered with to implement the strategy. *This should be included as an appendix and will not be included in the page count.*
* Month-by-month implementation timeline for strategies, to include the following:
* Key activities that will be implemented per strategy by month
* Responsible party per key activity

*(Please present the monthly timeline as a Gantt chart, a table, or in another format that can be viewed at a glance.)** Description of any potential barriers to implementation and how you plan to overcome the barriers.
* Description of the intention or plans to sustain strategy implementation and/or related infrastructure after the grant period.
 |
| 1. **Data Collection and Reporting Plan**
 | * Complete an evaluation plan (*see sample in Attachment 2)* that contains the following:
	+ Description of the following:
		- Data that will be collected to evaluate achievement of the stated goal and objectives
		- Who will be responsible for collecting the required data
		- How the data will be collected and reported to DAODAS
		- Timeline for data collection
	+ Description of how the SMART goals and objectives will be monitored and measured to address the overall need(s) identified
	+ Description of how the evidence-based program evaluation instrument will be implemented to achieve program fidelity (if applicable)
* Provide a sample of the survey *(see sample in Attachment 3*) that the organization will use to collect baseline and outcomes data. The survey should be able to indicate changes in knowledge, attitudes, and/or behaviors among the populations served through strategy implementation. *This should be included as an appendix and will not be included in the page count.*
 |

**Qualifications and Experience (maximum of 4 pages)**

**Include the following information:**

|  |  |
| --- | --- |
| **Qualifications and Experience Sections** | **Required Content** |
| **Capacity and Competencies** | * Description of the organization’s structure and staffing plan for strategy implementation.
* Key person or people responsible for implementation of the strategies.
* Description of the experience your organization has with similar projects and providing services to the population(s) of focus for this application.
* Any other organization(s) that will partner in the proposed project and the role the partners will play to ensure successful strategy implementation.
* Discussion of any previous collaboration that will help to achieve the objectives.
* Explanation of existing partnership agreements, to include formal or informal agreements.
* Training plan or information that demonstrates that all relevant project staff and partners currently have or will acquire the required training for successful implementation of the selected strategies *(if applicable)*.
 |

**Budget/Budget Narrative (maximum of 6 pages)**

Submit a budget that is complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for project activities). The budget narrative should generally demonstrate how the applicant will maximize cost effectiveness of grant expenditures. The budget narrative should demonstrate cost effectiveness in relation to potential alternatives and the objectives of the project.

You must provide a narrative justification for the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.

Other Support/In-Kind is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment).

See additional information, budget form and explanations in Attachment 4 – Budget and Budget Narrative Forms and Explanations.

**Include the following information:**

* Organization name
* Total amount requested
* Strategies selected for implementation
* Overall requested amount by category for personnel, fringe, travel, supplies/materials, contractual services, other, other support/in-kind, and administrative costs.
**NOTE:** Administrative costs cannot exceed more than 5% of the total award.
* Narrative/justification for each item, to include a breakdown of costs to demonstrate the calculations for each item

**Attachment 1 – SMART Goals and Objectives**

To be able to effectively evaluate your project, it is critical that you develop realistic goals and measurable objectives. This attachment provides information on developing goals and objectives. It also provides examples of well-written goals and measurable objectives.

**GOALS**

**Definition −** A goal is a broad statement about the long-term expectation of what should happen as a result of your program (i.e., the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should be only one sentence.

The characteristics of effective goals include:

* Goals address outcomes, not how outcomes will be achieved.
* Goals describe the behavior or condition in the community that is expected to change.
* Goals describe who will be affected by the project.
* Goals lead clearly to one or more measurable results.
* Goals are concise.

**Examples**

|  |  |  |
| --- | --- | --- |
| **Unclear Goal** | **Critique** | **Improved Goal** |
| Increase the substance abuse and HIV/AIDS prevention capacity of the local school district. | This goal could be improved by *specifying an expected program effect in reducing a health problem*. | Increase the capacity of the local school district to reduce high-risk behaviors of students that may contribute to substance abuse and/or HIV/AIDS. |
| Decrease the prevalence of marijuana, alcohol, and prescription drug use among youth in the community by increasing the number of schools that implement effective policies, environmental change, intensive training of teachers, and educational approaches to address high-risk behaviors, peer pressure, and tobacco use. | This goal is not concise. | Decrease youth substance use in the community by implementing evidence-based programs within the school district that address behaviors that may lead to the initiation of use. |

**OBJECTIVES**

**Definition –** Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability. It is recommended that you avoid verbs that may have vague meanings to describe the intended outcomes, like “understand” or “know,” because it might prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2022, 75% of program participants will be *placed* in permanent housing.”

