



**PTTC**

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



## **RECOMMENDATIONS TO STRENGTHEN SAMHSA'S PARTNERSHIP FOR SUCCESS PROGRAM**

Prepared by the PTTC Data-Informed Decisions Working Group  
for SAMHSA Center for Substance Abuse Prevention



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**\*Publication note: The initial PFS report submitted in March 2022 (black font) reflects data collected from January, 2022 through March 17th, 2022. Additional data collected after March 17th and before project conclusion on May 6th, 2022 is included in "PTTC Green" font throughout the report, especially as Exemplary Quotes in the Recommendations & Findings section.**



## TABLE OF CONTENTS

Executive Summary	3
Rationale	3
Goals	3
Study Design	5
Broad Research Questions:	8
Methods	10
Survey	10
Community Conversations (Focus Groups)	11
Annual Report Document Analysis	13
Analysis Methods	14
Recommendations & Findings	15
Community PFS Grantee Recommendations	15
State PFS Grantee Recommendations	35
Tribal PFS Grantee Recommendations	44
Factors of Grantee Success: “Success_Promoters”	49
Survey Results	52
Limitations	53
References	55
Summary SPF-PFS Grantee Tables	56
Appendix 1: PFS Virtual Survey Instrument	58
Appendix 1.a: PFS Survey Results Report	59
Appendix 2: Focus Group Facilitator’s Guide	73
Appendix 3: Qualitative Code List	78
Appendix 4: SPF-PFS Grantee Engagement Process & Strategies	81
Project Contributors	85



## 1. Executive Summary

At the request of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) the Prevention Technology Transfer Center Network (PTTCs) conducted a national inquiry of the 2014 to 2020 SAMHSA Strategic Prevention Framework - Partnerships for Success (SPF-PFS) grantees (n=255) to identify factors of grantee success, barriers in meeting program requirements, and improvement recommendations. The PTTC Data-Informed Decisions (DID) Working Group coordinated PTTC Network activities and provided implementation leadership. Ultimately the goal is to improve future SPF-PFS funding announcements and delivery of technical assistance to better meet the needs of communities and grantees.

## 2. Rationale

The rationale for this project is to inform SAMHSA of the (1) accomplishments, (2) challenges, (3) general experience, and (4) programmatic recommendations to improve future SPF-PFS funding announcements. Gathering the experiences of the PFS grantees will help SAMHSA identify areas to better support PFS grantees and improvements in program design.

## 3. Goals

The goal of the inquiry is to identify program improvements and assess the barriers and facilitators encountered by the PFS grantees in achieving grant goals as described in the SPF-PFS Funding Opportunity Announcements (FOA) under which they were awarded.

### Timeline & Milestones

- October 8, 2021: Develop project plan and submit to SAMHSA for review.
- October, 2021: Begin document collection and determine method of analysis.
- November 30, 2021: Survey Instrument and methods finalized and ready for distribution.
- December 1, 2021: Survey Deployed
- February - March, 2022: Conduct Community Conversations.
- Jan 1, 2022 - March 10, 2022: Code & Compile Data
- March 10, Coding complete.
- March 10, 14, 17, 2022: Coding reconciliation meetings
- March 31, 2022: Final report submitted to CSAP
- April, 2022: Conduct remaining Community Conversations
- May 13, 2022: Compile and submit addendum with additional findings



#### 4. Study Design

Mixed-methods: This study used three methods to collect information about SPF-PFS organizational and grantee experience at the PFS grantee level of analysis. The PTTCs conducted a (1)web-based survey, (2) qualitative focus groups or “Community Conversations”, and (3) a document analysis of grantee’s annual programmatic reports. Using a team-based approach to open-coding and inter-rater reliability, qualitative analysis will be performed for each instrument using a standard set of codes to identify key themes (Cascio, et al., 2019). National recommendations for future PFS grant announcements are summarized, and regional summaries of success, challenges, and general experience will be shared as separate reports from the PTTC regional centers. The PTTC Network Coordinating Office and each PTTC Regional Center sought and received IRB approval from their institution as well as additional Tribal approvals when necessary.

#### **Exploration, Preparation, Implementation, Sustainment (EPIS) Overview**

The PTTC DID Working Group applied the EPIS framework to the PFS needs assessment process and results. The EPIS framework has been applied in implementation research projects, and summarizes promising characteristics and strengths for organizations implementing EBPs (Aarons, et al., 2016; EPIS Framework, n.d.). The EPIS Framework highlights key phases that guide and describe the implementation process and unique factors within and across levels of outer context (system), inner (organizational) context in addition to factors that bridge outer and inner context (Moullin, et al., 2019). The tables below outline each phase of the EPIS framework and the outer and inner contexts as it relates to the results of the PFS grantees needs assessment.

#### **Implementation Model: Exploration, Preparation, Implementation, Sustainment (EPIS) - definitions are from the EPIS Framework website (EPIS Framework, n.d.).**

EPIS Phase	EPIS Phase Summary	PTTC Team Steps
Exploration phase	A service system, organization, research group, or other stakeholder(s) consider the emergent or existing health needs of the patients, clients, or communities and work to identify the best EBP(s) to address those needs, and subsequently	The PTTC DID Working Group assessed the experience of SPF-PFS Grantees and their organizations to identify strengths and success, barriers and challenges, and program improvements. We described recommendations to better facilitate best-practices in program and policy.



	decides whether to adopt the identified EBP.	
Preparation phase	The primary objectives are to identify potential barriers and facilitators of implementation at the outer and inner contexts, further assess needs for adaptation, and to develop a detailed plan to capitalize on implementation facilitators and address potential barriers.	The SPF-PFS Survey was modeled heavily on the SPF Fidelity Rubric, and identified areas of success and barriers to accomplishing the steps of the Strategic Prevention Framework (SPF). (Center for Substance Abuse and Prevention, 2008). Data analysis identified success promoters and barriers to success.
Implementation phase	EBP use is initiated and instantiated in the system and/or organization(s).	Using Evidence-Based research methods, the DID Working Group identified program improvement recommendations to meet needs of the funder and the needs of future grantees (Reyes, et al., 2021).
Sustainment phase	The outer and inner context structures, processes, and supports are ongoing so that the EBP continues to be delivered, with or without some adaptation, to realize the resulting public health impact of the implemented EBP.	<b>Outer:</b> SAMHSA CSAP will use the results of the project to sustain continued improvement in the SPF-PFS Program.  <b>Inner:</b> The PTTC Network will use the project findings to improve upon and continue to foster strong partnerships with SPF-PFS grantees.

**Outer Context:** The outer context describes the environment external to the organization.

<b>EPIS Outer Context</b>	<b>PTTC PFS Needs Assessment Process and Results</b>
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<p>Service Environment - State and federal sociopolitical and economic contexts that influence the process of implementation and delivery/use of the innovation.</p>	<p>SAMHSA CSAP funded grantees which include community-based organizations, state public health entities, and Tribal affiliated organizations.</p>
<p>Funding - Fiscal support provided by the system in which implementation occurs. Fiscal support can target multiple levels (e.g., staff training, fidelity monitoring, provision of the innovation/EBP) involved in implementation and delivery/use of the innovation.</p>	<p>SAMHSA CSAP funded this needs assessment of community-based organizations, state public health entities, and Tribal affiliated organizations PFS grantees.</p>
<p>Leadership - Characteristics and behaviors of key decision-makers pertinent at all levels who are necessary but not sufficient to facilitate or promote the implementation process and delivery/use of the innovation.</p>	<p>The leadership groups involved in the PFS needs assessment include SAMHSA CSAP, PTTC, PFS grantee directors, coordinators, and evaluators.</p>
<p>Inter-organizational Environment &amp; Networks - Relationships of professional organizations through which knowledge of the innovation/EBP is shared and/or goals related to the innovation/EBP implementation are developed/established.</p>	<p>SPF-PFS Grantees which include community-based organizations, state public health entities, and Tribal affiliated organizations. The PFS grantee directors, coordinators, and evaluators participated in the needs assessment. Senior leaders at SAMHSA CSAP, the PTTC Network and the PTTC DID Working Group devised the scope and activities of this needs assessment.</p>
<p>Patient/Client Characteristics - Demographics and individual characteristics of the target population/end user.</p>	<p>PFS Grantees which include community-based organizations, state public health entities, and Tribal affiliated organizations. The PFS grantee directors, coordinators, and evaluators participated in the needs assessment.</p>



<p>Patient/Client Advocacy - Support or marketing for system change based on consumer needs, priorities and/or demographics.</p>	<p>Results of the PFS needs assessment will be shared with SAMHSA CSAP to enhance future iterations of the PSF grant requirements.</p>
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**Inner Context:** The inner context describes the multiple levels that vary by organization or discipline and may include executive management, middle management, team leaders, or direct service providers (e.g., clinicians, practitioners).

<b>EPIS Inner Context</b>	<b>PTTC PFS Needs Assessment Process and Results</b>
<p>Leadership - Characteristics and behaviors of individuals involved in oversight and/or decision-making related to EBP implementation within an organization.</p>	<p>The leadership groups involved in the PFS needs assessment include: SAMHSA CSAP, the PTTC DID Working Group, and the PTTC Network Coordinating Office (NCO).</p>
<p>Organizational characteristics - Structures or processes that take place and/or exist in organizations that may influence the process of implementation.</p>	<p>State, including two U.S. territories and one Pacific jurisdiction, grantees – SPF-PFS eligibility was limited to states and tribal entities that have completed a SPF SIG grant and are not currently receiving funds through SAMHSA’s SPF-PFS grant.</p> <p>Community grantees – US domestic public and private nonprofit entities that received SAMHSA CSAP PFS funding.</p> <p>Tribal grantees - SPF-PFS eligibility was limited to states and tribal entities that have completed a SPF SIG grant and are not currently receiving funds through SAMHSA’s SPF-PFS grant.</p> <p>PTTC Regional &amp; National Centers - is a network of organizations that are funded by SAMHSA through Cooperative Agreement #1H79SP081006 to provide support to the</p>





	prevention workforce in the implementation of EBPs.
Quality and fidelity monitoring/support - Processes or procedures undertaken to ensure adherence to active delivery of the innovation/EBP and/or an implementation strategy.	The PTTC DID Working Group used a mixed-methods design: survey, focus group (community conversations) and document analysis. In addition, the Working Group used a consensus process for a thematic analysis of open-text data and grantee annual reports.
Organizational staffing processes - The processes or procedures in place at an organization related to the hiring, review, and retention of staff involved in the active delivery of the innovation/EBP and/or its implementation.	The PTTC NCO and DID Working Group utilized staff and subject matter consultants to conduct the needs assessment.  The PFS grantees respondents were grantee directors, coordinators, and evaluators hired by the grantee organization.
Individual characteristics - Shared or unique characteristics of individuals (e.g., provider, supervisor, director) that influence the process of implementation.	The PTTC NCO and DID Working Group as well as the PFS grantees are all funded by SAMHSA CSAP.

**4.1. Broad Research Questions:**

1. What are the barriers and facilitators to achieving PFS grant goals, including data collection and reporting?
2. What are the changes SAMHSA could make in future funding announcements to help grantees meet grant goals?
3. What cohort variation exists (eg. Region and type of grantee, population focus), if any, for research questions A and B?



## 4.2. Methods

### 4.2.1. Survey

#### 4.2.1.1. Instrumentation

Appendix 1: [SPF-PFS Survey Instrument](#)

Using the SPF Fidelity Rubric as a guide, a survey instrument was adapted for this project and administered to SPF-PFS contacts who staffed grants awarded between 2014-2020 (Center for Substance Abuse and Prevention, 2008). The survey was translated into Spanish and Portuguese. The survey was reviewed and modified by the Hispanic and Latino (NH&L) PTTC and the National American Indian/Alaska Native (NAI&AN) PTTC.

#### 4.2.1.2. Procedure

The survey instrument was loaded into a single Qualtrics account for ease of aggregation. PTTC Regional centers distributed the survey using engagement strategies (Appendix 4) to identified SPF-PFS contacts in their region. PTTC regional and population-based centers received extracts of responses in their region or affiliation.

#### 4.2.1.3. Sample

Participants were drawn from a purposeful, non-random census sample composed of state and community-level PFS grantee directors, coordinators, and evaluators. Contact information was received from SAMHSA and collected via a google form. The intent was to recruit a full census of grantees. Submitted surveys that did not include responses were omitted from the sample (n=3).

#### 4.2.1.4. Survey Sample (individual respondents):

HHS Region	Community recipient	State, Jurisdiction, or Territory recipient	Tribal	Grand Total
Left Blank	1			1
1	13	5	1	19
2	13	2	0	15
3	12	3	0	15



4	10	3	0	13
5	11	6	0	17
6	38	8	16	62
7	14	11	0	25
8	3	2	2	7
9	10	9	3	22
10	10	10	6	24
<b>Grand Total</b>	<b>130</b>	<b>52</b>	<b>29</b>	<b>211</b>

**4.2.2. Community Conversations (Focus Groups)**

**4.2.2.1. Instrumentation**

Appendix 2: [Focus Group Facilitator’s Guide](#)

The PTTC DID Working Group created a Community Conversations Facilitator’s Guide that was reviewed and modified by the Hispanic and Latino (NH&L) PTTC and the National American Indian/Alaska Native (NAI&AN) PTTC.

**4.2.2.2. Procedure**

Using the standard Focus Group Facilitator's Guide, the PTTC regional centers conducted Community Conversations with willing PFS grantees in their region. Cohorts were divided based on grantee type. When a single sample cohort was less than five, PTTC Regional centers may have partnered together to preserve anonymity.

**Focus Group Cohorts**

Cohort #1: Community Grantees

Cohort #2: State Grantees

Cohort #3: Tribal Grantees

**Scheduling & Group Parameters:**



Each PTTC Regional Center and the NAI&AN PTTC determined an appropriate number of dates and times to conduct the focus groups based the regional cohort sizes. Cohort sizes were limited from five to twelve people.

**4.2.2.3. Sample**

All identified SPF-PFS grantee staff were recruited to participate, and cohorts were built upon those who agreed to participate. For tribal affiliated grantees, the National American Indian/Alaska Native PTTC facilitated contact in many regions, ensuring necessary IRB and approvals were gathered before coordinating with the appropriate PTTC Regional Center to determine date and times to conduct the Community Conversations.

