



Department of Property & Procurement

Government of the United States Virgin Islands

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AMENDMENT ONE (1)

November 29, 2016

TO:

SUBJECT: RFP-001-2017(P) Apply for Funding to Participate in the Development of a Sustainable Data-Drive Substance Abuse Prevention Framework Partnership for success, U.S. Virgin Islands.

INSERT: New Request for Applications (RFA) Revised November 28, 2016

DELETE: Old Request for Applications (RFA)

All other terms and conditions remain the same.

A copy of this amendment must be returned with your bid.

**UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF HEALTH
Division of Mental Health, Alcoholism and Drug
Dependency Services (DMHADDs)**



Request for Applications (RFA)

**The Virgin Islands Substance Abuse
Prevention Project**

Strategic Prevention Framework Partnership for Success (SPF PFS)

**Funded by the Substance Abuse and Mental Health Services Administration (SAMHSAs)
Center for Substance Abuse Prevention (CSAP)**

INTRODUCTION

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Prevention (CSAP) has awarded the Virgin Islands Department of Health, Division of Mental Health, Alcoholism and Drug Dependency Services (DMHADDs), a five-year (2015 – 2020) Strategic Prevention Framework Partnerships for Success (SPF PFS) cooperative agreement. The purpose of this grant is to assess, identify, implement and strengthen best-fit (evidence-based) prevention interventions that will improve substance use outcomes and achieve targeted community change. This program joins and builds on other territorial initiatives and prevention focused community efforts envisioning and pursuing health, safety, and success for all of the Virgin Islands children and adults.

The purpose of this RFA is to provide interested parties with information to enable them to prepare and submit an application for a community SPF PFS sub-grant. There are four key principles of the SPF PFS: 1) *states and communities follow the Public Health Approach*, 2) *focus on outcome-based prevention*, 3) *follow a strategic planning process (SPF)*, and 4) *use data throughout the process to inform decisions*.

PERFORMANCE PERIOD

September 30, 2015 through September 29, 2020

PROJECT PURPOSE

To assess, identify, implement, and strengthen best-fit (evidence-based) prevention interventions that will improve substance use outcomes and achieve targeted community change

OVERALL GRANT OBJECTIVES

Aligns with the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's (SAMHSA's) three goals which are to:

1. Promote emotional health and wellness, prevent or delay the onset of, and complications from, substance abuse and mental illness;
2. Prevent and reduce underage drinking and young adult problem drinking; and
3. Prevent and reduce prescription drug and illicit opioid misuse and abuse

USVI Grant Objectives | Priorities

Supports National (SAMHSA) Priorities of:

- Underage drinking among persons aged 12-20; and
- Prescription drug misuse and abuse among persons aged 12 to 25

USVI Priorities

- Underage alcohol use among persons aged 12-20
- Prescription drug misuse and abuse among persons aged 12 to 25

Additional USVI Data-Driven Prevention Priorities

- Suicide in youth and young adults
- Returning veterans and their families and prescription drug misuse
- Abuse among persons aged 12 to 25

Project Objective

Strengthen current infrastructure via providing capacity-building activities, tools, and resources

Project Objective at the Community Level

- Reduction of the number of new cases of underage drinking and young adult problem drinking
- Reduction of the number of new cases of prescription drug and illicit opioid misuse
- Reduction of the new cases of alcohol/substance use in children 14 years of age and under

Overarching Project Goals

- Promote emotional health and wellness, prevent or delay the onset of, and complications from, substance abuse and mental illness;
- Prevent and reduce underage drinking and young adult problem drinking;
- Prevent and reduce prescription drug and illicit opioid misuse and abuse

Over the years, the Virgin Islands Department of Health (DOH), community agencies, schools, and others have implemented many successful programs, primarily focused on individual behaviors. In spite of the success of these programs, alcohol consumption in the Virgin Islands remains at high levels and is a serious threat to the health and well being of Virgin Island targeted population.

* The Virgin Islands has determined that implementing evidence-based programs (EBPs) and practices as its core strategy for achieving the goals, priorities, and objectives of this grant award will address and promote: a) emotional health and wellness, prevent or delay the onset of, and b) complications from, substance abuse and mental illness. An effective EBP prevention approach refers to a set of prevention activities that evaluation research has shown to be. EBP is directed at population level change and uses the Strategic Prevention Framework (SPF) model as a part of comprehensive community prevention plans to complement current strategies needed; and will serve as the hallmark of services to be delivered under this RFA.

THE SPF MODEL

The strategic planning framework (SPF) is a community-based approach to substance abuse prevention that cuts across existing programs and systems. The SPF executes a data-driven, five-step process. Sustainability and cultural competence are woven throughout the five steps of the SPF and include:

- 1) Conducting needs assessments;
- 2) Building state and local capacity;
- 3) Developing a comprehensive strategic plan;
- 4) Implementing EBPs; and
- 5) Monitoring and evaluating program effectiveness.

The five steps of SAMHSA's Strategic Prevention Framework are designed to help communities build prevention competencies and the infrastructure necessary to implement and sustain effective prevention programs, policies and practices. For more detailed information on the SPF process, go to <http://prevention.samhsa.gov/about/spf.aspx>

The prevention programs will be selected and implemented after the required data collection, capacity building, and planning tasks are completed. The funded applicants will, only then, select EBPs that match their community needs.

TARGETED POPULATIONS

The targeted populations of the project include all genders and racial and ethnic backgrounds susceptible to:

- **Underage drinking** (aged 12 to 20);
- **Prescription drug misuse and abuse** aged (12 to 25);
- **Youth and young adults that may be at risk of suicide.**
- **Returning military Veterans and their families** struggling with substance abuse issues
- **Members of the LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer)** youth communities. Do we need an age range here?