In order to be effective, objectives should be clear and leave no room for interpretation. **SMART** is a helpful acronym for developing objectives that are ***specific, measurable, achievable,* *realistic, and time-bound*:**

* ***Specific* –** Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”
* ***Measurable* –** How much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. For example, “By 9/20 increase by 10% the number of 8th-, 9th-, and 10th-grade students who disapprove of marijuana use as measured by the annual school youth survey.”
* ***Achievable –*** Objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”
* ***Realistic –*** Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”
* ***Time-bound* –** Provide a time frame indicating when the objective will be measured or a time by which the objective will be met. For example, “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”

**Sample Smart Objectives**

|  |  |  |
| --- | --- | --- |
| **Non-SMART Objective** | **Critique** | **SMART Objective** |
| Teachers will be trained on the selected evidence-based substance abuse prevention curriculum. | The objective is not SMART because it is not *specific, measurable*, or *time-bound*. It can be made SMART by *specifically* indicating who is responsible for training the teachers, how many will be trained, who they are, and the date by which the trainings will be conducted. | ***By June 1, 2022****,* ***LEA supervisory staff*** will have trained ***75% of******health education*** teachers ***in the local* *school******district*** on the selected, evidence-based substance abuse prevention curriculum. |
| 90% of youth will participate in classes on assertive communication skills. | This objective is not SMART because it is not *specific* or *time-bound.* It can be made SMART by indicating *who* will conduct the activity, *by when*, and *who* will participate in the lessons on assertive communication skills. | By the ***end of the 2021-2022 school year****,* ***district health educators*** will have conducted classes on assertive communication skills for 90% of youth ***in******the middle* *school*** receiving the ***substance abuse and HIV prevention curriculum.*** |
| Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths. | This objective is not SMART because it is not *specific, measurable* or *time-bound.* It can be made SMART by specifically indicating *who* is responsible for the training, *how many* people will be trained, *who* they are, and the date by which the training will be conducted. | ***By the end of Year 2 of the project***, the ***Health Department*** will have trained ***75% of EMS staff*** ***in the* *county government***on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths. |

**Attachment 2 – Sample Evaluation Plan**

**Sample Evaluation Plan**

Below is an example of how information could be displayed for the data that will be collected to measure the objectives that are included.

**Goal Statement:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objective** | **Data Indicator** | **Data Source** | **Data Collection Frequency** | **Responsible Stafffor Data Collection** | **Method of Data Analysis** |
| Example: Objective 1.a. |  |  |  |  |  |
| Example: Objective 1.b. |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\*Information adapted from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Strategic Prevention Framework – Partnership for Success Application (Funding Opportunity Announcement No. SP-20-002)*

**Attachment 3 – Sample Community Survey**

**Sample Community Survey**

**Note:** It may be helpful to utilize an online survey resource (Google Forms, Survey Monkey, Qualtrics, etc.) to administer the community survey(s). Ideal survey administration for the grant period includes administering the survey: 1) before strategy implementation begins (baseline data); and 2) near/at the end of strategy implementation. Use skip patterns as needed if administering the survey(s) online for increased survey efficiency. Ensure appropriate consent is received prior to administering the survey to community members, especially people under the age of 18.

Questions provided below are sample questions. Actual questions that you include in your community survey ideally will reflect your agency’s stated goals and objectives for the grant.

**Sunny County Safe Medication Disposal Survey**

Welcome to the Sunny County Safe Medication Disposal Survey! Thank you for taking a few minutes to complete this anonymous community survey about safe medication disposal through prescription drug drop boxes. It will ask questions about your awareness and perceptions related to prescription drug drop box use.