**4.2.2.4. Community Conversation Cohort Sample** (To preserve anonymity, the figures below represent number of focus groups)

HHS Region	Community Cohorts	State, Jurisdiction, or Territory Cohorts	Tribal Cohorts	Grand Total
1	3	2	1	6
2	2	n/a	Combined with R1	2
3	3	1	0	4
4	3	2	0	5
5	2	1	0	3
6	6	2	4	12
7	2	5	1	8
8	1	1	1	
9	3	2	2	8
10	Combined with R9	Combined with R9	Combined with R9	Combined with R9
<b>Total</b>	<b>25</b>	<b>16</b>	<b>8+1</b>	<b>49+1</b>



**4.2.3. Annual Report Document Analysis**

**4.2.3.1. Instrumentation**

Appendix 3: [Qualitative Code List](#)

Using a consensus process, the PTTC DID Working Group developed a standard method of thematic analysis for PFS grantee annual reports, using a shared Qualitative Code Book. A report of key findings was submitted for consideration during reconciliation.

**4.2.3.2. Procedure**

Using the Qualitative Codebook and analysis software of their choice, The PTTC Regional Centers conducted a document analysis of the PFS grantee annual reports. Analysis was limited to the “Accomplishments and Barriers” sections for each step of the SPF (5) of all available SPF-PFS reports.

**4.2.3.3. Sample**

The PTTC Regional centers coded SPF-PFS annual reports received from SAMHSA. See the total number of reports received and analyzed by grantee type for each region in the table below:

**4.2.3.4. Table: Distribution of SFP-PFS Annual Report Sources**

HHS Region	Community recipient	State, Jurisdiction, or Territory recipient	Tribal	Grand Total
1	10	1	2	13
2	6	1	2	9
3	5	1	0	6
4	17	1	1	19
5	7	0	2	9
6	14	1	7	22
7	3	1	2	6
8	2	1	1	4



9	4	3	5	12
10	1	2	7	10
<b>Grand Total</b>	<b>69</b>	<b>12</b>	<b>29</b>	<b>110</b>

#### **4.2.4. Analysis Methods**

Using a consensus process the PTTC DID Working Group developed a Qualitative Codebook to be used for analyzing all qualitative components of the project: the open-ended survey responses, Community Conversation transcripts, and Annual Reports. To create the codebook, coders from each PTTC region coded 10% of their available data and suggested a list of codes for consideration. Using a consensus process, the suggested codes were discussed and compiled into a single qualitative codebook (Reyes, et al., 2021). Coders were given the freedom to add to parents codes after this step to identify unique regional themes.

Regional themes identified under the parent code ‘Recommendations’ were submitted to the PTTC DID Working Group with exemplary quotations for consensus reconciliation. To preserve anonymity due to small cohort sizes, PTTC Regional Centers were instructed not to share coding frequencies or raw transcripts with the NCO. When themes and exemplary quotes were identified in a small cohorts, they were reported in the ‘community’ category. Three two-hour consensus reconciliation meetings were held with coders to review all suggested ‘Recommendation’ themes and exemplary quotes. Suggestions were discussed and consolidated into the ‘Recommendations & Findings’ section below.

#### **4.3. Considerations for Hispanic and Latino Grantees**

The National Hispanic & Latino PTTC translated the survey instrument into Spanish and Portuguese, and translated survey responses received in Spanish or Portuguese into English for analysis. They also provided guidance in crafting the survey questions and raised important cultural considerations during analysis.

#### **4.4. Considerations for Tribal Grantees**



With significant support and guidance from the National American Indian & Alaska Native (NAI&AN) PTTC, the PTTC Network engaged Tribal affiliated SPF-PFS Grantees and sought first their guidance to collect the necessary approvals, including local or regional IRB, to participate (Harding, et al., 2012. Kuhn, et al., 2020). All Tribal affiliated SPF -PFS Grantees were asked to complete a two-question form describing the necessary participation approvals, if any (James, et al., 2018). Responsible Research With Urban American Indians and Alaska Natives. American journal of public health, 108(12), 1613–1616. <https://doi.org/10.2105/AJPH.2018.304708>. Using this guidance, the NAI&AN and/or the PTTC Regional Centers sought necessary approvals before proceeding. When necessary to improve engagement, the NAI&AN PTTC coordinated Grantee communication as a trusted point-of-contact.

**5. Recommendations & Findings**

Nearly all data collected after March 2020 was colored by the startling impacts and subsequent adaptations wrought by the COVID-19 pandemic. It impacted all SPF-PFS Grantees and hindered the in-person activities central to many prevention programs. Since the impact was so pervasive, the DID Working Group took extra attention to identify and distinguish realistic programmatic recommendations within the parameters and limitations of future SPF-PFS Funding Award Announcements.

When our coders encountered silence in a data source such as ‘seen, but unanswered’ questions in the survey, or lack of response in a Community Conversation (facilitators attempted to clarify the position when able) we made no assumption of position toward the related topic.

Using the data sources and processes described above, the PTTC DID Working Group identified the following recommendations for each of the SPF-PFS grantee types:

**5.1. Community PFS Grantee Recommendations**

Summary	Detailed Recommendations	Exemplary Quotes
<b>Grantee Training and Technical Assistance Support Improvements</b>	Consider offering mentorship, collaboration, or peer networking opportunities for new PFS grantees.	"It would be helpful for guidance or feedback from communities that have had the PFS all along, like maybe previous grantees or something, where they could share some of their lessons learned. And even as it may be in a consulting role or a mentoring type role or something for the



Summary	Detailed Recommendations	Exemplary Quotes
		<p>newer epidemiologists and grantees."</p>
	<p>Consider offering additional training and support on how to navigate ERA Commons and SPARS.</p>	<p>"The big one for me is just to make ERA commons easier to use. It is such a pain, I like SPARS so much better. If they can make era commons like SPARS, then we'd be good as gold."</p> <p>"I'm still trying to get used to this system and you only do it four times a year, and there's the eRA, and then there's this SPARS, in grants management. I'm doing that because we're a small shop and don't have someone else. But that, sometimes has been a little bit of challenging, but when I do get to talk to a person, outstanding. But sometimes it's getting to that person, that has been kind of the challenge."</p> <p>"You were kicked out of the system and now my report's late 'cause I did everything and you can't certify it. So just, you know, maybe some of those things, even if it's a, you know, make a list of, make sure you address these things or really take us through the onboarding on the webinars that we had."</p>
	<p>Consider guidance, training, or technical assistance for choosing and implementing evidence based programs/practices within the community.</p>	<p>"Inadequate knowledge of evidence based programs. Contractors not understanding what an evidence-based practice means exactly"</p> <p>"We need more TA around implementing strategies to reduce health disparities. We have a lot of Hispanic youth in our area - what strategies will address that population? What do you do about it? We write the impact statement in the grant application, then don't use it."</p> <p>"I think, knowing grants that we can apply for when we get to the end, ours is a five year grant. We are in year three and so at some point we need to start thinking, what are we going to do next. There needs to</p>





Summary	Detailed Recommendations	Exemplary Quotes
		<p>be some way to be able to get the information, like this is a good grant for you guys and it's available and you've shown expertise in this area, or whatever we would like for you to apply for this, as opposed to here's a dump of grants search through requiring much time but It seems like there's got to be somebody within Samhsa's whole organization to say okay these grants are good for you, these are the ones that you should apply for. And we'd like to have your knowledge for this."</p> <p>"Response time to being able to adapt to these types of things, there were some great resources that were put out, but there was a lag because everybody was trying to deal with this (pandemic).I think a long term solution is to build a more robust resource library that takes into account, you know what if. What if everything shuts down and that's not a question we get asked prior and sort of in the field of prevention right because you will always expect there will be schools right that's a baseline."</p> <p>"When you get the notice of award, right away there should be attached a list of all the resources that come, that you have access to, and are available to you. Now they're out there but I had to discover most of them sort of on my own looking for them. So I mean you know as soon as you first login and then here's all of the access to resources. Call IT if you don't know what to do, all you know all the things that we found out, it would just be very helpful to have a library."</p>
	<p>Consider guidance, training, or technical assistance in how to access and assess data.</p>	<p>"Challenges locating data for needs assessment" and "Lack of available data to assess differences for racial/ethnic minorities, LGTBQ or other populations"</p>
	<p>Consider an Onboard training for new grantees.</p>	<p>"Hold a formal meeting with their program officer at the beginning of their award and</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>have continuous meetings with program officer to make sure everyone is on the same page and grantees know where to access supports and other training.”</p>
	<p>Consider supporting development of Culturally Adapted EBPs. (Evidence Based Practices)</p>	<p>“A strategy was developed for the first time to attend to binge drinking, there were no other culturally adapted EBPs so we had to start from the beginning to develop it.”</p> <p>“The cultural appropriateness of the materials for some of the evidence-based practice we have to adapt to it so that it would be something that would be more in tune with our population.”</p> <p>“We have also had to very much adapt as much as we can with fidelity to make it applicable to our populations.”</p> <p>“While we are very proud of our survey, the survey requirements of the grant can be really restrictive and somewhat unreasonable with our population where young people are already taking many other surveys. We can feel burdensome to our young people, specifically it's not a problem for us to do, but it's beyond herding cats we're like trying to convince a high schooler to do a survey that feels really intimate and especially to a wide population. So, seeing that become more reflective of the populations would be supportive and then.”</p>
<p><b>‘Required Grantee Staff’ Modifications</b></p>	<p>Consider altering the requirement for a lead epidemiologist to allow either for contracted positions, partnerships with partnering agencies, or part-time within the grantee organization.</p> <p>Consider greater guidance on the role of Epidemiologist.</p>	<p>“It's a challenge, honestly, to have enough to do right now for a full time epidemiologist. I wish they would have allowed us to consider contracting out to other organizations who have more experience overseeing, supervising, and things like that, with an epidemiologist. There wasn't a lot of onboarding for grantees that didn't have experience with an epidemiologist on staff.”</p> <p>“For at least a Community grantee level,</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>having a little more flexibility with the epidemiologist position, where it can be contracted versus being an employee of the agency. Now, it could be a significant contract...I'd say at least 50%. It's a significant onboarding process to help orient staff for what SAMHSA is expecting from that."</p> <p>"I'm the epidemiologist for this PFS and they didn't really give too many expectations or requirements for the lead epidemiologists to be able to do it. A lot of the work that I'm doing as a lead epidemiologist now is really just self-started self-initiative projects. For example, a GIS based data information system to give to coalitions. Now while that helps with innovation, not all epidemiologists really think too much about that and I'm lost on what am I supposed to be doing. I feel like some guidance there should have been offered."</p> <p>"A more thorough definition of an epidemiologist. That almost discouraged us right away, because we don't have any colleges here."</p>
	<p>Consider further clarifying roles between the epidemiologist and the evaluator role.</p>	<p>"Compared to the region, the area that you're serving, we are grateful for and we have found plenty of things for the full time epidemiologist to do. But I hear what others are saying that you know, if you're in a smaller area"</p>
<p><b>Grant Officer Support Improvements</b></p>	<p>Consider developing guidance on the role of the SAMHSA Grant Project Officers to provide consistency around contact and support provided to grantees and manage expectations.</p>	<p>"We've had a number of different GPOs; we're about to have our fourth GPO in a year and a half. And they've all had different skills and passions for this. I would say that the first two were brand new to the role and had no experience. And the first two were very supportive, but as far as technical assistance, it was challenging."</p> <p>"I understand that there was a lot of shifting at SAMHSA, including</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>reorganization, but we kind of feel caught in the middle of that. As a new PFS grantee, there were a number of things that we weren't familiar with and our GPO wasn't either. And that really caused some delays and some challenges."</p> <p>"Think our project officer, the grant person, we've had three in just a year and a half, and they, the first one we loved, the second one, pretty good, the third one I haven't heard boo from, and I've reached out."</p> <p>"Um, during our 1st year, we had multiple changes in and a hard time contacting our PO and that made things difficult in understanding, um, you know, where we were going what we were supposed to be doing, um, because I think we had 4 or 5 our 1st year um, our PO we have right now is absolutely amazing. And I'm like, oh, please, don't let us lose him."</p> <p>"Yes, and less turnover. Yeah, I was going to say, yeah turnover. I mean, we, I think, we had 5 in year 1. We probably had that as well and I honestly don't really know who's got our back at the moment."</p> <p>"It would be helpful if SAMHSA offered GPO's with specific experience in prevention with rural communities."</p> <p>"Something that's been you know I thought it was a positive for a while, but the past few years it's been challenging. Our grant contacts are very hands off at SAMHSA so we have a financial contact to is always very responsive when we need to help, but then our actual grant contact like for the for the work we've had a lot of turnover in that role, one of our people had a very long term medical leave of absence.... if there is any way to increase the availability with our grant contacts at SAMHSA".</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>“The biggest challenge is that we’ve had three different project officers so far. It’s kind of challenging trying to figure out what each one likes, their system, how involved they want to be. Some of them are completely inundated with 50 projects and since ours is going well they want to be really hands off and others want to be more hands on. We’re okay with any of them, but it’s almost like once we get on a good track we get a new one and we’re currently without one actually. So we’re not really sure who we’re supposed to be reporting to. Our first PO, I think he was new too. He actually referred us to another grantee to answer questions and that became kind of an uncomfortable circumstance because I didn’t want to bog her down because she was also a grantee struggling with stuff.”</p> <p>“I reached out to our PO when I sent the last monthly report because they told us they weren’t going to be our PO any longer, but there was no timeframe, and it was like right when our monthly report was due. I still sent her the monthly report and her response was, I don’t you know, thank you, but please contact this person if you need anything or I’ll file this for your new PO, or just like that sort of thing it just leaves you feeling a little bit like either you’re not doing what you’re supposed to be doing or You just don’t want to get in trouble, because you want your funding you want your product to be successful, and you don’t want to feel like you’re behind. But you don’t really know what the expectations are and so just me filling in for this short time you know Grantee 1 was so great at telling me all the things but you’re not getting that communication necessarily from your from your PO.”</p> <p>“Systems of support for over overworked POs, a process to handle what happens when they switch POs institutional knowledge, I think, is what that comes</p>