WHAT WILL THIS REQUEST OF APPLICATION (RFA) FUND?

The Virgin Islands Department of Health, Division of Mental Health, Alcoholism & Drug Dependency Services has created this RFA and is soliciting community organizations, throughout the territory, to apply for Strategic Prevention Framework, Partnerships for Success funding. The Department of Health will award successful applicants the opportunity to participate in the development of a sustainable, data-driven substance abuse prevention framework that serves the two island districts (St. Croix and St. Thomas/St. John).

This RFA is intended to focus resources on two (2) territory-wide priority problem areas, where applicants are to select both of the Virgin Island's (VI's) priorities. These priorities are based on VI Epidemiological (Epi) Profile data and the recommendations of the Virgin Islands State Epidemiological Outcomes Workgroup (SEOW) and the SPF SIG Prevention Advisory Council (PAC). The VI has established the following two priorities of:

1. Underage alcohol use, 12-20 years of age; and
2. Prescription drug misuse and abuse among persons aged 12 to 25

Grantees must use Center for Substance Abuse Prevention's (CSAP's) Strategic Prevention Framework to aid in the development of an overall **district**-specific strategic plan. This plan will steer sub-recipients in choosing EBPs (Evidence Based Programs or Interventions) for implementation.

CSAP and the Virgin Islands Department of Health/DMHADDs will require all sub-recipients to utilize EBPs in order to address the substance abuse needs in their communities.

Further, awarded sub-recipients will be required to participate in ALL phases of the SPF process model:

- 📌 Assessment
- 📌 Capacity Building
- 📌 Planning
- 📌 Implementation
- 📌 Evaluation

This model of prevention will ultimately effect community/district level reductions in underage drinking and/or prescription drug use.

The objective of the RFA is to fund recipients to complete all phases of the SPF PFS during the course of the five (5) year project period (5) years (based on the availability of funding).

*It is a requirement for applicants to demonstrate **strong** fiscal and infrastructural capacity, readiness and willingness to complete and achieve success by adopting and implementing the Strategic Prevention Framework.

Awarded sub-recipients will be required to reapply for funding annually for the entire 5-year term of the SPF PFS project through the submission a *Continuation Application* to the Virgin Islands Department of Health.

Based on prior year performance, only successful applications will move forward to receive funding for another 12-month period.

Who May Submit an Application?

Proposals may be submitted by any organization located within the United States Virgin Islands; St. Croix, St. Thomas and St. John districts meeting the following criteria:

Applicants may be:

- Community-based organizations,
- Faith-based organizations
- Schools, universities, etc.
- Private non-profit organizations

Existing community organizations that serve high-need areas (HNAs) or populations identified in the VI Epidemiological-Profile will be a funding priority.

The Virgin Islands Epidemiological Profile (“Epi” Profile) will generally consist of descriptions of: a) the community, historical, cultural, and contextual information; b) Strategic Prevention Framework; and c) an epidemiological workgroup; agreed upon data sources; list of data sources; entity providing the data, frequency of collection; data selection process; data dimensions; findings; and data limitations and gaps.

Other eligibility requirements include:

Any non-profit, private or business institution addressing youth, substance abuse and other risk factors associated thereto, in addition to suicide, veterans and their families and LGBT communities may apply.

HOW TO APPLY

Read and familiarize yourself with all sections of this RFA. Applicants will be required to submit the documents and attachments being requested as outlined in this RFA.

APPLICATION TIMELINE

October 13, 2016	SPF PFS Application Conference-St. Thomas
November 28, 2016	Release of RFA
November 30, 2016	Letters of Intent Due
December 30, 2016	Applications/Proposals are due
January 9-13, 2017	Peer Review Process/Notification of Awards
March 2017	<i>Projected start date</i>

LETTER OF INTENT

Applicants are required to return via email an official **Letter of Intent**.

The letter shall be signed by an authorized representative of the applicants' organization, dated, and returned by close of business (5:00 pm CST) on November 30, 2016.

The letter shall be emailed to: dynel.lang@doh.vi.gov

SUBMISSION OF APPLICATIONS

Each applicant shall submit: a) one (1) original application including attachments; and b) three (3) complete copies of the application with attachments via mail or hand-delivery to:

Virgin Islands Department of Property and Procurement Attention: Mr. Lloyd Bough Mailing Address: #3274 Estate Richmond, St. Croix, Virgin Islands 00820

The deadline for submission of completed applications is 5:00pm CST on December 30, 2016.

Applications not received at the above-specified address by mail, messenger delivery services, or hand delivery (on or before) the specified deadline will not be considered for review.

No late applications will be accepted.

Funding Availability and Distribution

Up to \$60,000 per award will be available in YEAR 1 to fund sub-recipient agencies.

All budgets must be constructed to reflect a 60/40 split; 60% of the award must be expended for substance abuse prevention programming (directly attributed to the community), the remaining 40% can be spent on administrative (agency, operational) costs.

Each individual agency is required to formulate and build district-level COALITIONS within the timelines established by the Department of Health's SPF PFS project office.

Sub-recipients will be responsible for building a district-level COALITION to include non-funded SPF PFS community stakeholders, agencies, Governmental agencies, schools, and private/non-profit agencies.

What is a Coalition?

There will be a total of two (2) Coalitions: St. Croix District; and St. Thomas/St. John District.

Each coalition will be the responsibility party for each funded sub-recipient agencies. Said agencies will be required to develop official coalition bodies by completing the following within the first three (3) months of funding (included, but not limited to):

- 📌 Recruitment of Coalition members
- 📌 Election of Officers
- 📌 Approval of Bylaws
- 📌 Articles of Incorporation
- 📌 Calendar of Events
- 📌 Other required documents by the Virgin Islands Office of the Lieutenant Governor

TERRITORY-LEVEL ORGANIZATION (TLO)

Coalitions will be led by a Territory-Level Organization (TLO).