1. How old are you?
2. 18-25
3. 26-34
4. 35-44
5. 45-54
6. 55-64
7. 65+
8. Please identify your sex.
9. Male
10. Female
11. How would you describe your racial or ethnic background?
12. American Indian, Alaskan Native, or Native Hawaiian
13. Asian or Pacific Islander
14. Bi-Racial or Multi-Racial
15. Black or African American
16. Hispanic or Latino
17. White or Caucasian
18. Other
19. ZIP Code
20. Have you seen or heard media messages about prescription drug drop boxes in the county (i.e., radio, print, social media, etc.)?
21. Yes
22. No
23. How did you see or hear about prescription drug drop boxes in the county *(please select all that apply)*?

[ ] Television

[ ] Radio

[ ] Print Media (e.g., brochures, newspapers)

[ ] Online Website (e.g., online news, business website)

[ ] Social Media Website (e.g., Facebook, Snap Chat, Instagram)

[ ] Press Releases

[ ] Other

1. How long has it been since you used a prescription drug drop box to dispose of unwanted medication?
2. 1-3 months ago
3. 4-6 months ago
4. 6-12 months ago
5. 1 year ago+
6. Never
7. How likely are you to use a prescription drug drop box to dispose of unwanted medication in the future?
8. Extremely Unlikely
9. Unlikely
10. Neutral
11. Likely
12. Extremely Likely
13. What influenced your decision to dispose of unused medication through a prescription drug drop box (please select all that apply)?

[ ] Heard a radio ad about it

[ ] Saw a television ad about it

[ ] Saw it on social media

[ ] Saw it on a billboard or newspaper

[ ] Someone told me about it

[ ] To keep my family safe

[ ] Other reason

1. What types of medication are you most likely to dispose of using a prescription drug drop box (please select all that apply)?

[ ] Over-the-counter pain medication (i.e., Aleve, aspirin, Tylenol)

[ ] Prescription pain medication (i.e., hydrocodone, OxyContin, Percocet)

[ ] Other over-the-counter medication (i.e. Benadryl, Claritin, Cough Syrup)

[ ] Other prescription medication (i.e. Adderall, Xanax, Valium)

[ ] None

**Attachment 4 – Budget and Budget Narrative Forms and Explanations**

Organization:

Total Requested:

Strategies Selected for Implementation:

Personnel:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position (1)** | **Name (2)** | **Key Staff (3)** | **Annual Salary/Rate (4)** | **Level of Effort (5)** | **Total Salary Charge to Award****(6)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Personnel** | **$** |

Justification:

Fringe Benefits:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position (1)** | **Name (2)** | **Rate (3)** | **Total Salary Charged to Award (4)** | **Total Fringe Charged to Award****(5)** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Fringe Benefits** | **$** |

Justification:

XYZ organization’s Fringe benefits are comprised of:

|  |  |
| --- | --- |
| **Fringe Category** | **Rate** |
| Retirement |  |
| FICA |  |
| Insurance |  |
| Social Security |  |
| Total |  |

Travel

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose** | **Destination** | **Item** | **Calculations** | **Total Travel Cost Charged to Award** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Travel:** | **$** |

Justification:

Supplies and Materials:

|  |  |  |
| --- | --- | --- |
| **Item(s)** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Supplies/Materials** | **$** |

Justification:

Contractual Services:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (1)** | **Service (2)** | **Rate (3)** | **Other** | **Cost (4)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Contractual Services:** | **$** |

Justification:

Other:

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Other:** | **$** |

Justification:

Other Support/In-Kind (not charged to grant):

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Other:** | **$** |

Justification:

Administrative Cost:

|  |  |
| --- | --- |
| **Calculation (1)** | **Administrative Cost Charged to the Award****(2)** |
|  |  |
| **Total Administrative Cost** | **$** |

Justification:

**Budget Explanations**

**CATEGORIES**

**Personnel:** Provide the following information for the budget narrative and justification:

* **Position** – Provide the title of the position and an explanation of the roles and responsibilities of the position as they relate to the objectives of the award-supported project. The position must be relevant and allowable under the project.
* **Name** – The name of the individual to serve in the position. If the position is vacant, identify the anticipated hire date. If the position is being performed by someone other than a full-time, part-time, or temporary employee of the applicant organization (e.g., consultant or contractor), the grant-supported position should be listed under the “Contracts” category.
* **Salary/Rate** – The estimated annual salary or rate. If providing a rate, specify the time basis (e.g., hourly, weekly). Salaries should be comparable to those within your organization. If a position is not being charged to the grant award, but the individual is working on the project, identify the salary/rate as an “in-kind” cost.
* **Level of Effort** − The level of effort (percentage of time) that the position contributes to the project.