Summary	Detailed Recommendations	Exemplary Quotes
<p style="background-color: #f0e68c; padding: 10px;">[Summary content is obscured by a yellow background]</p>		<p>down to. The key is if you have new grantees and new POs and you're trying to figure out both sides without the institutional knowledge there, that is inefficient. It just means more work for everybody, it means that the grant dollars are not being spent as effectively as they could be if there was that institutional knowledge that carried on."</p>
	<p>Consider reciprocal timelines for Grant Project Officers to approve or reject submitted reports and documents.</p>	<p>"SAMHSA puts a lot of pressure on us to submit reports on time. But then we wait and hardly hear anything from our current GPO. Then, when our next report is due, we find out the previous report is not approved. So, I think, the GPO's should have a deadline as well. Say, you give them 60 days to approve or reject reports. At least we know when we can expect to get some feedback."</p>
	<p>Consider administrative changes to ensure, prompt, consistent, and quality communication and support from SAMHSA staff throughout grant life.</p>	<p>"The first year and a half of our grant, we weren't even sure who our GPO was."</p> <p>"I did not hear from the project officer. And I was trying to reach out."</p> <p>"I think just being able to talk have monthly quarterly meetings, right? If I'm quarterly reporting, could I quarterly meet with you? I would show up and they wouldn't be there. So I guess, a request, maybe next time is just be more present and responsive."</p> <p>"For the last probably, I think maybe it was like almost two years, or at least a year and a half like we had, I had no idea who our project officer was. Um, and so even if we had questions or comments like we didn't have a way to address that to anyone because nobody was identified as our project officer."</p> <p>"It's kind of like robotic, like, Am I speaking with the person? Or are you just, you know, like, checking off the boxes of things you have to say, and for me, I personally, I</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>don't process information like that, like, um, and so it's kind of, it's kind of hard because, you know, I have a copy of the of the, of the packet. So if I kind of needed to read the packet, like I read the packet. So going over the packet is not helpful, like a breakdown of what the language is, how to find something specific. how to effectively report you know, submit that report. I think that's what I needed. Rather than, you know, a lecture of, you know, this is the packet, this is what you have to do. This is the overview. I think that's where the disconnect was."</p>
<p><b>Grantee Collaboration</b></p>	<p>Consider providing more support for Grantee-to-Grantee networking, collaboration, and learning communities..</p>	<p>"But when we can meet in person again, I think it would be very helpful to spend a full day with people from previous funding years to current years where we do round tables in person...talking and having the lessons learned was really very, very helpful and also make friends along the way where we could say hey, I'm not really understanding that maybe I should call _____, or, you know, give give a call out today and they know their way around the block, you know, that kind of helpfulness.</p> <p>"I would echo that! That would be great to have more peer-to-peer sharing opportunities."</p> <p>"Maybe having some, you know, when we're brought on as a new cohort to give some help on where are you gonna find this? Because some of it is different than just your state or your school survey type information."</p> <p>"If possible, been really nice to have like, maybe quarterly or semi annual meetings for us to meet with each other. I mean, I like this group. I don't know if y'all are sick of hearing me. But I like hearing what you guys have to say because it kind of reinforces like some of the stuff I'm learning, right?"</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>“Interacting with each other, seeing what, you know, what has worked for someone, what has been worked on sharing ideas, I believe in collaboration. So that's kind of a way of collaborating with other people around the, you know, around the state doing what you're doing.”</p> <p>“Getting together more often and having meetings every once in a while just to touch base and problem solve and so forth.”</p> <p>“Just getting together. It was one of the notes that my epidemiologist said is like, can we figure out ways that we can get together with other PFS folks to listen to what they're doing what they're working on. This is our first time doing it.”</p> <p>“Previous grantees can help mentor new grantees. Additional options to ask for guidance and support. National conference, regional calls, regional coordination was helpful in the past (prefers attendance to be optional not another requirement).”</p> <p>“I will say, our first PO decided to put an invite out to surrounding states and other PFS grantees an but was invited you know to say, if you guys want to meet here are your contacts and we set up a couple of meetings during the pandemic between the different grantees. That was fairly helpful in talking through these types of conversations. I don't necessarily know if that's something that should be required, but the people who showed up to those were grateful to be able to talk to people that they're not directly competing with. It was very useful to be able to compare notes in that way, much like we're doing here today. We discovered some similarities of what was going on and came up with some ideas about how to address better practices. There should legitimately be a conference similar to</p>





Summary	Detailed Recommendations	Exemplary Quotes
		<p>CADCA.”</p> <p>“I do think the encouragement of Community coalition's/developing relationships outside of just the system is important, and if training needs to be given around that because I am a firm believer in the field of prevention, attempting to build a real Community outside of the educational component. So whatever samhsa can do to create that and that's something that comes from the DFC side of things that's their full focus is to be able to have a coalition model that builds capacity so merge the two concepts a little bit. It's a good idea for every grantee to have a group of Community members that are attached to it in a volunteer capacity, even if they just meet once a month to talk about it. Having those people's phone numbers in the rolodex made all the difference in the world when everything shut down.”</p> <p>“Um, I'm happy that I was invited to a conversation to share all of this and, um, hopefully find ways where if other people were more successful, what, what I could do to, um, to have that same success.”</p> <p>“I just think we would have liked to have shared that, and we would have liked to have heard from others. I know this grant was written before COVID, but COVID happened and that's the reality, and so that would have been nice if we could have shared, or maybe it should have been just up to us to figure out who the other grantees were and contact them privately, but it woulda been nice if that had been done.”</p> <p>“Also, I think it would be beneficial to have some type of, like _____ said, some type of communication with the current grantees. I don't know if it's quarterly, monthly might become a little strenuous after time, but at least quarterly</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>communication with other cohorts so that at the end of the grant cycle, some challenges that we had in year one perhaps could be addressed by year two or year three, and if we see that we're not gonna make any strides or headway here, we can stop those and go a different direction so some of what _____ pretty much mentioned"</p>
<p><b>FOA Improvements</b></p>	<p>Consider increasing funding amounts for communities.</p>	<p>"Even before SAMHSA knows anything about our community's issues or challenges, even what our community needs are, they dictate that we have to have a full-time Epidemiologist and a full-time Project Director. Don't get me wrong, like these are important staff, but an epidemiologist in our area costs about \$70,000 a year. You add in fringe, that amount goes to something like \$90,000 a year. You consider the Project Director makes about the same, and then you have just about two-thirds of your grant tied up in just two positions. Then, when you add in the staff cost to implement the various evidence-based programs and practices that the community needs to address the challenges and issues we identified, the \$300,000 does not go that far. So, if SAMHSA requires us to hire staff, right, then increase the grant amount to account for these required staff and their benefit costs."</p>
	<p>Consider requiring grantees to outline contingency plans</p>	<p>"For future grants, they need to have a contingency plan as a part of the RFP. What happens if, you know, grantees should be required to think about what the contingency plan is if school shuts down if you know all of those types of things. Then you will have actually put some thought time into it before it happens. I hope we never go back to that level again, but the fact that it's happened once. It would just be adding another hour and a half of someone's grant writing time but make them think and to say here's the worst case scenario, so, then, if something does</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>happen, they have a plan and won't have to make it up as they go."</p>
<p><b>Pre-Award Improvements</b></p>	<p>Consider better describing the reporting burden.</p>	<p>"I think it would be great in the funding announcement as they're talking about all of the required activities to also talk about the burden of reporting and to say you should expect for your program manager to spend X percentage of their time doing reporting, just like you, they have the burden statement, all of the forms that have to fill out on Grants. I think that would be super helpful."</p>
<p><b>Reporting Requirements &amp; Process Improvements</b></p>	<p>Consider ease-of-use improvements to the grant submission process.</p>	<p>"Just to turn in a grant, you have to go through, like all these systems it's ridiculous and I'm sure they each serve a different purpose I haven't figured it out yet, but, like you have eRA Commons, SAM.gov, then you Grants.gov like oh my gosh all this stuff and it's just stupid, can you put that in your report it's just stupid."</p> <p>"I don't know without them, if we would have been able to navigate sparse and everything in ERA commons and all the reporting and all the reapplication and the different places where the budget has to be uploaded. So, um, we're really fortunate that we've had that that contract with and evaluator to help lead us through some of these processes because it is extremely confusing with the different software systems that don't speak to each other. They seem like they should and it just makes reporting on all of that much more complicated"</p> <p>"Streamline the systems, ideally into 1 system then once it is streamlined to stop changing it."</p> <p>"I think sometimes...from the reporting standpoint is just keeping track of which ones need to be entered into both SPARS and eRA Commons, Grants.gov, and which ones need xyz versus not, you know. Sometimes it takes us a while to dig</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>up the documents that give us the instructions that tell us what's needed where. And so, that kind of information laid out in a more easily accessible and clear format and maybe sometimes not even I mean, I'll be honest, I don't know the ins and outs of the reasons behind the double entry stuff, but when possible, streamlining [the report submission process] so that we're not having to do that sort of double duty."</p>
	<p>Consider improvements to communication around due dates and deadlines.</p>	<p>"Having some sort of like, overarching like, Okay, here's year one reports are due year two report due. Like just something she very straightforward would help. I think we're all very like straightforward minded people. So it stresses us out, find out things are late or missing."</p> <p>"So maybe clearer, or better communication on due dates and things like that."</p>
	<p>Consider flexibility and variance during implementation in the first year.</p>	<p>"Thinking about how we could spend more time at the you know, that first year, the grant is always startup anyway, that first year, the grant, we're trying to get staff and we're trying to get contracts out and what have you, allowing a little bit more space for planning and allowing that application to get the funding to be a little bit more broad, perhaps. So that we don't have to know every last person we're funding right up front, right. So that we can do an honest SPF process so we can take the time and actually identify it, whether it's communities of color, whether it's communities where there's low income, whether and really understand and get into those areas."</p> <p>"The first, even six months to a year was really planning not only on our part as a state, but the communities that we funded, they needed time to get their work plans together, they needed time to get their partners together. I mean, and so what</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>would be really good or neat is that if they had okay, so this is the total amount of funds that you're going to get for the grant period. But in grant year one, we're going to give you less money so that you... we, because we understand that it's going to be really a planning year, not only for us, but the communities that we fund, and really time to get it together.”</p>
	<p>SPARS/ Clarity on Reporting Requirements/Reporting Timeframe</p>	<p>“When we applied, you could pick the substances that you wanted to continue with. So, I have another grant that I'm doing the opiates with so that's not what we chose with this but when you go in with the data they asked for us, alcohol and opiates. I'm like I'm not doing opiates and the project officer went back when she goes oh yeah it says, you can choose what you want I'm like yeah, but this is wanting me to give you opiate data which is not what I'm doing with this grant. We are doing alcohol, so that doesn't matter so that's another hitch in the giddy up when they're collecting, because it makes it look like I have to do that, I'm like that's not how I applied.”</p> <p>“So there are a couple of things on reporting that are required for everyone so we're SPF 19 and there were things that were core required for SPF 20 or 21 that weren't required for the 19. Our GPO didn't know which was what and so that was a back and forth. You know I said no, no, we've been told by our last GPO that we didn't have to do that, which is why we didn't do that last year, and yet our SPARS report was approved, even though we didn't do this thing. And then it's you know, no, no we're 100% sure you have to do this, so we spent a couple of days doing that, before getting the oh, by the way you guys don't actually have to do that. But that's the knowledge of what's required for each person. If it could be tailored to when you log in, if it's not required for my grant it shouldn't be too hard to click a button, to</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>have it grayed out so it's just not there at all.”</p> <p>“The way they have us do data and SPARS it really does need to be quarterly so that it's not such a burden. It really is a burden and it's right at the holidays because my office was shutdown the week of Christmas. But not me because I've got to get that recorded and by the end of the year. And I haven't finished it so you know my whole office was closed and all the staff is out. And I have to work. Every day. Which is you know I mean it is what it is, but it doesn't make you happy when you think I'm supposed to be off this week and I'm not allowed to be. It opens and you've got Thanksgiving happening in there and then you move right past that and then you go into Christmas. I can't remember when it opened this year, maybe like the 20th/25th of October, it was somewhere after the New Year starts, that's when SPARS opens. And then it's open, you have like 10 weeks to get it done, but I want to say it wasn't red ribbon week it was like the week before red ribbon week, which is one of the busiest weeks of the year for prevention agencies. And then you know you're coming into the holidays. It's just busy and if you're trying to support families especially during the pandemic people don't have food, etc.”</p>
<p><b>Improvements to Program Requirements and Parameters</b></p>	<p>Consider increasing the meal/food allowance.</p>	<p>“I had never had this funding before, but food is something that is one of the only appropriate incentives for certain activities and you know, we used to be able to do that, it seems like in the past, not have such strict guidelines on providing food, especially in high areas of high levels of poverty and you know we're in one of those communities and so you know it just helps if we can say we're going to bring law enforcement together and we're going to talk about how we can coordinate more party patrols or communication across the county, or you know, and state. And we're</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>taking their [stakeholder's] very limited time from them, so to be able to provide lunch for them would be nice. But, I was told we cannot do that, and that makes it very challenging. Youth meetings, you know, providing lunch, you know is like Okay, but you know, one of the things that our young adults said was Oh well, maybe we can do something cool for dinner because we needed to have our meetings in the evenings they're going to college and so, for them to be able to have some subs or something like that you know really helps us to get the people there."</p>
	<p>More flexibility in guidelines around how funding is used (e.g. provision of food/snacks during meetings, face masks for meetings, provision of child care, conference costs</p>	<p>"If there's a way to build in some stipends or some incentives or something like that, I think it would be really helpful."</p> <p>"Being able to give incentives to the, the students, because it's kind of it's, it's, I may be weird to say, but it's kind of transactional a little bit, because it's like, we're giving them services. And even though what we're giving them is going to help their future, they may not see it like that until, you know, they get five years or maybe two years from now. And so being able to, you know, give them a gift or something so that they can buy into what we're doing. Sometimes it's very helpful, especially when we're going in for the first time."</p> <p>"We looked at what we also offered outside of the grant, because you know, we can't we knew we couldn't buy food, we couldn't do this. So we had to pull our pool our resources together."</p> <p>"I've never struggled to give away money more than I have."</p> <p>"And you're able to provide food and childcare, and we could have our youth members handled the child care. But you know, you get more parents to come out then if you can't"</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>“Grantees recommend that the funding allows for diverse members of the community to be hired in their projects... and finding a funding source that allows for them to hire as staff undocumented individuals, or individuals with a previous criminal record or substance use offenses, for example.”</p> <p>"So we're getting ready to, because I had a good bit of carryover because everything was a little bit delayed for us, so we decided with some of that carryover to do an in person conference really highlighting what we're doing professionally with the community and youth all together. Our conference has no conference fee. But the frustrating part, especially for our communities and statewide is if I could ,within that conference, provide breakfast and lunch it would make it so much more accessible, especially for our youth.And then, as chaperones too if everybody's going to be fed in the same location it's a lot easier but that would just be one barrier financially speaking, like if we didn't have that then the only thing that they would need paying for is lodging. The good news is I've got some partners that are willing to sponsor some of my youth for some of our region. I can get that covered, but they're like we can pay for rooms, but we can't pay for their food because they're in the same boat that I am. So we're working like that's just one of those things like I feel like if you were going to have a multi day conference or something like that, if there was going to be TA tied to it. Like if there was some flexibility within that just because for me and for my communities that would decrease some of those barriers that we run into for attendance.”</p> <p>"I don't have a project officer, right now. I'm still waiting on my carry over request to be done because I don't have a project officer and I'm almost halfway into the year and I have a good chunk of money to</p>