The TLO entity will be responsible for coordinating all coalition collaborative activities, facilitating the development of the strategic plan in each district, as well as providing training and technical assistance to sub-recipients on various topics surrounding substance abuse prevention and evidence-based implementation.

More importantly, sub-recipients are to report all Coalition programmatic progress directly to the TLO in a monthly reporting format. This includes all challenges and project-related requests or concerns.

NOTICE OF GRANT AWARDS (NGA)

Awarded sub-recipients will enter into a contract with the Government of the Virgin Islands (GVI) in order to complete Year 1 and subsequent years (if applicable). Detailed below.

YEAR 1 OVERVIEW

(Subject to timeline adjustments)

- District-level COALITION development
- NEEDS ASSESSMENT: Create a profile of the district's population needs, resources and readiness to address the identified substance abuse problems and gaps in service delivery
- Mobilize and/or build the community's capacity to address identified substance abuse prevention by participating in a planning process working collaboratively with other sub-recipients in their district through the COALITION, to develop a district level strategic plan addressing the identified priorities.
- Develop a comprehensive district-level strategic plan for substance abuse prevention. The strategic plan must include an evaluation and sustainability plan that expand beyond federal funding.

- Selection of evidence-based programs (EBPS) for implementation
- Quarterly input of community-Level Instrument data within the PEP-C reporting portal

Grantees that successfully demonstrate COALITION progress (as specified by the DMHADDs) and score favorably in the *Continuation Application* for YEAR 2 funding; as well those with the ability to demonstrate proven participation in the needs assessment, resource building, and technical assistance and capacity trainings, will receive Phase II funding contingent on the approval of the strategic plan and upon the availability of funding.

YEAR 2 OVERVIEW

(Subject to timeline adjustments)

Funding will follow as funds are available, and are contingent upon the grantee's ability to complete the outlined deliverables and fiscal compliance in YEAR 1.

- Implementing evidence-based prevention programs, policies and practices, and infrastructure development activities based on the community's strategic plan; and
- Monitoring the process, evaluating effectiveness, sustaining effective programs/activities, and improving or replacing those that fail. Grantees must also agree to participate in evaluation activities and report outcomes.
- Ongoing monitoring of data trends and collection of community-level data
- Ongoing participation in resource building and technical assistance and capacity trainings offered by the DOH SPF PFS and the Centers for the Advancement of Prevention Technology (CAPT).
- Quarterly input of Community-Level Instrument data within the PEP-C reporting portal
- Submission of monthly and Fiscal and Programmatic reporting

Funds are targeted for community-level implementation of the five-step SPF process. This includes a needs assessment regarding under-age drinking amongst youth ages 12-20 and prescription drug use among youth ages 12-25.

Performance requirements also includes: 1) BUILDING CAPACITY to address community needs; 2) COMMUNITY PREVENTION PLANNING; 3) IMPLEMENTATION of EBPs in accordance with the SPF PFS requirements, which has, as a whole, has the potential of community-wide impact; and 4) EVALUATION of this comprehensive range of programs, policies, and practices.

****IMPORTANT****

The Department of Health reserves the right to adjust any proposed allocations to applicants based on the review of: a) all the competitive proposals, and b) any federal mandates included in the appropriations.

****Local programs (supported by these funds) must be developed and implemented without creating a dependence on the continuation of state or federal funding at the end of the anticipated grant cycle. SPF PFS funds are to be used to support; and not become the main source of revenue for any sub-recipient agency. (Further explanation below).**

This funding may not be used for substance abuse treatment, intervention, or relapse prevention. These funds are identified for alcohol and prescription drug use prevention activities only. Alcohol and prescription drug use prevention is an active process that promotes the personal, physical, and social well-being of individuals and families not in need of treatment; and for communities to reinforce positive behaviors, healthy lifestyles, and reduce the incidence and prevalence of alcohol and prescription drug use.

TRAINING AND TECHNICAL ASSISTANCE

All training and technical assistance pertaining to the SPF PFS project and its relevant components will be coordinate by the Department of Health, SPF PFS office, the TLO. Training services will be provided by the CAPT, which is the official technical assistance provider for the SPF PFS project.

EVIDENCE BASED PROGRAMS, POLICIES AND PRACTICES

This grant is intended to fund evidence-based programs, policies, and practices that have demonstrated that they are the most appropriate for the applicant's community. EBPs refer to approaches in prevention that are validated by some form of documented research evidence. Applicants will use the findings of their needs assessment to guide selection and implementation of EBPs. A searchable database of EBPs can be found at SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) (<http://nrepp.samhsa.gov/>). Another resource to assist applicants is identifying and selecting evidence-based Interventions, which is available for download at: <http://prevention.samhsa.gov/evidencebased/evidencebased.pdf>. Community implementers must ensure that culturally-competent adaptations are made without sacrificing the core elements of the EBP.

RFA GUIDELINES

How Will the Applications Be Evaluated?

Prior to review by an independent review panel, applications will be reviewed by Department of Property and Procurement (P&P) staff, who will ensure that all components of the application are completed.

Applications will be evaluated and ranked by a review panel for recommendations, policy review and final approval. Initially, P&P will notify applicants (in writing) whether, or not their application has been selected for funding.

All responsive applications received by P&P will be evaluated in accordance with an established set of weighted evaluation factors by an independent panel of reviewers. All proposals must be organized according to the order of specific factors described in this document. Failure to follow this format or furnish information, as requested, will result in rejection or decreased competitiveness of the RFA. Clear and concise presentation of information is essential for maximum points.