**Fringe Benefits:** Fringe benefits are allowances and services provided to employees as compensation in addition to regular salaries and wages. Provide the following information for the narrative and justification:

* **Position** – The title of the position being charged to the award to which the fringe rate is being applied.
* **Name** – The name of the individual associated with the position. (Note if the position is vacant.)
* **Rate** – The total fringe benefit rate used and a description of how the computation of fringe benefits was done. The justification must detail the elements that comprise the fringe benefits (e.g., FICA, worker’s compensation). If a fringe benefit rate is not used, you should explain how the fringe benefits were computed for each position.
* **Total Salary Charged to Award** – Use the amount provided under the Personnel section
* **Total Fringe Charged to Award −** Provide total fringe amount based on the rate applied to the total salary charted to the award. Fringe benefits charged to the award can only reflect the percentage of time devoted to the project. Do not combine the fringe benefit costs with direct salaries and wages in the personnel category.

**Travel and Training:** Funds requested in this category should be only for training related to project implementation. Travel for consultants and contractors should be shown in the “Contract” cost category along with consultant/contractor fees. Because these costs are associated with contract-related work, they must be billed under the “Contract” cost category. If your organization does not have documented travel policies, the federal GSA rates must be used (<https://www.gsa.gov/portal/category/26429>).

Provide the following information for the narrative and justification:

* 1. *Purpose* – Briefly note the purpose of the travel/training for strategy implementation.
1. The justification must identify the need for the travel.
2. The narrative description should include the purpose, why it is necessary and directly relates to the scope of work, number of trips planned, staff that will be making the trip, and approximate dates.
	1. *Location* – Specify the start and ending locations of the trip.
	2. *Item* – Specify the costs associated with travel (e.g., mode of transportation, accommodations, per diem).
	3. *Rate Calculation* – Specify the basis for the travel costs.
3. For mileage, specify the number of miles and the cost per mile. For air transportation, specify the cost. For per diem, specify the number of days and daily cost. For lodging, specify the number of nights and daily cost.
4. Costs for contingencies and miscellaneous costs are not allowable.
5. *Travel Cost Charged to Award* – Provide the total cost of the travel to be charged to the award during the budget period.

**Supplies and Materials:** Supplies are items costing less than $5,000 per unit (federal definition), often having one-time use. Provide the following information for the narrative and justification:

1. *Items* – List supplies by type (e.g., office supplies, postage, laptop computers). The justification must include an explanation of the type of supplies to be purchased and how it relates back to meeting the project objectives.
2. *Calculation* – Describe the basis for the cost, specifically the unit cost of each item, number needed, and total amount.
3. *Supply Cost Charged to the Award* − Provide the total cost of the supply items to be charged to the award during the budget period.

**Contractual Services:** List the budgets for each contract or consultant. Provide the following information for the narrative and justification:

* 1. *Name* – Provide the name of the entity and identify if it is a contractor or consultant.
	2. *Service* – Identify the products or services to be obtained.
1. As part of the justification, provide a summary of the scope of work, the specific tasks to be performed, and the necessity of the task for each contract as it relates to the Project Narrative. Include the dates/length of the performance period. **NOTE:** Costs that are outside the period of performance of the award cannot be charged to the award.
	1. *Rate* – Provide an itemized line-item breakdown.
	2. *Contract Costs Charged to the Award* − Provide the total of the consultant or contract costs to be charged to the award during the budget period.

**Other:** This category includes costs for participant incentives.

**Other Support/In-Kind:** Other Support/In-Kind is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment), staffing costs, cost to support other personnel needed for strategy implementation (e.g., law enforcement officer’s time for the implementation of compliance checks).

**Administrative Costs:** This category, which cannot exceed 5% of the total award, is to cover the costs incurred by the agency for administering the grant.

**Attachment 5 – Health Disparities Impact Statement**

DAODAS will work with grant recipients to submit a Health Disparity Impact Statement (HDIS) within the first six months of the sub-award. The HDIS is a data-driven, quality-improvement effort to ensure underserved subpopulations are addressed in the grant. The HDIS consists of three components: (1) identify the number of individuals to be served during the grant period and identify subpopulation(s) (i.e., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities; (2) implement a quality-improvement plan to address subpopulation differences based on the GPRA data on access, use, and outcomes of service activities; and (3) identify methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.