Summary	Detailed Recommendations	Exemplary Quotes
		<p>spend and I don't have permission to spend it so that's that's a little um that's problematic."</p> <p>"The process for getting carryovers through SAMHSA is always burdensome and you usually don't get approval for it until a couple months before whenever you're supposed to spend it by and then you're even scrambling more to try to spend it. So maybe if they can work on their expanded authority for carryover to just allow that to happen more easily and quickly approve, um, if it does need an approval, that would be good."</p>
	<p>Consider providing more flexibility to account for time to contract, hire, overcome staff turnover and implement the SPF.</p>	<p>"Delays in hiring evaluator, resulting in delay in reporting and confusion about expectations of the evaluation team"          "delays in hiring staff" "inadequate time for project staff to devote to the project"</p> <p>"hiring delays made it difficult for strategic plan"</p> <p>"delays in contracting created a lag time for hiring staff"</p> <p>"but it took that organization a while to find somebody to take the job and then start hiring staff to actually start like working on what we said we'd work on"</p>
	<p>Consider more flexibility in guidelines for target populations. (e.g. inclusion of child under 9 years of age)</p>	<p>"Prevention funding that has allowed us to work with that younger group and will work. It just went with adverse childhood experiences and trauma and just like parenting strategies, it really starts much earlier."</p>
<p><b>Funding Scheme Improvements</b></p>	<p>Consider wholly distinct RFPs and funding for states, communities, and Tribal groups to mitigate competition.</p>	<p>I mean, none of us could agree, because we couldn't wrap our heads around, they were actually saying we could apply and the community could apply, it was so confusing to us.</p> <p>"Like, I just it's hard when it's all in the same FOA where the state might be</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>applying and then local communities can apply too it just doesn't work."</p> <p>"When it comes to the same funding opportunities for state and communities to please please don't do that."</p>
	<p>Consider offering a Jurisdiction-specific RFP</p>	<p>"I hope that there's an FOA's specifically for Pacific jurisdictions that will allow us the opportunity to provide, to bring in the funding from the federal government and for us to be able to not necessarily manage it, but to offer it to our nonprofit organization partners that are not yet in that level of being able to compete with other nonprofits in the, in the state side"</p> <p>"Special consideration for PFS grants to be offered for Pacific Island jurisdictions and not just for us to like how sort similar to how the Native American groups are provided equitable opportunities so that they can compete more effectively and efficiently. We hope to have that same treatment for Pacific Island nations from SAMHSA"</p> <p>"SAMHSA needs to understand that our nonprofit organizations here, or the coalitions that we're trying to build or rebuild in our island is not in the same capacity as those in the states that those are in, in the continental U.S."</p>
	<p>Continuation of funding for existing programs (at the community, state, and local levels)</p>	<p>"Funding is very, very important to our state." "Funding [helps us] identify high priorities." "We don't just rely on federal funding...we are able to impact so much more in our state by merging funding [for prevention efforts]." .... " We will not only lose those dollars, but there's a lot of other things that cascade from losing a grant.".... "It's been really good we've been able to use the current pfs grant to in tandem with our substance abuse prevention block grant."</p>



## 5.2. State PFS Grantee Recommendations

Summary	Detailed Recommendations	Exemplary Quotes
<b>Grantee Training and Technical Assistance Support Improvements</b>	Consider additional Grantee training on sustainability and working with subpopulations.	<p>"I feel like we really didn't focused our grant on sustainability of the projects that we were doing after the grant was over. So we were just trying to find solutions, but I feel like a training on sustainability would have really been helpful to us specifically."</p> <p>"I feel that the way that SAMHSA deals with having PFS grantees work with subpopulations, basically I feel like that was hard to focus on. A lot of times we would focus a lot on the interventions that we were introducing and sometimes it was hard to even think about subpopulations...we were just doing the interventions. It would be great to have either technical assistance or reporting requirements or something about the subpopulation."</p> <p>"Where I have struggled over and over and over again, is this cultural competency piece. I completely understand the theor, but what can I do when the rubber meets the road to make a genuine difference in my community? Especially when we're talking about a community that is not a town of 500. I'm working with 84 counties and probably 50 of them are 98% white. So what does SAMHSA want from me? Let's talk about how that actually works, rather than telling me again that we need to be more inclusive. I agree with that 100%. But how? For example, our data showed that African Americans had lower risk rates and we were told, no, you have to address African Americans. So I want more one-on-one attention, where we really drill into that."</p>
	Consider expanding efforts to build evidence-based practices and programs for SPF Grantees.	<p>"I think SAMSA could actually be helpful with, I think we've gotten kind of stagnant with our prevention strategies."</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>So, you know, years ago, there was enwrap. And there were evidence based strategies. And there were a list of these strategies. And then there were, you know, all these boxes, like you talked about prime for life, for example, and all of these other, you know, box curriculums that we can do in school. And then we really did this push in the shift to do environmental strategies, and the evidence base for environmental strategies kind of didn't come along with it. And so all of these, what used to be our evidence based prevention strategies were normed in the 90s. I don't feel like we've kept up with the science of prevention. And, and this might just be a Wisconsin thing. But you know, we we've done stakeholder meetings and listening sessions, for example, for settlement dollars that are coming into the state, and we get people get a handful of people, most people talk about treatment, but we'll get a handful of people who were like, we need more prevention, we need more prevention. And you say, Okay, what do you need for prevention? What do we need to do in prevention? What do we need to help support? What can we grow? What do we, and it's crickets. And I think SAMSA could really help with that is to I don't know if it's reinstating enwrap or whatever, but helping get some programming or evidence around some strategies, because we can only hand out so many lock boxes and lock bags and permanent drop boxes and mailbox envelopes, and so much Naloxone and whatever we can only, well naloxone. It's not in my world of primary prevention, but you know what I mean, like we need I, I need something innovative, I need to be able to do the 2022 version of all stars, or strengthening families or whatever, that is gonna work now. So I think that's another thing that I think has been a challenge.”</p> <p>“Actually being able to find selective and indicated evidence based programs was a</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>challenge, because NREP had been taken down by that point. And you know so Grantee asked to form an evidence based program work group she has several, but this was one of them. And to actually convene the PFS coordinators, our evaluators ,part of that team and other stakeholders that we work with in the state and they actually were pulling research, you know.”</p> <p>“EBP Clearing House like they used to have like in NREPP.”</p>
<p><b>Reporting Requirement Improvements</b></p>	<p>Consider mimicking guidelines and reporting to match other prevention grants (e.g. Drug Free Communities).</p>	
<p><b>Improvements to Program Requirements and Parameters</b></p>	<p>Consider programmatic flexibility during the first year, with a focus on planning and Capacity Building only, with no expectations of EBP implementation.</p>	<p>"I think it would have really been nice, given what we had to work with to start, if we could have had just the first year to really plan as opposed to try to work through this SPF model, all the way from front to back within about five months. If we could have planned or had more time to look at what is this grant, what is it requiring, what are really some of the components that go into it, like what are you really asking be done? It would have helped to really unpack it in a much more user friendly way other than being handed down, so to speak."</p> <p>"Communities new to PFS- allow a year of planning before implementation starts."</p> <p>"Because we have to go through so much red tape to get it [grant award] approved through our legislative once it comes that we have other procurement guy go to the state who says 'wait a minute.' You gotta have the appropriation to spend it. So, that's another thing, you can have the money, sitting right there on the books, but then finance people tell you, you can't spend it. So, that's a whole another issue that I think SAMHSA needs to recognize</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>for a lot of states that we have to be able to take it through the legislative process, so that first year is almost a wash."</p>
	<p>Consider greater flexibility to allow Grantees to adapt to assessment findings and emerging community needs.</p>	<p>"One thing that we hear a lot from the regions and the coalitions is just how restrictive the funding is. Food is always a big thing that people are asking about and then vaping was another one. They wanted to put some money towards vaping prevention, which it was kind of a fine line because our other substance was marijuana. And I guess, they were saying you can vape marijuana so it was kind of like a fine line there so that's one thing."</p> <p>"More flexibility in how funds are used to address priority issues identified by SPF assessments with less prescriptive focus on specific substances outlined in the the grant."</p> <p>"As an NPN, or National Prevention Network member, one of the things that I appreciated about the PFS is that it allowed States the freedom to identify what substance that's that they were going to address. And while we were, you know, ...still in the throes of the opioid epidemic, we were able to make the case as a state that we needed to continue to focus on alcohol, because in our State that is the number one drug of choice."</p>
	<p>Consider more flexible funding for States to support other components of the prevention workforce.</p>	<p>"We don't want to be very prescriptive, but allowing for regionality of programming and strategies that can truly measure impact."</p> <p>"More diversity and expansion of the funding, but also allow states to have some infrastructure dollars to be able to address prevention."</p>
	<p>Miscellaneous Program Improvements</p>	<p>"If we're going to stay with primary prevention, please define your parameters, we know that's before diagnosis. If you want to change that that's</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>an opportunity too, but we have to have an educated workforce. PFS is not for a new person coming into prevention, in my observation, it takes somebody experienced and somebody willing to learn more about selective and indicated, okay. You got to really define your parameters and noting that it takes that in order to provide it. I feel like it wouldn't hurt for Samhsa to say we want certified preventionist providing this service."</p> <p>"Some of our grantees have said they'd like to have more coordinators. The way our state is divided up into six regions, we have one region with 13 counties and others with 11, another with five, it's just the way the geographic lay of the land is. So some of the grantees have said gee if I can have one or more, instead of everybody having three if we could do it population based with my area I could use a couple more. It's hard to cover 11 counties, with three people, but then we see some agencies that have one person and 12 counties, it's a funding issue as well."</p> <p>"We have three PFS grants in our state. The state level, the collegiate and the community grantee who ironically receives our partnership for success grant and also have their own partnership. We have great collaboration here and with our collegiate partners but the community, I don't know what they're doing with their partners. Too good for drugs is the last I heard and universal but we don't have collaboration I feel like we should all work together. There should be some sort of learning Community for each state's partnership for success grant where you meet quarterly and you talk about what one another's doing. That kind of helps bolster that collaboration so we're not trampling over each other, and we can say oh Okay, so your grants covering this, awesome."</p>



Summary	Detailed Recommendations	Exemplary Quotes
<p><b>Subrecipient Requirement Improvements</b></p>	<p>Consider increasing State funding to support greater sub-recipient support.</p>	<p>“You are funding communities, they still do which, I’m not against, but there should be a plan. If you are going to fund the communities what is the role of the States, because you are not there, because the states, the communities know the state they work hand in hand with the state. What would you define as the role for the state with the communities? Because the state is the people that the Community can easily reach and talk with. But you’re not telling us you are funding communities you’re not actually telling us where those communities are. For instance, if I get the PFS, most of the time I don’t know which other community within my state has the PFS or any other grant from the same source so, ...it is just a kind of confusion all over the place. So, they [SAMHSA] need to clean up. SAMHSA should define the role for the States and what they will do to compensate for the states’ [time to work with the directly funded communities].”</p>
	<p>Consider simplifying reporting requirements for subrecipients.</p>	<p>"The quarterly reports that we were doing - they sometimes added a lot of extra reporting requirements, since we also had a monthly report that we submitted. So I felt like most of the time I was repeating myself and things that we had done. SAMHSA could probably could work with their statewide recipients to figure out a way to make that easier for subrecipients."</p>
	<p>Consider increased flexibility to adapt to needs in the subrecipient communities.</p>	<p>"I like the flexibility to be able to focus in on a substance that we know is a concern so some of our grants don't allow that they tell us what the priority is going to be so, I appreciate that."</p> <p>"The one thing I will have to say about it is that the state determined our focus and what strategies we could use during that grant. We were allowed to pick from a list of strategies, but we were not allowed to just find strategies that fit our community."</p>