The review panel to evaluate and score applications; and subsequently, use to select those eligible for an award will use the following criteria.

Selection Criteria Table

Phase I Application Components		Form	Page Limit	Points
A.	Fact Sheet	Form 1	1	0
B.	Table of Contents	Form 2	1	0
C.	Project Abstract	Form 3	1	15
D.	Community Needs	N/A	2-4	25
E.	Coalition Capacity	N/A	3-5	45
F.	Evaluation	N/A	1	15
G.	Budget	Forms 4 & 5	2	0
Maximum Score				100

Funding will be made available to six (6) agencies across the Territory to participate in the development of a sustainable data-driven substance abuse prevention framework that serves both the individual district, and the entire VI Territory.

Each agency must demonstrate their individual fiscal and programmatic capacity to collaborate and merge and leverage resources with other agencies within their district to successfully achieve the following:

The funding is intended to focus district-level substance abuse prevention resources in two territory-wide problem areas as identified through epidemiological data collected at the Territorial level:

- 1) u n d e r a g e drinking amongst youth ages 12-20; and
 - 2) Prescription drug misuse and abuse among persons aged 12 to 25.
- Applicants should ensure to illustrate all fiscal, programmatic, federal and other resources within their agency/organization that will allow overall success and achievement within **YEAR 1** and subsequent years of the SPF PFS (if applicable).

TECHNICAL REQUIREMENTS

Applications will be reviewed initially for compliance with ALL technical requirements. Noncompliance with these requirements may result in the application being deemed non-responsive, and therefore, not acceptable to receive an award.

- 1. The application is limited to fifteen (15) standard 8.5 x 11 pages with one (1) inch margins, excluding attachments.
- 2. Proposals must be typewritten in 12-point Times New Roman font and must be single-spaced.

3. Applications must be bound using a binder clip. Do not staple or submit applications in three-ring binders.
4. Applications must be single sided, not duplicated.
5. Number all pages sequentially and include a table of contents that identifies items A-G above.
6. Enclose one (1) original proposal including attachments and three (3) complete copies of the application to include attachments. The original proposal must contain original signatures.

A. FACE SHEET (0 points)

The fact sheet template can be found in Appendix A (Form 1). This should be the first page of your application.

B. TABLE OF CONTENTS (0 points)

The table of contents template can be found in Appendix A (Form 2). This should be the second page of your proposal. All pages of your proposal, including attachments, must be listed on the table of contents page with corresponding page numbers.

C. PROJECT ABSTRACT (15 points)

Provide a one-page narrative overview of the proposed SPF PFS project (found in Appendix A – Form 3); this includes your knowledge of the required steps outlined in the YEAR 1 OVERVIEW. If funded, **YEAR 1 activities** must be completed within 10 months from the date of award.

D. COMMUNITY NEEDS (25 points)

For the purpose of this RCA, “community” is defined as: people with a common interest living in a defined area; for example, a neighborhood or town.

Please address each point based on currently available data:

1. Describe the community you will be serving with the SPF PFS process. The community description should include the following:
 - a. A description of the geographic area to be served and engaged in the SPF PFS process, including the rationale for your selection. Include a very specific description of the boundaries of the geographic area you plan to serve. Please include the name(s) of the neighborhoods in which your target area is located. Include the name(s) of schools and town(s) that lie within your geographic boundaries.
 - b. Description of your targeted demographics. Demographical information should include the number and ages of youth, race/ethnicity, and socioeconomic composition of the targeted community. Please identify any socioeconomic factors that play a significant role in your community.
2. What process will be used to identify community level sources of the data, how that data will be collected, who will be responsible for collecting it, how you will relate that data to

validate the intervening variables as related to underage alcohol use and/or young adult binge drinking in the community. Applicants must include data found in the Virgin Islands Territorial-Level Epidemiological Profile as well as identify sources for localized data.

3. Describe the process you will use to identify the resources (federal, state, local) in your community and/or within your organization that may be used toward those intervening variables that contribute to addressing underage alcohol use and/or prescription drug misuse and abuse in your community. Describe how your proposed approach will support those efforts or enhance your programs efforts.

If funded for **YEAR 1**, the grantees in each district or COALITIONS, will work together in conducting a comprehensive needs assessment; facilitated by the **TLO**, in that district. Grantees may utilize the Virgin Islands Territorial Level Epidemiological Profile, as well as the VI SPF PFS Logic Model. (These documents have been provided as a part of the RFA package).

In the community needs assessment, grantees must identify what they believe to be the risk and protective/causal factors based on the priority need(s) chosen by the VI State Epidemiological Outcomes Workgroup (SEOW) and the SPF PFS Advisory Council. You will need to identify all the risk and protective/causal factors associated with the chosen priority need(s) that are present within your community.

Next, you will identify how these factors pertain specifically to your community. For example; "low enforcement of alcohol access laws" may mean law enforcement does not conduct alcohol compliance checks nor do they cite stores for selling alcohol to underage persons in your community. This assessment will include: a) both quantitative and qualitative data that is available on a local level, b) resource assessments, c) community readiness, and d) as the identification of gaps in service delivery.

The results of the needs assessment and planning will result in district-level strategic plans for both districts.

The TLO will oversee both district level-coalitions consisting of selected sub-recipients, and will submit the final strategic plans to the Department of Health, DMHADDs for approval. Within each plan should be the selection of EBPs to be implemented within the respective district.

If there are no appropriate EBPs, community implementers must ensure that culturally-competent adaptations are made without sacrificing the core elements of the EBP.

E. ORGANIZATIONAL CAPACITY (45 points total for items 1-4)

The SPF PFS project requires a focused effort to reduce problem indicators, with an expectation of eventual community-wide impact that is measurable.