**Definition of Health Disparities:**

Healthy People 2030 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

**Subpopulations:**

Grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with opioid use disorders at risk of overdose; adults with serious mental illness [SMI]; adolescents engaged in underage drinking; populations at risk for contracting HIV/AIDS). Within these populations of focus are *subpopulations* that may have unequal access to, use of, or outcomes from provided services. These disparities may be the result of differences in race, ethnicity, language, culture, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with opioid use disorder may be at heightened risk for overdoses due to lack of in-language prevention campaigns and treatment; African Americans with an SMI may more likely terminate treatment prematurely due to lack of providers with whom they can develop a therapeutic relationship; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities, etc. While these factors might not be pervasive among the general population served by a recipient, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that recipients understand who is being served, who is underserved, and who is not being served within their community in order to provide outreach and care that will yield positive outcomes per the focus of the grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, recipients are asked to address access, use, and outcomes, disaggregated by subpopulations. Subpopulations can be defined by the following factors:

• Race

• Ethnicity

• Gender (including transgender populations)

• Sexual orientation (including lesbian, gay, and bisexual populations)

“Access” refers to which populations/subpopulations are being served/reached by the grant program. “Use” refers to what interventions/services are received by the various populations. “Outcomes” refers to the outcome measures stipulated by the grant and examined across subpopulations.

**National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care**

The ability to address the quality of care provided to subpopulations served within SAMHSA’s grant programs is enhanced by programmatic alignment with the federal CLAS Standards. The CLAS Standards are comprised of 15 standards that provide a blueprint for health and healthcare organizations to implement culturally and linguistically appropriate, respectful, and responsive services that will advance health equity, improve quality, and help eliminate healthcare disparities. The CLAS Standards are grouped into a Principal Standard and three themes focused on: 1) Governance and Leadership; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability. Widely embraced by states and healthcare systems, the CLAS Standards are more recently being promoted in behavioral health care. You can learn more about the CLAS mandates, guidelines, and recommendations at: <http://www.ThinkCulturalHealth.hhs.gov>.

Examples of a Behavioral Health Disparity Impact Statement are available on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/disparity-impact-statement.

*\*Information adapted from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Strategic Prevention Framework – Partnership for Success Application (Funding Opportunity Announcement No. SP-20-002)*

**Attachment 6: Resources**

|  |  |
| --- | --- |
| **Resource Name** | **Web Link** |
| ACEs and Toxic Stress: Frequently Asked Questions | <https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/> |
| Adverse Childhood Experiences (ACEs) | <https://www.ruralhealthinfo.org/toolkits/child-health/1/external-influences/aces> |
| Adverse Childhood Experiences Resources | <https://www.cdc.gov/violenceprevention/aces/resources.html> |
| A Guide to SAMHSA’s Strategic Prevention Framework | <https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf> |
| Behavioral Health Equity | <https://www.samhsa.gov/behavioral-health-equity> |
| Behavioral Health Equity Resources | <https://www.samhsa.gov/behavioral-health-equity/resources> |
| Blueprints for Healthy Youth Development | <https://www.blueprintsprograms.org/> |
| Children’s Trust of South Carolina – ACEs Data | <https://scchildren.org/resources/adverse-childhood-experiences/> |
| CollegeAIM (Alcohol Intervention Matrix) | <https://www.collegedrinkingprevention.gov/collegeaim/> |
| Community Health Online Resource Center (CHORC) | <https://nccd.cdc.gov/DCH_CHORC/> |
| Healthy People 2030 Evidence-Based Resources | <https://health.gov/healthypeople/tools-action/browse-evidence-based-resources> |
| Office of Minority Health | <https://www.minorityhealth.hhs.gov/> |
| Prevention Tools: What works, what doesn’t | <https://www.theathenaforum.org/file/2569/download?token=WjDuBp8q> |
| Social Determinants of Health | <https://health.gov/healthypeople/objectives-and-data/social-determinants-health> |
| Social Determinants of Health: Know What Affects Health | <https://www.cdc.gov/socialdeterminants/index.htm> |
| The Athena Forum’s Excellence in Prevention Strategy List | <https://theathenaforum.org/EBP> |