Summary	Detailed Recommendations	Exemplary Quotes
		<p>"With our state PFS grant that was the hard part. It was so determined for us already that we didn't have the freedom to really assess and plan for what would have been best in our county. We had a mold that we had to fit."</p>
	<p>Consider providing more structure or guidelines for state applications in how they choose subrecipients.</p>	<p>"It would have been helpful if they had allowed this - if a Community said, "we are not ready for this. It would have been nice to be able to say we just can't take this on right now and do it justice. If we could have bumped that to the community with the next amount of need, but it just felt rushed like when all of that was coming down."</p> <p>"If they continue with state based applications, make a more structured approach to that or potentially the subrecipients need to have a community of readiness, at a certain level."</p> <p>"Having more lead time in the ability to write the application, because then you can go into those communities, and you can make sure you have buy in."</p>
<p><b>Grantee Collaboration</b></p>	<p>Offer a networking opportunity for epidemiologists and clarity on what they needed to work on; consider establishing an Epi Working Group.</p>	<p>"I think there could have been a possibility of epidemiologists getting together across grants. If we can talk to other epi's with other states who are leading this grant you know, and we can see what they are doing and have an idea of how better we can serve this purpose."</p> <p>"To understand the role of an Epidemiologist in the success of grant, in the beginning stages. It would have been very beneficial to know what all an Epidemiologist can do in this grant."</p> <p>"Limited resources for Epidemiologists to utilize their knowledge. It would have been great to see what other Epidemiologists are doing as part of this grant."</p> <p>"A recommendation I have for improving</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>future PFS FOAs is to ALWAYS require a State Epi Workgroup/State Epi Outcomes Workgroup (SEW/SEOW) Analyst. [Name of state redacted] has maintained a SEW since SPF-SIG (2005-ish), but not every state does. This means the connections between state-level data systems doesn't always sustain. Then, those relationships as well as needs assessment/logic model development/evaluation skill sets have to be rebuilt."</p>
	<p>Provide peer sharing opportunities, listservs, or regular calls.</p>	<p>"I would like to suggest SAMHSA or the PTTC to set up a peer listserv, or calls, or something. Like having [name redacted] or other people's contact and role would be helpful."</p> <p>"If there was an organization or a larger body that could have helped us make that connection, you know, in the very beginning or with others, um, that do have the, the PFS grant, you know, I think that would be great as a support system and to kind of like problem solve things that we're going through as a grant, it might not just be specific to us, but also other grants may be experiencing the same issues. So, I mean that definitely would be a plus if something like that was organized"</p> <p>"We used to have a grantees meeting at least once a year, or that allowed all of the GLS grantees to come together to share what their successes are. And also the challenges. And for the most part, those challenges were very similar, if not exactly the same as with the other states and jurisdictions."</p> <p>"Perhaps other grantees are also asking the same questions that I have, and I could ask them, but I don't know how to connect with them."</p>
<p><b>Grant Administrative Improvements</b></p>	<p>Consider more creative ways to address remaining unspent funds.</p>	<p>"But one of the other things that I wanted to say is that, in recent years, there has been such a push from the SAMHSA</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>perspective, from project officers, saying ‘don’t ask for a no cost extension they’re not extending grants.’ But the reality is that the way grants are implemented in our states it’s almost a year for states to even get the infrastructure setup that’s necessary to act. I mean we have procurement processes, we have all these things. So, we used to not worry about that because we had been in a pattern of SAMHSA saying guys if you aren’t able to spend it, you can have another year. And now I am hearing that there is not a no-cost extension. So, it’s like we get in this almost frantic process of trying to spend the money, but the reality is that it’s not realistic.”</p>
	<p>Consider additional pre-award guidance on SPARS, clarity on reporting requirements, and reporting timeframe.</p>	<p>“I’m like the clerical data entry person and I don’t like that it is due at the end of December around the holidays. Honestly, we have a lot of people that are off on holidays. I don’t like that deadline, I think it’s a little hard to have the annual report, I know it’s 90 days we could probably do it sooner, but, honestly, it takes us a good 90 days to get everything from all our sub grantees and get the report out, but if we could just wait like 15 days after Christmas.”</p> <p>“Usually it takes us a while because some of our grantees have multiple grants and with us getting them closed out it’s very tedious work at our level. You have to get the reports then our evaluator has to be able to compile it, evaluate, synthesize. Then she has to schedule a meeting to go over it with all of us, then it gets finalized, then I have to start entering it and literally it’s down to the wire. I mean she’s technically off because the college is closed for like two weeks. So she is literally off the clock and when I’m entering it it’s around the holidays. There have been times I have texted her like are you out there, I forgot what you told me to do on this one I’m trying to you know and</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>she's like what do you need she'll come up, no matter what it is, you know. I didn't do it to her this one last time I left her alone. We've kind of got the hang of it, now she knows what I'm going to ask her so she tells me. You don't want to bother people when they're on vacation with this stuff. Literally six to eight months later, I don't even know if they've approved my report from last year for PFS. I've just told you, I love our PO, but when I asked her about it the first time she's like Oh, you know that's in my bag, I need to look at that."</p>
	<p>Consider keeping PFS at the state level, DFC at community level</p>	<p>"Recommendation would be keep DFC that community level keep PFS the state level, um, and we, because we can serve more communities for all that leverage work."</p>

### 5.3. Tribal PFS Grantee Recommendations

Summary	Detailed Recommendations	Exemplary Quotes
<p><b>Improvements to Program Requirements and Parameters</b></p>	<p>Consider significant funding flexibility to address valuable cultural adaptations; including greater allowance for food and events.</p>	<p>"We a lot of times are told from our region coalitions that this funding is restrictive. Especially when we're trying to do outreach with our tribal community, that is the funding restrictions are not necessarily complementary or conducive to how to do outreach culturally."</p> <p>"...my understanding is that to get communities to implement the strategic prevention framework, you know, like the that's the foundation of the grants and in the middle of the strategic prevention framework is cultural competence. And yet they take away a lot of the incentives for tribal communities to bring community together, like the like the food provision it's kind of weird like, it's really hard to get people to come from the Community and ask them to give their time when that's you're just asking them for things</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>constantly and you're not giving anything back. And it's like a cultural aspect to have an environment that's welcoming and where you feed people and you welcome them in and that just that's really shifted in the in the grants and it does impact Community involvement."</p>
	<p>Consider greater flexibility to allow tribes, like other PFS grantees, the ability to select the issues impacting their community; do not prescribe requirements in advance of the SPF process.</p>	<p>"In my opinion, the most effective aspect of the PFS is that it allows us, our community, to identify our needs and design interventions to address substance use issues. This is local control, as opposed, to, you know, the feds telling us what problems are and then telling us what we have to implement. The PFS allows us to know what is best for our community, and I really like that, and I don't want that to change."</p> <p>"If there were any way for there to be another channel to use some of your budget for things that would seem, outside of the norm, because they're very culturally relevant, or have, like a very narrow cultural scope that might not be able to be understood immediately. Just so that process could be expedited, so it doesn't become a weeks or a month-long process that involves so many different people in so many different like layers of authority to get something that will wind up being fairly simple and a very small part of your budget."</p> <p>"If we're able to spend money on food because I know that's what gets people there, especially when we're able to meet in person is is really good nutritious, food."</p>
	<p>Continue Tribal-specific awards</p>	<p>"I just know that it's gotten way more competitive (to get SAMHSA grants) and it may pose a risk in the future just because of that for our entity and other entities that are, you know, covering several communities and not just one."</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>"We did have the grant through the state (before), and it was very limiting. It felt like we always had to prove that this was an evidence-based curriculum, although it was and still is. Purchasing the supplies needed for this curriculum was often a struggle where we'd always have to have explanations for each little thing, and we'd always get push back. Going through (SAMHSA) direct has been much easier. We don't have to provide those explanations all the time. The pushback is much, much less."</p>
<p><b>FOA Improvements</b></p>	<p>Consider funding parity for Tribes to equal that of states.</p>	<p>"Previously, we had the SPF-SIG, just like a state, and a big PFS I call it, just like the States and our tribe is large cover 14 counties and over 300,000 tribal citizens and we definitely have the infrastructure and capacity to manage that much money, and we have a successful track record of being able to do that. So when the PFS first came out that allowed communities to be funded directly, there was some debate about what it said, because one of the tribal associations up there DC that works with SAMHSA, I forget their name right now, they kept trying to tell me that the FOA said that we were eligible for more, but when you read it, that's not what it said. So, we had hoped to be able to apply for more than that, what is this grant \$500,000 or is it \$300,000 yeah 300 so the \$300,000 compared to the other ones which the SPF-SIF was \$11.5 million, and then the PFS was another \$8 million, I think, so it was a lot less right, and so it only allowed us to work in one Community, whereas we were used to being able to have sub recipients who work in 14 plus communities. And so, it was quite a letdown of not being able to do that, then the very next cohort they open that up and increase that amount for the states, but it didn't include tribes is there, I think that is because they have a lack of knowledge and understanding about tribes."</p>



Summary	Detailed Recommendations	Exemplary Quotes
	<p>Allow for more room for tribal education of funding partners and project officers, so that they are:</p> <ol style="list-style-type: none"> <li>1. aware and knowledgeable of what evidence-based practices look like and involve, and</li> <li>2. understand the general organizational structure of nations, including community response to pandemic and resultant coordination with outside providers and programs.</li> </ol>	<p>"Our curriculum involves rock climbing, the hiking, backpacking, fire-making, and archery. So, being able to purchase supplies in order for youth to be able to engage in those activities. We'd also need some similar supplies of our own to be able to engage the students. So, for instance, purchasing a hatchet or flint, or a bow and drill to be able to, you know, teach that experiential learning with the youth. Those were often pushed back upon like, Why are you ordering this? I understand, but it's really within the curriculum that these supplies are needed in order to carry out to fidelity. It's just a struggle to always have to prove the evidence-base."</p> <p>"There was a while, especially in 2020 where the fact that we weren't meeting in person, and the fact of that so much of our data collection was supposed to be in-person - It made it seem like we weren't maybe working as hard as we could have been or doing what we were supposed to be doing, which made it sound like things were potentially put at risk. So maybe if they had just understood a little bit better, could have been helpful."</p> <p>"Just understanding that the travel (in our) communities is still technically closed, and were closed for much of 2020 and 2021. Even still they have not yet opened the youth programming up. Just having to explain that we can't just do programming within the community without the tribes approval due to the safety of the citizens."</p>
<p><b>Reporting Requirement Improvements</b></p>	<p>Consider ease-of-use improvements to the reporting systems.</p>	<p>"So, another thing, another challenge is like the areas that they asked us to report on, so we report in SPARS and then we do continuation applications, and we do a final report. All of those things are like the same information, it's just like seeing the same thing over and over in different ways. And it's like why can't we just have like one streamline report that you asked</p>



Summary	Detailed Recommendations	Exemplary Quotes
		<p>for all of us like as far as we enter so much data there, you know that that gives you an idea of everything that happened throughout the year. Why do we need to rehash that again in the continuation application on the final report, like just read the SPARS report.”</p>
<p><b>Grant Officer Support Improvements</b></p>	<p>Consider developing guidance on the role of the SAMHSA Grant Project Officers to provide consistency around contact and support provided to grantees and manage expectations.</p>	<p>“I guess really quick I should say our reports are not getting approved until the like, I mean you may be two days from a deadline before the other, the last quarter report is approved, so like you're waiting to the last minute to get all your new reports in. I mean it's come down to like me asking and asking and asking, like can we please just get this approved, do you have questions, did I do something wrong? And like nothing. You're just, yeah last minute it'll be approved without a phone call or email nothing. So, yeah that's kind of it's difficult but it's also worrisome like man, did I did I do this right and like please don't tell me at the at the very last minute, so yeah, I just wanted to make mention of that as well.”</p> <p>"I think the SPARS reporting process...Knowing that we don't hear back from our project officer, it seems silly to have to go through such a cumbersome process. I don't quite understand why I need to go through each of the tabs, fill in every coalition meeting minute. You know, and like, fill out such a huge, heavy load of how we follow the SPF process, when there's...I've never received feedback on any of my reports at any point in time. So, you start off strong, thinking, 'Man, these are really something that are required and critical.'" Because you're gonna get this feedback, and then it's...There's no incentive as the project director to, you know, really fill them in."</p>
<p><b>Grantee Collaboration</b></p>	<p>Consider efforts to expand Grantee collaboration.</p>	<p>“I was going to say I think someone mentioned that earlier but, yeah just having the weekly or monthly something</p>





Summary	Detailed Recommendations	Exemplary Quotes
		<p>where we can get with the other grantees to just to communicate what they are doing, what's working for them, so we can yeah hear about those ideas, maybe we've not had personally, and I know we could reach out to the grantees ourselves to set up those but I mean it would just be easier if SAMHSA kind of did that for us. So, yeah, if we could have a monthly call with all the Native American organizations, if we could have one with our state grantees or our region, though I mean that would help just to just to see what other people are dealing with and how they're fixing those issues."</p>

**5.4. Factors of Grantee Success: "Success\_Promoters"**

Summary	Description & Examples
<p><b>Region 3: (1) Key Partners/ Previously established partnerships or infrastructure</b></p>	<p>Community-level success promoter: "The organization successfully increased the capacity of the work we do by re-establishing partnerships in the community that had lapsed over the past several years. Having initially been established in 2013, the organization had grown slightly stagnant as members became disengaged and distracted with competing priorities. With the infusion of the SPF-PFS funding and the support that SAMHSA brought to the table, the organization was reinvigorated and began to reactivate previously long standing partnerships within the community. We are proud to say that all of the original members of the coalition returned in the 2019-2020 grant year and helped us to fully engage with the organizations and sectors that they represent. As part of the process several new subcommittees were formed surrounding Media &amp; Marketing, Policy Advocacy, a Data Work Group, and the Youth. Institutional partners within our state returned to the table with a renewed focus in order to help us achieve our goals."</p>
<p><b>Region 6:</b></p>	<p>Example: A local nonprofit used PFS funding to</p>



<p><b>Community-level success promoters:</b>  <b>(1) Local control which allowed flexibility in the use of the funding</b></p>	<p>provide alcohol use prevention curriculum for middle school students even though the state was mandating that environmental strategies could be used.</p>
<p><b>(2) Adaptations which made implementing evidence-based programs possible</b></p>	<p>Many community-level groups stressed that they could only implement programs based on adaptations during the pandemic (example: One focus group member noted that there was no evidence-based programs they could find that was strictly delivered via an online platform - yet by May of 2020, the only way to implement programs was via online platforms)</p>
<p><b>(3) Partnerships, specifically existing partnerships</b></p>	<p>Example - because this community organization had existing partnerships with the local food bank, they were able to collect substance abuse data while helping to distribute food to families in need during the early part of the pandemic</p>
<p><b>Region 6: State-level success promoters:</b>  <b>(1) Partnerships - especially with epidemiological workgroups</b></p>	<p>Eighteen staff from state agencies funded by PFS noted the importance of having already formed state-level epidemiological workgroups. One participant noted that they would not have been able to make data-informed decisions without the existence of the state-level epidemiological workgroup.</p>
<p><b>(2) Adequate Technology - Resources</b></p>	<p>This was a direct result of having to move everything to an online platform during the pandemic. These state-level staff noted that having internet-accessible devices was insufficient if the broadband speed was low. Thus, providing adequate technology, both internet-connected devices and access to appropriate internet speed, was vital.</p>
<p><b>(3) Technical Assistance</b></p>	<p>One key success promoter was having access to the technical assistance the epidemiological workgroups and the evaluators provided. Six state staff members noted that being able to recruit an evaluator with Expertise, without regard to geographic location, meant they could expand their pool of talent, which helped them hire the most qualified staff member.</p>