CAPACITY should be conceptualized as those organizations and individuals who have made a commitment to contribute (in meaningful ways) to the proposed efforts. Engagement of key stakeholders at the territory and district levels is critical to plan and implement successful prevention activities that will be sustained over time. Key tasks may include, but are not limited to, active participation in coalition building activities, organizing agency networks; leveraging resources; and engaging stakeholders to help sustain the activities.

- ✚ Please include letters of commitment from all partnering organizations.
- ✚ Awarded sub-recipients must participate in ALL capacity building trainings offered by the TLO, the CAPT, and the DMHADDs.

1. Organizational Readiness (10 points)

Please outline the level of readiness to implement a SPF PFS project within your district.

Please describe your community's current activities, initiatives, strategies, or programs that address substance abuse by answering the following questions:

- a. Does your community currently have a **coalition** or **task force** in place to address substance abuse prevention?
- b. If there is an **active** coalition in your community, please provide the information requested in item "1" below. If there are no coalitions in your community, skip down and answer items "2" through "4."
- 1) A list of coalition members, their agency/business, and the sector of the community they represent. An ideal list of stakeholders would include at least one person from each of the following sectors of the community:
 - Community-based alcohol & drug agencies;
 - Community-based youth programs, such as Boys and Girls Clubs;
 - Law enforcement agencies;
 - Safe and drug free schools programs;
 - Substance abuse coalitions, such as drug free communities coalition;
 - Underage drinking enforcement or prevention programs;
 - School districts;
 - Community health offices;
 - Faith community;
 - Local government;
 - Social service agencies; or
 - Local media representative
- 2) **Mission statement** of your organization and any goals and objectives that have been established. Please include the amount of time your organization has been in place.
- 3) Provide a current **organizational chart** for your current organization.

- 4) Describe any training and capacity building **needed** by your organization. Consider what will be needed throughout **YEAR 1** to ensure program success (e.g. strengthening collaborators, staff training, appropriate data collection, analysis, and database and financial systems, etc.)

2. Fiscal Capacity (20 points)

Describe the level of readiness of the applicant agency or fiscal agent to oversee the sub-grant award to accomplish the required PFS project requirements by addressing the following:

- a. Describe both your agency and your staffs' qualifications (fiscally) and ability to implement a comprehensive collaborative grant tracking system that requires cooperation, direction, and participation of your local organization.
- b. Describe the staff necessary to complete **YEAR 1**. List EACH staff position and the percentage of TIME of each position will spend on the project; and describe appropriate background expertise.
- c. Provide an organizational chart for the project, detailing key staff people to be involved in the proposed project for the applicant agency or fiscal agent. Attach resumes **ONLY** for key staff people to be paid from the grant for **YEAR 1**. If resumes are not feasible, attach job descriptions. Explain any new staff that will be hired to work on this project and why this new position is needed.
- d. Provide evidence of your organization's management capability and fiscal solvency, as well as your internal management and financial controls. Describe how these are sufficient to implement the proposed project and provide accountability. **No cost will be covered in its entirety using SPF PFS funding. The level of effort which the proposed program represents will be the maximum acceptable level of spending authorized by SPF PFS management. The 60/40 community/administrative split also applies to the budget.**

If you do not have sufficient fiscal capacity, please describe any changes you feel are necessary to meet the general requirements.

- e. Provide any plan your organization has to support personnel in becoming certified as prevention professionals. State the timeline for certification.

3. Planning Capacity (10 points)

If funded for **YEAR 1**, sub-recipients must contribute significantly towards the development of a data-driven, district-level strategic plan that articulates not only a vision for the prevention efforts, but also strategies for organizing and implementing prevention activities. This process will be facilitated by one TLO. Grantees may only move on to subsequent years of funding when the Strategic Plan for their district is approved by DMHADDs. The strategic plan must be:

- based on documented needs;

- adjusted as a result of ongoing needs assessment and monitoring activities at both the state and local levels;
- data-driven, utilizing the Virgin Islands Territorial Epidemiological Profile; and
- continuously building on identified resources/strengths

Further, the strategic plan must:

- set measurable objectives;
- include the performance measures and baseline data against which progress will be monitored;
- address the issue of sustainability throughout each step of planning
- lead to the creation of a long-term strategy to sustain policies, programs and practices;
- focus on addressing the most critical needs in your district; and
- address the problem area (s) identified by the Epidemiological Profile in your district as part of the comprehensive strategic plan in a culturally competent and appropriate manner.

Please describe your current community planning process, including answers to the following:

- a. Is there a current prevention infrastructure within your agency/organization?

Describe how your organization will collaborate with other sub-recipients, stakeholders and affiliate organizations within your district.

- b. How will you obtain input from these community members during the planning process?
- c. How will you prioritize the identified community-level **intervening variables**?

Intervening variables are factors that have been identified through research, with factors strongly related to and influencing the occurrence and magnitude of substance use; and factors related risk behaviors and their subsequent consequences

- d. What process(es) will be used to identify goals and objectives related to the intervening variables you will identify in your local level needs assessment?

4. Data Availability (5 points)

What local alcohol, tobacco, and other drugs (ATODs) data are available to your organization?

How would you gain access to local data on returning Veterans and their families; LGBT members and other high risk populations?

Does local data exist that you can gain access to?

By local data, DMHADDs means ATODs use and abuse data, and /or data on consequences that generally coincides with your organization's service area, or parts of it.

F. EVALUATION (15 points)

The SPF PFS project has contracted with a local evaluation team to provide evaluation of the SPF PFS overall progress and performance, as well as to provide evaluation support to sub-recipients.