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**Primary Prevention Enhancement for County Alcohol and Drug Abuse Authorities**

**Application Package**

**Questions and Responses**

A response is provided below for each question concerning the application requirements received by the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) by 5:00 p.m. on Tuesday, August 10, 2021. Please send email to application@daodas.sc.gov if additional clarification is needed for any of the responses. Thank you.

| **#** | **Question** | **Response** |
| --- | --- | --- |
| **1** | **Will grants be awarded per agency or per county? I am a multi-county agency and would like to know whether we should submit an RFP per county or per agency and whether the guidance is the same for both grants?** | The grant will be awarded to the agency. However, multi-county agencies that seek funding for multiple counties should submit an application for each county that is focused on addressing the needs and health disparities of individuals, groups, etc., in the respective counties. |
| **2** | **Can you fund trainings through this grant? I have a new Prevention Coordinator, and I would love to be able to send her to national trainings to learn more about evidence-based strategies and programs at CADCA or other similar trainings based on substance(s) targeted through this grant.** | The approval of the national conferences and trainings for professional education will depend on whether attendance is clearly tied to successful implementation of an applicant’s programs and strategies and the applicant’s ability to accomplish its stated SMART goals and objectives. |
| **3** | **Can we fund a position with these funds?** | Yes, personnel costs, including fringe benefits, are allowable expenditures for the budget. |
| **4** | **Can agencies apply per county (for multi-county agency) or is this per agency?** | See response to Question #1. |
| **5** | **If an organization is serving multiple counties are they expected to write an application per county? Or per organization and highlight each county as a special population with those individual needs.** | If an organization is serving multiple counties, it is expected to submit an application for each county. A county would not meet the grant’s definition of a “special population.” Populations within each county – such as families, women of childbearing age, older adults, military families, LGBTQ+ individuals, underserved ethnic groups, etc. – would meet the qualifications of special populations as defined in the RFP. |
| **6** | **Can our application include all of the counties that our commission serves? The language “special populations in the county(ies) served by the county authority” on pages 5 and 7 of the funding opportunity suggests that more than one county may be included.** | See responses to Questions #1 and #5. |
| **7** | **On page 1 of the funding opportunity, the categories eligible for funding include “strategy implementation”. Many strategies require supplies such as curriculum handouts, art materials, etc. – yet the funding restrictions on page 4 specifically prohibit purchase of supplies. If supplies are a critical element of strategy implementation, may grant funds be used to purchase them?** | The bullet related to supplies on page 4 under “Unallowable Expenditures” was included in error. The intent was to state that SAMHSA grant funds may not be used to purchase equipment, which are items of non-expendable, tangible property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient organization for financial statement purposes or $5,000.00. Purchase of supplies is allowable. |
| **8** | **The chart on page 11 of the funding opportunity lists the required sections of the Technical Proposal.*** 1. **How many points (of the 25 total) have been allocated to each section?**
	2. **Can you provide the specific evaluation criteria by which each section will be judged?**
	3. **The chart also includes specific bullet points to be addressed in each section. Are there specific point values for each of these bullets? If so, please share these.**
	4. **Given that curriculum-based strategies include additional items to be addressed in the proposal, what impact will these additional items have on scoring?**
 | 1. While each section of the Technical Proposal is to be considered in establishing the score, a section-based sub-score structure does not exist. A combined total score of up to 25 points may be awarded for the Technical Proposal.
2. The “Required Content” outlined on pages 11-13 for the Technical Proposal will serve as evaluation criteria by which each section is judged.
3. There are no specific point values for each bullet within the sections of the Technical Proposal.
4. Applicants that select evidence-based curricula as strategies for implementation are required to adhere to the additional instructions shared on page 12. Failure to include the required additional items may have a negative impact on an applicant’s score for the Technical Proposal.
 |
| **9** | **The chart on page 11 of the funding opportunity includes similar subsections and bullet points as those described in Question 3 for the Qualifications and Experience component of the proposal.*** 1. **How many points (of the 15 total) have been allocated to each section described?**
	2. **Are there specific point values for each bullet listed in the subsection? If so, please share these.**
 | 1. While the content for Qualifications and Experience listed on page 14 will be considered in establishing the score, a sub-score structure does not exist. A total score of up to 15 points may be awarded for Qualifications and Experience.
2. See Response A.
 |