<p><b>Region 6: Tribal-level success promoters: (1) Local control, which allowed flexibility in the use of the funding</b></p>	<p>Example: Fifteen tribal staff noted that having the control over what interventions would work best for their tribal citizens was the greatest contributor of success.</p>
<p><b>(2) Adaptations which made implementing evidence-based programs possible</b></p>	<p>Eight tribal staff members noted that being able to adapt evidence-based programs was vital to their success (example: One focus group member noted that the evidence-based program they implemented did not resonate with their tribal youth. Thus, they contacted the developers to work to create a tribal-specific adaptation - this increased participation and completion rates.</p>
<p><b>(3) Partnerships, specifically existing partnerships</b></p>	<p>Example - one tribal focus group participant noted that they had existing partnerships with local nonprofits that worked with tribal citizens. Since these relationships already existed, the ability to create the intellectual capital and institutional capacity needed to implement evidence-based programs and practices on tribal lands for tribal citizens was already developed</p>
<p><b>Region 7: Community-level success promoters: (1)Key Partners:</b></p>	<p>Meeting with local stakeholders in the communities to discuss ways to collaborate and administer the prevention curriculum in schools. <b>Lesson Learned:</b> The coalition made an assumption about what program would be ideal to implement in schools, but a lesson was learned on how valuable it is to look at data and health disparities in communities. After doing so, it was determined that a different curriculum would be a better fit for the community's needs.</p>
<p><b>Region 7: State-level success promoters: (1) Previously established partnerships or infrastructure:</b></p>	<p>There was buy-in to the Strategic Prevention Framework at the state and local levels. A previous federal grant provided a strong foundation to build upon the SPF-process and implementation with this grant.</p>



<p><b>Region 4:</b> <b>State-level success promoters:</b> <b>(1) Community:</b></p>	<p>Having a team member that was part of the community they were serving, previous partnerships/relationships, newly established relationships, adequate staffing, and a specific technical assistance resource they accessed (i.e. a particular resource or center’s technical assistance program)</p>
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Region 6: Table of Top Three Success Promoters by Grantee Type

<b>Top Three Identified Facilitators by Grantee Type</b>			
	<i>Community</i>	<i>State</i>	<i>Tribal</i>
First	Local Control/Funding Flexibility	Partnerships	Local Control/Funding Flexibility
Second	Adaptations	Adequate Technology - Resources	Adaptations
Third	Partnerships	Technical Assistance	Partnerships

**5.5. Survey Results**

Survey demographics are summarized in [Appendix 1.a](#). The sections of the Survey related to implementation of the SPF revealed some of the most challenging and successful aspects of the process, described in the lists below.

**Most Challenging SPF Implementation Activities**

- There was a well-formulated set of doable action steps for developing a sustainability plan. (18% of Grantees reported challenges with this activity)
- Decision-makers recruited new members to address any gaps in expertise needed to support the needs assessment process. (15% of Grantees reported challenges with this activity)



- Capacity for sustainability of the prevention project was built throughout the project. (13% of Grantees reported challenges with this activity)
- Coalition meeting infrastructure was established and used throughout the project (i.e., procedures for communication, decision making, conflict resolution, and leadership). (13% of Grantees reported challenges with this activity)
- Input and guidance from focus population(s) was sought and applied in planning and implementation. (12% of Grantees reported challenges with this activity)

### **Most Successful SPF Implementation Activities**

- Our evaluator(s) was culturally responsive, knowledgeable of the guiding principles, evaluation standards, and professional competencies in the field. (82% of Grantees reported success in this activity)
- The evaluation plan included monitoring of the implementation of the SPF Model. (72% of Grantees reported success in this activity)
- Use and management of the SPARS or DSP-MRT system. (70% of Grantees reported success in this activity)
- The evaluation plan included detailed tasks, responsible parties, and timeline. (68% of Grantees reported success in this activity)
- We identified all appropriate indicators and measurement tools for evaluation. (68% of Grantees reported success in this activity)
- Culturally inclusive evaluation methods and protocols were agreed upon by the community and evaluator. (68% of Grantees reported success in this activity)
- Assessment data was clearly connected to all identified strategies and interventions. (68% of Grantees reported success in this activity)
- A data-driven process was used to identify local consumption patterns or substance use trends. (68% of Grantees reported success in this activity)

## **6. Limitations**

The six month time frame from project funding to final report allowed for just enough academic rigor to publish reliable findings. More time would have allowed



for additional data collection, higher fidelity research protocols, and more thorough coding and consensus building discussion amongst the research team.

Inter-rater reliability could have been strengthened with additional time to better train protocols and compare processes amongst facilitators and coders. While the Community Conversations Facilitators Guide described the general outline of a session, the probing questions and dynamic between the facilitator(s) and participants were variable. For Tribal Community Conversations, having a 'non-Tribal' facilitator might have had a stifling effect. Finally, the number of participants in each Community Conversation and the Facilitator's experience with the PFS program, impacts the depth and breadth of conversation.

Our convenience sampling method and the challenge of locating and communicating with the SPF-PFS employees introduced limitations to representation. Furthermore, we found that turnover within SPF-PFS projects and the subsequent challenge of locating and engaging with past-employees was particularly challenging. This introduced bias towards those who contributed. However, our sample includes data from each state that was awarded any type

Engaging with Tribal Grantees required a unique and culturally appropriate method of engagement. More time to complete the project would likely produce higher levels of representation.

Variations in the year to year requirements of the SPF-PFS grants likely contributed to a degree in variance in the findings.

Finally, our sample is only minimally representative of the communities and grantees that might receive future SPF-PFS grant awards.

For these reasons, more research is needed to better explore SPF-PFS program improvements and perceptions of SPF-PFS grantees.



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**Summary SPF-PFS Grantee Tables**

(from SPF-PFS Grantee list received from SAMHSA, n=255)

**PFS Grantee Organizations by PFS Cohort & HHS Region (in closeout)**

	2014	2015	2016	2018	2019	2020	Grand Total
Region 1		2(2)		1	14	7	26
Region 10				5	11	3	19
Region 2		1(1)		1	9	9	21
Region 3		1		1	8	7	17
Region 4		2	1	2	15	12	32
Region 5	(1)	2(1)		1	10	15	30
Region 6		2		6	24	18	50
Region 7		1		1	3	6	11
Region 8		2		2	7	6	17
Region 9		1	1	9	12	9	32
<b>Grand Total</b>	<b>1</b>	<b>18</b>	<b>2</b>	<b>29</b>	<b>113</b>	<b>92</b>	<b>255</b>

**PFS Organizations types by region**

Grantee Type	Community	State	Tribal	Grand Total
<b>Region 1</b>	18	4(2)	2	26
<b>Region 10</b>	5	2	12	19
<b>Region 2</b>	17	2(1)	1	21
<b>Region 3</b>	15	2		17
<b>Region 4</b>	27	4	1	32





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<b>Region 5</b>	21	2(1)	5(1)	30
<b>Region 6</b>	21	4	25	50
<b>Region 7</b>	6	2	3	11
<b>Region 8</b>	8	4	5	17
<b>Region 9</b>	18	6	8	32
<b>Grand Total</b>	<b>156</b>	<b>36</b>	<b>63</b>	<b>255</b>



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## **Appendix 1: PFS Virtual Survey Instrument**

Final Versions of the Survey linked below:

- [English](#)
- [Spanish](#)
- [Portuguese](#)

## Appendix 1.a: PFS Survey Results Report



### Summary Results: Survey of SPF-PFS Grantees 2014-2020 (N=218)

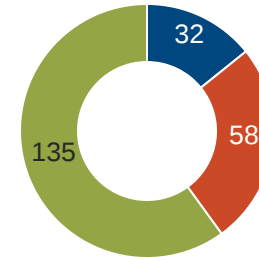
The purpose of this survey was to improve future funding announcements and better meet the needs of communities by gathering feedback from SAMHSA's 2014 - 2020 Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grantees about successes and barriers. The SPF-PFS grants support the implementation of the Strategic Prevention Framework (SPF) to prevent the onset, and reduce the progression of substance use and its related problems, while strengthening prevention capacity and infrastructure at the community, tribal, territory, jurisdiction, and state level.

This survey gathered feedback from SPF-PFS grantees implementing the steps of the SPF:

- Step 1 (Assessment)
- Step 2 (Capacity Building)
- Step 3 (Planning)
- Step 4 (Implementation)
- Step 5 (Evaluation)

### SPF-PFS grantee type

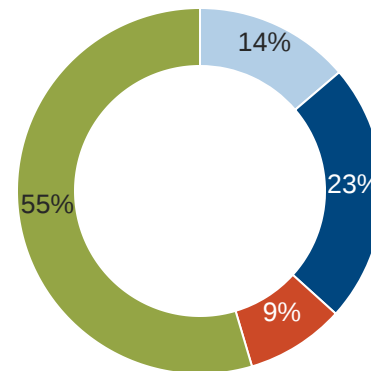
212 Responses



- Tribal recipient
- State, Jurisdiction, or Territory
- Community recipient

### Role of Survey Respondents

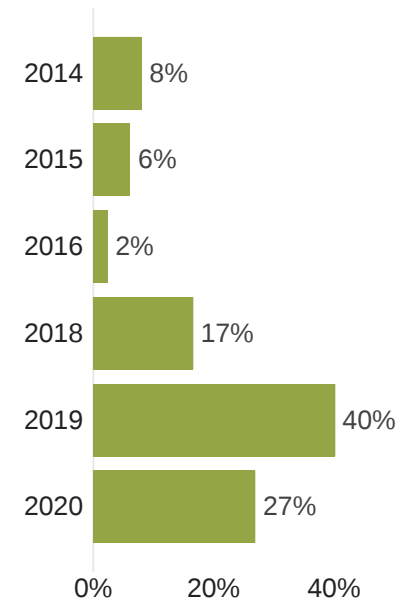
211 Responses



- Evaluator
- Other
- Lead Epidemiologist
- Project Director

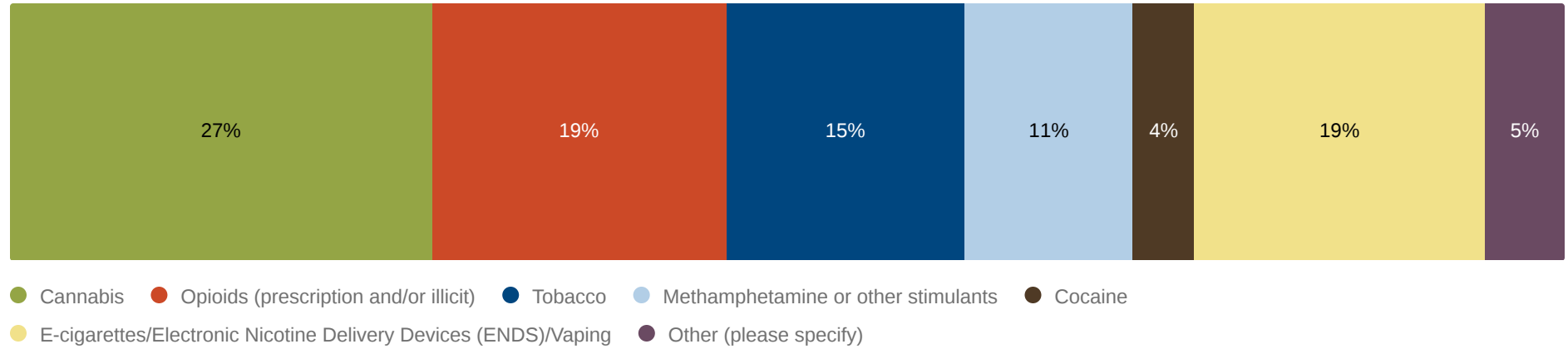
### Year of Initial Grant Award

212 Responses



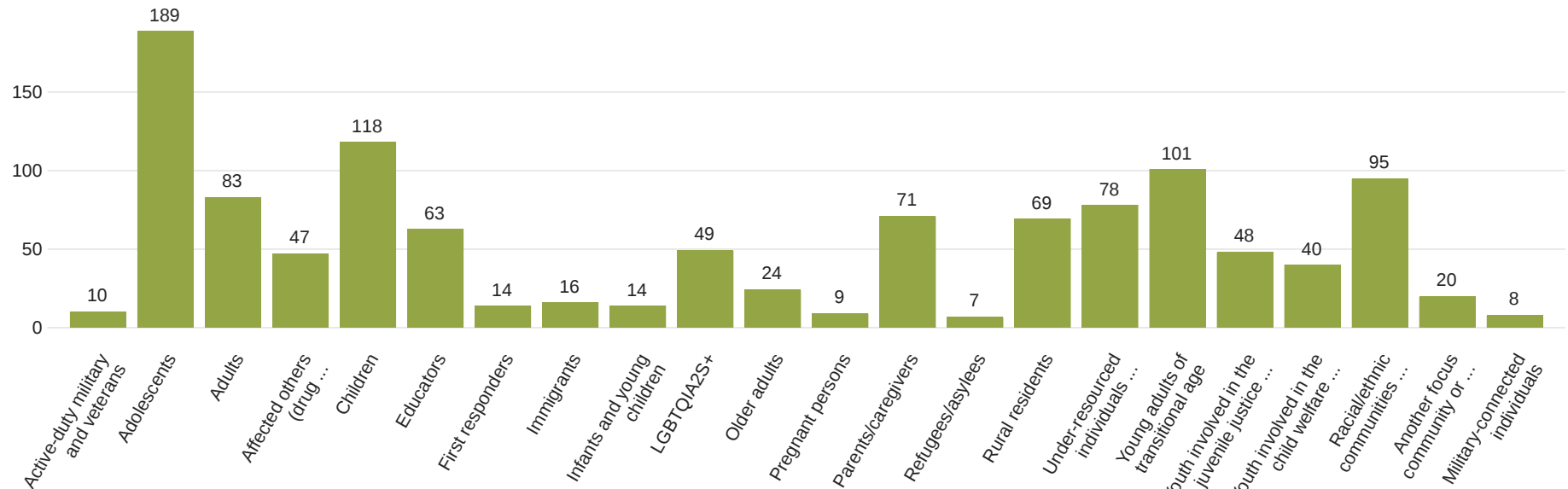
## Additional substance(s) the SPF-PFS grantee targeted as a substance use prevention priority