Funded sub-recipient agencies within COALITIONS will be required to put forth a significant evaluation effort. These efforts are a grant requirement and are integral to the SPF process and the USVI SPF PFS project.

The local evaluation team, TLO and the CAPT, will provide training and evaluation technical assistance to all funded sub-recipients.

By submitting your application, your organization is agreeing to meet the evaluation requirements listed below:

- Participate in national and state SPF PFS evaluations as required.
- Meet all deadlines required by SAMHSA and the Department of Health to collect and enter all appropriate data into CSAP's MRT (Management Reporting Tool) web-based reporting system, community-level instrument (CLI) and participant-level instrument (PLI).
- Provide monthly reporting to the Virgin Islands' evaluation team containing materials developed and required records of organizational and COALITION activities.
- Attend (and set aside travel funds for) all Virgin Islands SPF PFS training and meetings listed below (but not limited to):
 - Evaluation trainings
 - One Community Level Instrument training
 - Participation in Substance Abuse Prevention Skills Trainings (SAPST)
- Submit narrative reports of what data was collected by the organization, how it was collected, and by whom.
- Cooperate with USVI in various interviews and surveys regarding organizational development and other issues to be determined.

For the purpose of this grant application, please describe any past experience and current capacity your organization or its component agencies may have. Please include the following:

1. Past experience participating in evaluations.
2. Capacity to conduct local evaluation activities, including:
 - Process** evaluation and **Outcome** evaluation
 - Data collection**; and
 - Utilizing **logic models** to plan an evaluation based on goals and objectives.
3. Capacity to comply with national and territory-wide cross-site evaluation requirements, in particular, the ability to assist in collecting National Outcome Measures (NOMs), Territorial-Level Measures, Community-Level Measures, or Culturally and Linguistic

Appropriate Services (CLAS) National Standards related prevention (see Appendix D), which are required by SAMHSA. Activities might include, but are not limited to the following:

- Data collection via survey;
- Web-based data reporting;
- Collection of secondary data from public institutions such as law enforcement, schools, medical systems;
- Recording and analyzing data in a spreadsheet or statistical software analytical packages; and
- Participation in evaluation-related site visits

AVAILABLE TRAINING AND TECHNICAL ASSISTANCE ON EVALUATION

During **YEAR 1 and subsequent years**, the Virgin Islands SPF PFS Evaluation team will provide training and technical assistance to community grantees that will include; but not limited to:

- Training on specific elements of the national and territorial evaluations and the process by which both districts will address data collection activities. The training will also provide information on how the two districts will be able to receive the results of national and territorial evaluation so that the findings can be used to improve and influence their work, programs, policies, practices, and decisions.
- Technical assistance to grantees on preparing logic models and evaluation plans for carrying out steps four and five of the SPF model (**Implementation** and **Evaluation**).

Post YEAR 1, the Virgin Islands SPF PFS evaluation team will continue to provide technical assistance to sub-recipients in efforts to help with interpreting and integrating the data used within approved strategic plans, logic models, and performance metrics; in addition to the evaluation activities conducted at local, territorial, and national levels listed above.

G. BUDGET (0 points)

Submit the Budget Request Page and the Budget Narrative (Appendix A – Form 5).

The **Budget** and **Narrative** should provide a clear and concise explanation of the methods used to determine the amounts for each line item in the proposed **YEAR 1** budget. The following restrictions apply to funding; therefore:

- Funding shall be limited to those items specifically listed in the proposed budget. Total funding may not be modified following the award of the contract. Requests for line-item modifications that do not change total project funding, shall be requested in writing and shall only be made following receipt of written authorization from DMHADDS.

No cost will be covered in its entirety using SPF PFS funding. The level of effort which the proposed program represents will be the maximum acceptable level of spending authorized by SPF PFS management. The 60/40 community/administrative split also applies to the budget.

- Completion of attached budget sheets (Appendix A – Form 5) for **YEAR 1** activities based only on an eleven (11) month contract period.

*Please note that there is no match required for this program.

In your budget request, please address the following items:

1. List all other sources of funds currently received from DMHADDs, other public agencies, federal agencies, non-profit organizations and any other sources that will be applied to the proposed approach.
2. Grant travel expenses during **YEAR 1** for required training sessions for key project personnel.
 - Plan for one, two-day grantee meeting/training, locations to be named (include meal per diem and lodging costs).
4. Evaluation travel expenses during **YEAR 1** for required training sessions for key project staff. (There will be two, two-day training sessions which include meal per diem and lodging costs).

SPECIFIC REQUIREMENTS

The following restrictions and requirements shall apply to all applications:

1. The DMHADDs shall be responsible for overall management of the Strategic Prevention Framework Partnerships for Success project. Each awarded applicant will be provided a contact name and number for staff responsible for management of this grant.
2. Keep a copy of this solicitation and your grant application. If awarded, the grantee shall be bound to the services listed by the grant application and based upon the solicitation, including all specifications, requirements, amendments, etc.
3. No construction costs are permitted.
4. Sub-recipients shall submit monthly **PROGRAMMATIC** narrative reports to the DMHADDs. Additionally, monthly **FISCAL** reports shall be submitted to the SPF PFS contracted fiduciary agency. Both reports shall contain such information as deemed necessary by DMHADDs.
5. Sub-recipients shall notify DMHADDs, **thirty (30) days in advance**, of any changes in the project that will directly affect service delivery under the terms of the contract. **No changes shall be implemented without the prior written approval of a formal contract amendment by DMHADDs.**
6. The sub-recipient shall receive three (3) payments to equal the sum of the award in order to accomplish **YEAR 1** of the SPF PFS.

[Grantees will be required to submit a monthly spending request to DMHADDs for approval by the 15th of each month for the next month. Approval will be made solely for those items requested and approved within the appropriate time frames.]

7. Programmatic reports and requests for program and budget changes must be sent to:

Department of Health

Division of Mental Health, Alcoholism & Drug Dependency Services (DMHADDs)
SPF PFS Directors Office

Mailing Address: 3500 Estate Richmond

Physical Address: Charles Harwood Complex

Christiansted, St. Croix | US Virgin Islands | 00820

dynel.lang@doh.vi.gov

8. Sub-recipients shall participate in any performance measure reporting as required by SAMHSA, CSAP, and DMHADDs. This will include, at a minimum, the information required in the evaluation section of the application described above, as well as the SAMHSA's NOMs (see Appendix D).

9. Sub-recipients shall submit activity reports (e.g. programmatic, process, outcome, and reports, etc.) as required by the DMHADDs.

10. Sub-recipients shall complete quarterly reporting requirements within SAMHSA's PEP-C reporting tool online. The report shall contain such information as deemed necessary by SAMHSA.

APPENDICES

APPENDIX A – DMHADDS SPF PFS APPLICATION FORMS

DMHADDS Form 1 – Face Sheet

DMHADDS Form 2 – Table of Contents

DMHADDS Form 3 – Project Abstract

DMHADDS Form 4 – YEAR 1 Budget Request

DMHADDS Form 5 – YEAR 1 Budget Narrative

DMHADDS Form 6 – Attachments

APPENDIX B –GLOSSARY OF TERMS

Appendix B – Glossary of Terms

The following definitions and acronyms are used throughout the RFCA:

Accredited means an agency who has applied for Accreditation by the Division of Alcohol and Drug Abuse in the prevention area.

Applicant means an agency/organization/coalition submitting a proposal in response to this RFCA.

Capacity Building (within an organization) means developing and strengthening the structure, workforce and fiscal resources necessary to carry out the strategic prevention framework process. It includes, but is not limited to, activities such as board recruitment, training for board members, staff and volunteers, supervision and skill-building opportunities for staff, development of policies and procedures and memoranda of understanding with partners. Examples of capacity building at the community level include activities such as: learning about groups who have an interest in reducing substance abuse and building relationships with partners; learning about community attitudes and beliefs; and raising community awareness about substance abuse issues, community resources for prevention, treatment and recovery and opportunities for involvement in the strategic prevention framework process.

Causal Factors/Intervening Variables refers to factors that have been identified as being strongly related to substance abuse consequences, and can influence the occurrence and magnitude of substance use and consequences. In the case of the consumption pattern (adolescent binge drinking) and the consequences (alcohol poisoning and motor vehicle fatalities), potential causal factors could be: perception of risk and harm of binge drinking, availability, promotion, price of alcohol, social access, social norms, and enforcement of underage drinking policies.

Consequences of substance abuse are social, economic, and health problems associated with the use of alcohol, tobacco and drugs. Any social, economic, or health problem can be defined as a substance related consequence if the use of alcohol, tobacco, or drugs increases the likelihood of the problem occurring. Some examples include: the increased risk of a traffic crash when the driver has been drinking or the increased risk of alcohol poisoning from binge drinking.

Consumption Patterns are the way in which groups of people use alcohol, tobacco or drugs. Examples of consumption patterns include underage binge drinking, heavy drinking among pregnant women, and the mixing of alcohol with prescription drugs. These consumption patterns can be linked to substance related consequences such as alcohol related car crashes, fetal alcohol syndrome, and unintentional poisoning. Consumption patterns may be found in the SEOW data and regional profiles.

CSAP means (SAMHSA's) Center for Substance Abuse Prevention.

Cultural Competence means "a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations...." (HRSA/DHHS,2002). See the National Center for Cultural Competence at: <http://www.ncccurricula.info/>.

CLAS means Culturally and Linguistic Appropriate Services

DOH means VI Department of Health

DMHADDs means Division of Mental Health, Alcoholism & Drug Dependency Services in the Virgin Islands.

EBPs mean evidence based programs, policies and practices.

Environmental Strategies mean prevention strategies focused on changing aspects of the environment that contribute to the use of alcohol and other drugs. Specifically, environmental strategies aid to decrease the social and health consequences of substance abuse by limiting access to substances and changing social norms that are accepting and permissive of substance abuse. They can change public laws, policies and practices to create environments that decrease the probability of substance abuse. Environmental strategies involved longer term, potentially permanent changes that have a broad reach (e.g. policies and laws that affect all members of society).

Epidemiology means the study of the distribution and determinants of disease within a population.

Grantee means a successful applicant of this RFCA who receives funds.

Institute of Medicine (IOM) Classification The prevention category is divided into three classifications--universal, selective and indicated prevention.

http://www.kitsco.com/casupport/WebHelp_Prevention101/Institute_of_Medicine_IOM_for_Prevention.htm

National Outcome Measures are measures collected from the grantor agency at the national level.

Outcome Based Prevention focuses on starting with the end in mind. Initially, the Territory or community must consider what change they hope to create and then how to accomplish that. Outcome based prevention requires an understanding of the nature and extent of substance consumption and consequences in order to determine prevention priorities and align strategies to address them.

Phase I means addressing Steps 1-3 (Assessment, Capacity, and Planning) and planning for Step 5 (Evaluation) of the SPF model.

Phase II means addressing steps 4-5 (Implementation and Evaluation) of the SPF model.

PEP-C Program Evaluation for Prevention

Population Level Outcomes require the use of programs, policies and practices to create change at the population level in an alcohol or drug related problem within the community. The focus on population level outcomes in the SPF is a shift from traditional prevention models that evaluate individual program outcomes as a measure of success.