212 Responses



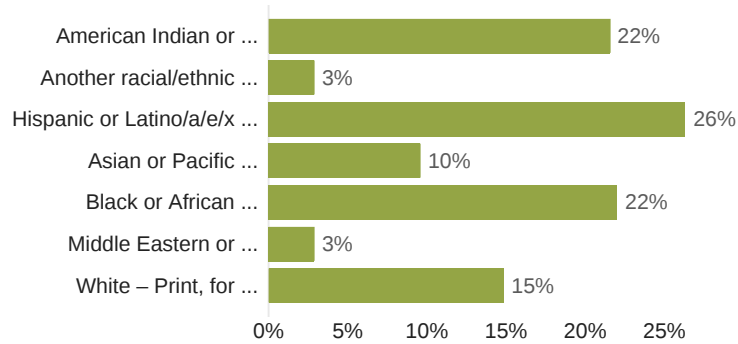
## Focus populations identified by the SPF-PFS grantees for prevention intervention

212 Responses



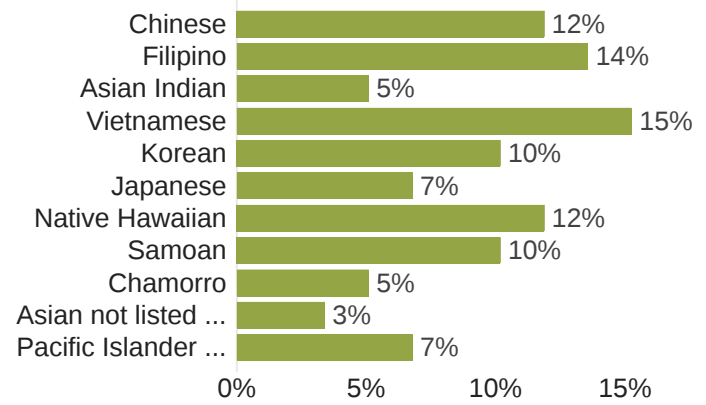
## Focus Population: Racial/ethnic communities detailed view

95 Responses



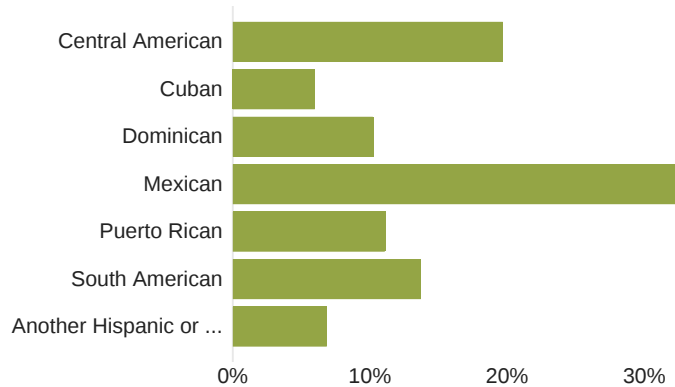
## Asian or Pacific Islander, detail

16 Responses



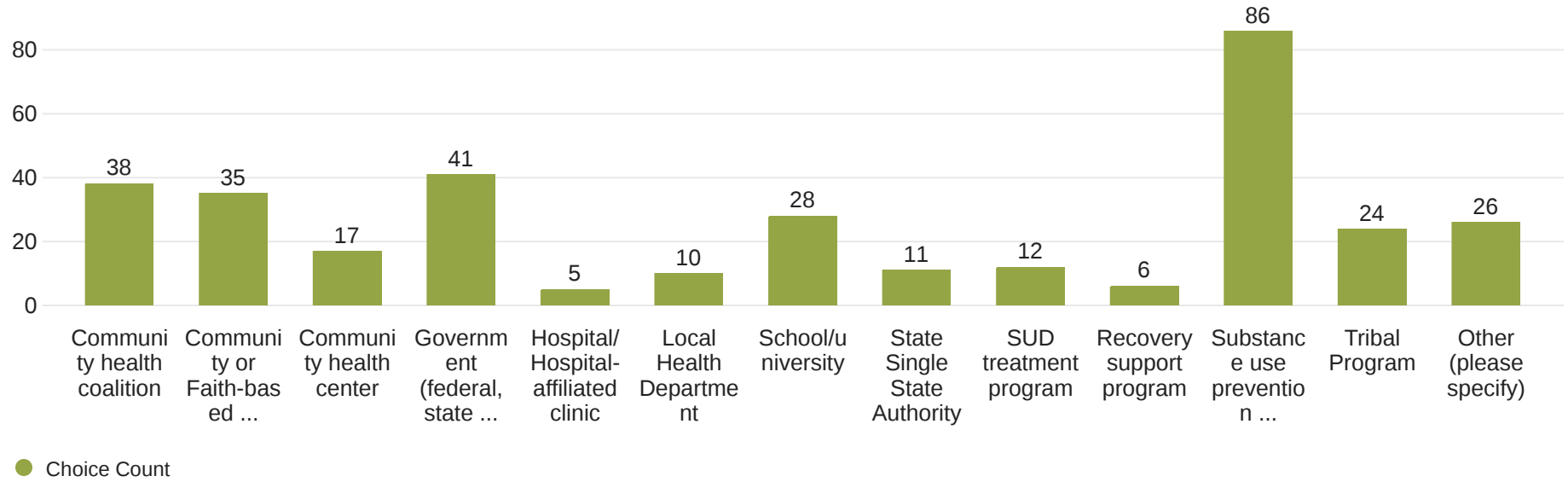
## Hispanic or Latino/a/e/x, detail

46 Responses



# Principal setting of the SPF-PFS Grantee organization

212 Responses









## SPF Step 1: Assessment

210 Responses

Field	We were successful in conducting this activity	We had some success but faced some challenges in conducting this activity	We had limited success and faced challenges in conducting this activity
We convened a data workgroup or team charged with conducting essential activities for the data driven needs assessment process and considered data on key prevention areas.	57%	33%	10%
The data workgroup possessed expertise in all relevant areas including substance use, data management, and cultural and linguistic needs.	58%	33%	9%
Decision-makers recruited new members to address any gaps in expertise needed to support the needs assessment process.	41%	44%	15%
The data workgroup obtained qualitative and/or quantitative data needed to assess community needs and support SPF decisions.	57%	35%	8%
A data-driven process was used to identify local consumption patterns or substance use trends.	68%	24%	9%
A data-driven process was used to identify consequences related to substance use and/or intervening variables.	61%	34%	5%
A data-driven process was used to assess community readiness for the identified key/target issue(s).	53%	38%	10%
A data-driven process was used to identify gaps in prevention resources and/or infrastructure needs.	62%	31%	7%
A data-driven process was used to identify geographic differences and/or communities of high need.	60%	33%	7%

## SPF Step 2: Capacity Building

210 Responses

Field	We were successful in conducting this activity	We had success but faced some challenges in conducting this activity	We faced challenges in conducting this activity
Capacity building efforts addressed resource gaps and redundancies identified in the needs assessment.	45%	48%	7%
Missing key partners were identified throughout the project.	50%	42%	8%
Coalition meeting infrastructure was established and used throughout the project (i.e., procedures for communication, decision making, conflict resolution, and leadership).	58%	29%	13%
Input and guidance from focus population(s) was sought and applied in planning and implementation.	48%	40%	12%
Capacity for sustainability of the prevention project was built throughout the project.	45%	42%	13%

## SPF Step 3: Developing a Strategic Plan

207 Responses

Field	We were successful in conducting this activity	We had success but faced some challenges in conducting this activity	We faced challenges in conducting this activity
A precise, highly developed, and culturally responsive vision statement was created to guide the strategic plan.	60%	33%	7%
The strategic plan included assessment results and uses them for decision making (e.g., priority setting, focus population(s) identification, need for capacity building, program selection, etc.).	64%	30%	5%
The strategic plan showed evidence of the link between local priorities and State's/Jurisdiction's/Territory's/Tribe's priorities using community expertise, logic, research, and/or data.	56%	35%	10%
Selected strategies aligned with the identified area(s)of concern/focus topic(s) and are guided by research, Community Defined Practice and/or Promising Practices.	65%	29%	7%
There was a well-formulated plan with specific action steps for implementing culturally and linguistically appropriate strategies.	53%	36%	10%
Measures were identified that are readily attainable and that can be used to monitor community level outcomes.	55%	34%	11%
There was a well-formulated set of doable action steps for developing a sustainability plan.	50%	32%	18%

## SPF Step 4: Implementing evidence-based, promising, and/or community defined pr...

207 Responses

Field	We were successful in conducting this activity	We had success but faced some challenges in conducting this activity	We faced challenges in conducting this activity
Assessment data was clearly connected to all identified strategies and interventions.	68%	28%	3%
All selected strategies and interventions were clearly consistent with the project's logic model.	67%	29%	4%
All selected strategies and interventions were drawn from well-established, credible sources (to include community expertise).	74%	24%	2%
All implementation requirements were considered before strategy and intervention selection of any Evidence-Based or Promising Practices.	66%	29%	5%
Necessary cultural and/or linguistic adaptations were sufficiently determined and planned for when implementing Evidence-Based or Promising Practices.	56%	36%	8%

## SPF Step 5: Evaluation

209 Responses

Field	We were successful in conducting this activity	We had success but faced some challenges in conducting this activity	We faced challenges in conducting this activity
Our evaluator(s) was culturally responsive, knowledgeable of the guiding principles, evaluation standards, and professional competencies in the field.	82%	14%	4%
Culturally inclusive evaluation methods and protocols were agreed upon by the community and evaluator.	68%	22%	10%
We created a culturally appropriate program logic model.	65%	24%	10%
We identified all appropriate indicators and measurement tools for evaluation.	68%	25%	7%
We made plans to build internal evaluation capacity within programs and infrastructure using appropriate methods.	62%	30%	8%
The evaluation plan included detailed tasks, responsible parties, and timeline.	68%	26%	5%
The evaluation plan included a procedure for gathering community feedback.	64%	27%	9%
A process was identified for incorporating feedback in future program planning.	61%	34%	6%
The evaluation plan included monitoring of the implementation of the SPF Model.	72%	23%	5%

## Data Reporting requirements For each activity below, please choose the resp...

208 Responses

Field	We were successful in conducting this activity	We had success but faced some challenges in conducting this activity	We faced challenges in conducting this activity
Collection, management, and reporting of GPRA data.	62%	33%	5%
Use and management of the SPARS or DSP-MRT system.	70%	23%	7%
Collecting data for quarterly, semi-annual, and/or annual reports.	68%	30%	2%
Collecting and reporting community level outcomes data to determine progress or prevention priorities.	56%	39%	6%
Reporting of process measures.	68%	29%	3%
Reporting of outcome measures.	65%	30%	4%
Conducting annual process evaluation.	66%	31%	4%

## Description of SPF-PFS interaction with healthcare system:

106 Responses

If YES, please briefly describe the nature of the interaction:

Shared resources- guest speakers- student referrals

The program is a Behavioral Health program

we are embedded within a health system and work collaboratively to uplift youth issues

referral of shared patients, planning, coordination

We partner with them

We provide community trainings to identify youth and adults suffering with mental health issues

Education and prevention capacity

We hold activities at their center and overlap education programs with their personnel

they are partners in data collection and programs

Engaging with the school based health clinics in each community.

Problem Identification & Referral

The program is a health care facility- Behavioral health

Prevention

Hospital staff as coalition members.

Collaborations with hospital and health department

PFS staff attended coalition meetings with health department employees and hospital staff

We have partnered with the Stanly County Health Department on other grants and to provide substance use prevention education at their events.

Not specifically with PFS, but we have done QPR at hospital. Also, the hospital foundation is the lead for a fundraiser and grants which we have received.

Health care systems are members of one of our networks/coalitions, who were invited to participate in our community needs assessment.

COVID vaccine pop up clinics

Regional Behavioral healthcare

Sharing referrals with Behavioral Health and the clinic.

We have a strategic partnership with local FQHC Greater Portland Health

Coalition members

Our local Health Dept just received a opioid grant, so we are meeting together

Marshall University Health provides physical and behavioral health care.

Coalition Member

The coalitions funded through SPF-PFS have a long history of partnership with local health entities.

Partnership with Scotts Bluff County Health Department, Panhandle Public Health Department, University of Nebraska Medical Center.

Works with the health department on several projects so we are not overlapping services. Monthly meeting on decisions being made by both organizations regarding substance, mental health and healthy behaviors. Working with DV agency in similar way so we are not duplicated services, and supporting each others programs.

Referrals of MAT patients to us for counseling and providing drug disposal and storage devices to the providers.

Planned to be integrated in health clinic to conduct SBIRT on all 18+ patients receiving services

County Health Departments, Treatment providers





## Appendix 2: Focus Group Facilitator's Guide

### Roles and Responsibilities:

#### Facilitator:

- Main guide through the script.
- Monitor the chat and **verbally repeat specific and general chat contributions for the transcript.** (i.e. "John says in the chat that....", or "I'm seeing a lot of agreement/disagreement with that comment in the chat".)
- Where possible and appropriate either repeat what is shared in the chat, or ask the participant to expand on their chat contribution.

#### Note-taker:

- Gather demeanor and reaction themes for reference when coding. These notes will not be directly coded.
- Monitor chat and verbally repeat specific and general chat contributions as necessary.

### Introduction (5 minutes)

Good morning/afternoon/evening and welcome to our discussion. Thanks for taking the time to join us to discuss your experience as a past or present SAMHSA Strategic Prevention Framework PFS grantee. The PTTC Network is conducting a national needs assessment of PFS grantees funded between 2014 and 2020 to help inform the next round of SAMHSA Funding Opportunity Announcements. Understanding the experiences of the PFS grantees will help SAMHSA improve future FOAs and grant requirements to better support grantee success. My name is Leonard and working with me is Olivia and Ashley with the SE PTTC. (Offer a little about your background.)