Proposal means response to RFCA.

Public Health Approach means to focus on change for an entire population. Population-based public health considers an entire range of factors that determine health. The classic public health model considers the interactions between the agent, host, and environment. In substance abuse prevention, the agent is alcohol or drugs; or the sources, supplies, and availability of alcohol and drugs. Hosts can be seen as the potential and/or active substance users. The environment is the broad social climate that encourages and supports the potential and/or actual use.

Qualitative Data means data presented and/or summarized in narrative form, for example, written expressions descriptive of a behavior.

Quantitative Data means data measured or identified on a numerical scale.

RFCA means Request for Cooperative Applications

SAMHSA refers to the Substance Abuse and Mental Health Services Administration.
www.samhsa.gov.

SEOW means State Epidemiological Outcomes Workgroup

SPF PFS means Strategic Prevention Framework Planning for Success

SPF means Strategic Prevention Framework.

Sustainability means the ability of states and communities to continually apply the SPF process over time to reduce alcohol and other drug-related problems and their associated consumption patterns.

Universal refers to a program designed for the general population, such as all students in a school.

APPENDICES

Appendix A – DMHADDs SPF PFS Application Forms

DMHADDs Form 1 – Face Sheet

DMHADDs Form 2 – Table of Contents

DMHADDs Form 3 – Project Abstract

DMHADDs Form 4 – Phase I Budget Request DMHADDs Form

5 – Phase I Budget Narrative

DMHADDs Form 6 – Attachments

Appendix B – Glossary of Terms

**VIRGIN ISLANDS
STRATEGIC PREVENTION FRAMEWORK PARTNERS FOR SUCCESS REQUEST FOR
PROPOSAL APPLICATION**

Face Sheet
(DMHADDs-FORM 1)

1.	PROJECT NAME OR TITLE:		
2.	APPLICANT ORGANIZATION/AGENCY/COALITION <i>(Name & address of organization):</i>		TOTAL FUNDS REQUESTED:
3.	PROJECT DIRECTOR:		TELEPHONE # FAX #
	STREET ADDRESS:		E-MAIL ADDRESS
	CITY	STATE ZIP	
4.	FISCAL AGENCY <i>(Legal name & address of Fiscal Agency):</i>		FEDERAL TAX ID #
5.	FISCAL CONTACT PERSON <i>(Name):</i>		TELEPHONE # FAX #
	STREET ADDRESS:		E-MAIL ADDRESS
	CITY	STATE ZIP	
6.	PRIORITY SELECTED:		
	<input type="checkbox"/> Underage drinking among persons aged 12-20		
	<input type="checkbox"/> Prescription drug misuse and abuse among persons aged 12 to 25		
7.	TARGET POPULATION	<input type="checkbox"/> AREA SERVED <i>(List Below)</i> Island(s) (List Below)	<input type="checkbox"/> Community(s) (List Below)
<i>Certification: The applicant certifies that the statements contained herein are true and complete and that the applicant will comply with reporting requirements, rules and regulations of the Division of Mental Health, Alcoholism & Drug Dependency Services</i>			
TYPED NAME OF PROJECT DIRECTOR:			
PROJECT DIRECTOR SIGNATURE:		DATE:	
TYPED NAME OF FISCAL AGENCY DIRECTOR:			
FISCAL AGENCY DIRECTOR SIGNATURE:		DATE:	

VIRGIN ISLANDS
 STRATEGIC PREVENTION FRAMEWORK PARTNERS FOR SUCCESS REQUEST FOR PROPOSAL
 APPLICATION

<u>PROJECT TITLE:</u>	<u>APPLICANT NAME:</u>
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TABLE OF CONTENTS
 (DMHADDs form 2)

Section	<i>Phase I</i> Application Components	Page(s)
A.	Face Sheet	
B.	Table of Contents	
C.	Project Abstract	
D.	Community Needs	
E.	Organizational Capacity	
F.	Evaluation	
G.	Budget	
H	Appendices	

VIRGIN ISLANDS
STRATEGIC PREVENTION FRAMEWORK PARTNERS FOR SUCCESS REQUEST FOR PROPOSAL
APPLICATION

PROJECT TITLE:

APPLICANT NAME:

Project Abstract
(DMHADDs- Form 3)

**VIRGIN ISLANDS
STRATEGIC PREVENTION FRAMEWORK PARTNERS FOR SUCCESS REQUEST FOR
PROPOSAL APPLICATION**

<u>PROJECT TITLE:</u>	<u>APPLICANT NAME:</u>
Phase I Budget Request (DMHADDs- Form 4)	
Budget YEAR 1	
Categories	Total Cost
Personnel:	
Salary	
Fringe Benefits	
Operating Costs:	
Program Costs:	
a. Meeting Costs: (Not to include food or beverage)	
b. Evidence Based Intervention (Programming)	
c. Training/Technical Assistance	
d. Media	
Travel:	
a. Inter-Island (Airfare, taxi, per diem, lodging, etc)	
b. Mainland Travel (Airfare, taxi, per diem, lodging, etc)	
Other:	
TOTAL PROPOSED BUDGET	

Note: Budget Detail is to be provided in the Budget Narrative for Travel, Supplies & Operating Expense, Consultant and contractual Costs, Training & Evaluation, Advertising, Other Expenses

**VIRGIN ISLANDS
STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT REQUEST
FOR PROPOSAL APPLICATION**

PROJECT TITLE:

APPLICANT NAME:

**Budget Narrative
(DMHADDs- Form 5)**

**VIRGIN ISLANDS
STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT REQUEST
FOR PROPOSAL APPLICATION**

PROJECT TITLE:

APPLICANT NAME:

**Attachments
(DMHADDs Form 6)**

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