As a refresher, the purpose of PFS is to strengthen prevention capacity and infrastructure at the community and state level to prevent the onset and reduce the progression of substance abuse and its related problems while. Grantees implemented the strategic prevention framework to identify the primary problematic substances in their jurisdictions and develop and implement strategies to prevent the misuse of these substances among youth and adults.

First, we are going to read the informed consent script to make sure everyone knows what you are agreeing to participate in today and how we will keep what's said today confidential, and then we'll get started.



Please note, we are collecting data that will be used for evaluation and analysis purposes. Transcripts and recordings will only be used for analysis purposes, and will not be shared with federal partners. Anything we collect today will be aggregated with other PFS community conversations, shared with the PTTC National Coordinating Office, and those findings will be reported, in aggregate, to federal partners.

[insert regional informed consent statement]

### **How Today's Focus Group Will Work & Purpose (5 minutes)**

We're going to be talking about the broad topics of the accomplishments and barriers you faced implementing your SPF-PFS project. Much of what we talk about today will focus on your unique experiences, attitudes, and perceptions around the accomplishments and barriers of your SPF-PFS project. We want to make sure that you feel safe and comfortable in this group talking about these kinds of issues. Here are some ground rules that will help make this group safe and comfortable:

- No assumptions: We won't make any assumptions about your behavior. We expect that there is a lot of diversity of thought in this group as it relates to the topics. We are going to be asking you about your opinions and experiences and hope you will feel comfortable sharing.
- Feelings are OK: Because people don't have a lot of opportunities to discuss these issues openly, they sometimes feel a little uncomfortable, shy, or silly. All of these feelings are normal.
- No judgments. Critique ideas, not people, and avoid put-downs (even those intended with humor).
- Practice active listening and avoid multitasking.
- Request clarification on questions or comments if needed.
- Use specific examples to illustrate your points.
- Build on one another's comments; work toward shared understanding.
- Try not to monopolize the discussion or interrupt one another. We use the step up / step down approach – if you feel you are speaking a lot, try to step down and allow space for others to participate, or step up; similarly, if you feel you are not speaking enough try to find an opportunity to share.
- Are there other rules our group should consider?



## **No "Right" or "Wrong" Answers and Participation**

We'll be asking you some questions for the next hour. There are no "right" or "wrong" answers to these questions because we want to know what you think. It's okay to have a different opinion from other people in the group. It's really important for us to hear all the different points of view in the room. We want you to share your point of view, whether it's the same or different from what others are saying. We want you to feel comfortable saying what you really think and to respect each other's opinions.

If you share your thoughts in the chat, we will attempt to repeat them aloud, ask you to share more verbally, or weave them into the discussion for sake of our transcript.

Don't feel like you have to respond to me all the time. Feel free to talk to one another when discussing my questions. If you want to respond to something someone said, agree or disagree with something someone said, or give an example, you can do that; just be respectful. We want all people to have a chance to share ideas. We may need to interrupt or call on people to make sure this happens. Please do not feel offended if we do this.

## **Recording and Confidentiality**

We will be recording the audio of this session and transcribing the conversation for analysis purposes. After transcription, the audio files will be deleted. Any findings from the focus groups will be presented anonymously and in aggregate.

No one will be able to link your identity back to what you said and only project staff like myself will listen to this recording. I am also going to ask all of you to keep what is said here confidential, so that everybody feels comfortable talking and knows what they say will not be repeated. Can you all do that?

## **Zoom Instructions**

Ensure that your name is correctly displayed in your zoom window. To change your name, right-click on your name where it appears in your window and choose 'rename'.

As we move through our conversation, feel free to jump right in and/or use the 'raise hand' feature in zoom if you would like.

Does anyone need instructions on how to use the 'raise hand', mute, or chat functions within zoom?

[IF YES]

To raise your hand, click the 'reactions' button at the bottom of your window. you will find the 'raise hand' button here, as well as other reactions. Feel free to use



these if you want. Your hand will stay raised until you 'lower' it using the same button.

To use the chat feature, click on the chat button at the bottom of your zoom window, and type your input in the box that appears at the lower-right hand corner of your window. You can send private messages to the facilitator, or to the whole group using the drop-down menu above the text input box. Just be aware of who you've chosen to see your message.

If you have background noise, you can mute yourself by clicking the microphone in the lower left hand corner of your zoom window. However, we encourage you to keep yourself off mute if possible.

### **Timing**

We expect to be here until \_\_\_\_\_. We appreciate you giving us your time and we want to make sure we end on time. \_\_\_\_\_ will be watching the clock and may need to interrupt the discussion at times and move us on to another question to be sure we have to time to discuss all topics.

I am starting the recording now. Lets begin.

### **[Begin recording]**

### **Focus Group Questions [40 minutes]**

We are here today to talk about improvements to SAMHSA FOAs or technical assistance can better support the success of SPF-PFS grantees. First, we would like to know a little background about your SPF-PFS project.

Q1. What has been your experience with the SPF/Partnerships for Success grant?

#### **Probes:**

How has the grant helped you meet population needs?

Q2. Thinking about the successes your group has had during your PFS grant, what success are you most proud of as a result of the PFS grant?

#### **Probes:**

What are some specific examples of things that contributed to your success?  
(For facilitator: examples include: Project officer, partners, Tribal Council etc.)



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Q3. Thinking about your challenges or areas of opportunities your group has had during your PFS grant, what are some strategies or support from SAMHSA that would have helped your group better meet challenges and overcome barriers?

**Probes:**

Administrative burden of reporting - time spent doing implementation in the community compared to reporting

Capacity for reporting

Data requirements and deadlines

How do you want your data to be shared

Flexibility of funding

Q4. Based on your experiences with the PFS grant, what recommendations do you have for SAMHSA to improve future PFS FOAs?

**Probes:**

State or Tribal v. Community led

Requirements

**Wrap Up [5 minutes]**

Our time is coming to a close and we want to thank you so much for taking the time to participate in the focus group. We will be conducting similar conversations across the nation and compiling our findings for SAMHSA. These findings can also be made available to you if you're interested in receiving them. Are there any questions before we conclude?

[Refer unanswerable questions back to [wilsonvm@umkc.edu](mailto:wilsonvm@umkc.edu)]



### Appendix 3: Qualitative Code List

The codebook for qualitative analyses will have 5 main parent topics, each with a range of specific queries. This same codebook will be used to analyze the PFS Annual Reports, qualitative survey responses, and Community Conversation Transcripts

1. Challenge
  - a. Communications
  - b. COVID-19
  - c. Culturally & linguistically appropriate
  - d. Data collection or availability
  - e. Disparity within focus community
    - i. Economic Disadvantage
    - ii. Geographic disadvantage
    - iii. Social disadvantage
  - f. Engagement
    - i. BIPOC communities
    - ii. Community\_Stakeholder
    - iii. Family
    - iv. Focus (target) population
    - v. Social media
    - vi. Youth
  - g. External capacity
    - i. Collaborations & partnerships
    - ii. Improve community readiness
    - iii. Networking
  - h. Funding Delays
  - i. Inadequate time
  - j. Internal Capacity
    - i. Infrastructure
    - ii. Prevention certification
    - iii. Staffing availability
    - iv. Training & skill building
  - k. Natural Disaster
  - l. Political Environment
  - m. SAMHSA project officer
    - i. Delay or unresponsive
    - ii. Turnover
  - n. Scaling up



- o. Stakeholder Inclusion & Participation
- p. Technology
  - i. Access
  - ii. Zoom Fatigue
- 2. General Experience
  - a. Negative
  - b. Neutral
  - c. Positive
- 3. Recommendation
  - a. Alternative funding processes
  - b. Assessment type flexibility
  - c. Communication
  - d. Cultural alignment of measurements
  - e. Data reporting
  - f. General guidelines
  - g. Prevention focused reporting tools (SPARS)
  - h. Required staff
  - i. SAMHSA funding eligibility
  - j. Sustainability
  - k. Time requirements
  - l. Training
- 4. SPF Step
  - a. Assessment
  - b. Capacity
  - c. Disparities
  - d. Evaluation
  - e. Implementation
  - f. Planning
  - g. Sustainability
- 5. Success
  - a. Challenge Solution
  - b. Communications
  - c. COVID-19 solutions
    - i. Virtual Adaptations
  - d. Culturally & linguistically appropriate
  - e. Data Collection
  - f. Engagement



- i. BIPOC communities
    - ii. Community\_Stakeholder
    - iii. Family
    - iv. Focus (Target) population
    - v. Social Media
    - vi. Youth
  - g. External Capacity
    - i. Collaboration & Partnerships
    - ii. Improve community readiness
    - iii. Networking
    - iv. Workgroups
  - h. Implementation & outcome attained
  - i. Internal Capacity
    - i. Infrastructure
    - ii. Staffing
    - iii. Training & skill building
  - j. Scaling up
  - k. Stakeholder Inclusion & Participation
  - l. Technology
- 6. Success\_Promoter
  - a. Adequate technology & resources
  - b. Key Partners
  - c. Lesson Learned
  - d. Mentorship
  - e. Parent or mentor participation
  - f. Previously established partnerships or infrastructure
  - g. SAMHSA Program Officer
  - h. Staffing
    - i. Leadership
    - ii. Qualified
    - iii. Representative of focus population
    - iv. Sufficient
  - i. Subcommittees & workgroups
  - j. Technical Assistance





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## Appendix 4: SPF-PFS Grantee Engagement Process & Strategies

### Strategy #1: Introduction from SAMHSA PFS GPO & POC collection form

As of December 16, 2021, we received confirmation that SAMHSA PFS Grant Programs Officers (GPOs) will send an introductory email to the 255 SPF-PFS grantee Project Directors. See email contents below:

Greetings current or former SAMHSA grantee,

The Substance Abuse and Mental Health Services Administration (SAMHSA) [Center for Substance Abuse Prevention](#) (CSAP) has tasked SAMHSA's [Prevention Technology Transfer Centers Network](#) (PTTCs) to engage current and former grantees who received 'Strategic Prevention Framework - Partnership For Success' (SPF-PFS) funding in cohorts from 2014-2020. The purpose of this engagement is to collect your input to improve future SPF-PFS funding opportunities and the likelihood of grantee success.

[The PTTC Network is seeking contact information for current and former SPF-PFS grantees.](#) specifically Project Directors, Lead Epidemiologists, and staff who work(ed) directly with the SPF-PFS implementation. Your information will only be shared with the PTTC Network staff, who will engage with you to complete a survey and participate in a focus group in early 2022.

[Please complete this Google Form to share your contact information](#)

Please share this form as needed with individuals who previously worked on SPF-PFS projects 2014-2020.

Thank you for your time and information, and we look forward to reaching out to you soon,

The PTTC Network & SAMHSA CSAP



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## **Strategy #2: PTTC regional engagement & POC collection form**

On December 6th, 2021, PTTC Regional centers were instructed to engage SPF-PFS grantees in their region using the 234 SPF-PFS project director email addresses received from SAMHSA/CSAP. The following template email was provided to assist with outreach:

Greetings current or former SAMHSA grantee,

The Substance Abuse and Mental Health Services Administration (SAMHSA) [Center for Substance Abuse Prevention](#) (CSAP) has tasked SAMHSA's [Prevention Technology Transfer Centers Network](#) (PTTCs) to engage current and former grantees who received 'Strategic Prevention Framework - Partnership For Success' (SPF-PFS) funding in cohorts from 2014-2020. The purpose of this engagement is to collect your input to improve future SPF-PFS funding opportunities and the likelihood of grantee success.

[The PTTC Network is seeking contact information for current and former SPF-PFS grantees.](#) specifically Project Directors, Lead Epidemiologists, and staff who work(ed) directly with the SPF-PFS implementation. Your information will only be shared with the PTTC Network staff, who will engage with you to complete a survey and participate in a focus group in early 2022.

[Please Complete this Google Form to share your contact information](#)

Please share this form as needed with individuals who previously worked on SPF-PFS projects 2014-2020.

Thank you for your time and information, and we look forward to reaching out to you soon,

The PTTC Network & SAMHSA CSAP



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### **Strategy #3: Appeal to complete Survey and Introduction of Focus Group**

On December 16, 2021, PTTC regional centers were instructed to email their all PFS SPF-PFS contacts within their region gathered in the [PFS Contact Information spreadsheet](#) to invite them to complete the survey, and introduce the forthcoming focus groups. The following template email was provided to assist with outreach:

Subject: SAMHSA's PTTC Network needs your help to improve future PFS funding

Dear [grantee name],

Thank you for previously sharing your contact information with the PTTC network. With your input, SAMHSA can strengthen future Partnership For Success (SPF-PFS) funding announcements to better meet the needs of communities like yours.

We invite you to complete our 10-15 minute anonymous survey (link below) exploring the successes and barriers you encountered implementing your SPF-PFS project. You can save your progress and return to your survey at any time. We ask that you please complete your survey by January 31, 2022.

**[COMPLETE SURVEY HERE](#)**

Additionally, the PTTC regional centers, National American Indian & Alaska Native, and National Hispanic & Latino PTTCs are convening community conversations with PFS grantees in January 2022. Keep an eye out for an invitation in the next few weeks.

Sincerely, [PTTC Representative]



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#### **Strategy #4: Focus Group scheduling and engagement**

Additionally, the PTTC regional centers, National American Indian & Alaska Native, and National Hispanic & Latino PTTCs are convening community conversations with PFS grantees in January 2022. Keep an eye out for an invitation in the next few weeks.

Please sign-up to participate in an appropriate focus-group below:

- Community grantee community conversations:
  - [INSERT DATE/TIME]
- State grantee community conversations:
  - [INSERT DATE/TIME]
- Tribal grantee community conversations:
  - [INSERT DATE/TIME]

If you are unable to participate in one of these conversations, please contact us to schedule an individual meeting

We thank you for your time and look forward to engaging with you,

Sincerely, [PTTC Representative]



# PTTC

Prevention Technology Transfer Center Network  
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For more information on obtaining copies of this publication, call 816-945-4151. At the time of this publication Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration. The opinions expressed herein are the view of the PTTC Data Informed Decisions Working Group and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Substance Abuse and Mental Health  
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