

Frequently Asked Questions

To better clarify the program requirements and expectations described in funding opportunity announcement MP-CPI-17-004, the following frequently asked questions (FAQs) and responses are below for your guidance.

1) APPLICATION AND SUBMISSION INFORMATION for MP-CPI-17-004

- a) Would you please clarify the *Project Narrative*, as the 10 components of the *Project Narrative* listed on page 30 are different from the 10 described components on pages 32-36 of the FOA?

RESPONSE: The *Project Narrative* on page 30 should display eight components, with the “Program Plan” component having two sub-topics: “Proposed Intervention/Plan” and “Project Management.” See Table 1 immediately below.

Table 1: Project Narrative Components for MP-CPI-17-004

Components of PROJECT NARRATIVE as listed on Page 30 of MP-CPI-17-004	Components of PROJECT NARRATIVE on Page 30 of MP-CPI-17-004, as revised
Executive Summary	Executive Summary
Problem Statement	Problem Statement
Organizational Capability	Organizational Capability
Goals and Objectives	Goals and Objectives
Outcomes	Outcomes
Program Plan	Program Plan
Proposed Intervention/Plan	Proposed Intervention/Plan
Project Management	Project Management
Evaluation	Evaluation
Dissemination	Dissemination

- b) Will the November 2017 Technical Assistance and Training grantee meeting be held in Washington D.C.? Who needs to attend, and how long will the event be?

RESPONSE: The November 2017 Technical Assistance (TA) and Training grantee meeting is planned to take place in Washington, D.C. or in the Washington, D.C.

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metropolitan area. Please note that the applicant organization should include the plan/budget for two or three key personnel who are instrumental to the ECI program, such as the PD/PI and Evaluator, to attend this grantee meeting. The TA and Training meeting is currently planned to be one and one-half to two days in length.

2) BUDGET

- a) Does the range of awards (\$300,000 - \$350,000) cover total costs or direct and indirect costs?

RESPONSE: The award amount includes all costs, including direct and indirect costs. The ECI award range is \$300,000 to \$350,000. Regardless of which priority area selected (opioid abuse, childhood/adolescent obesity, or serious mental illness), the requested funding by an applicant organization must be in the range of \$300,000 to \$350,000 per budget year for the three-year program.

3) ELIGIBILITY, INCLUDING THREE PRIORITY AREAS

- a) What organizations are eligible to apply?

RESPONSE: Please refer to pages 23 -24 in the FOA, *Eligibility Information/Eligible Applicants* section, for the list of eligible organizations. As stated in the FOA (page 61 Review Criteria Factor 5), an applicant must provide a description of the provider and partner organizations’ minimum two year experience prerequisite and compliance with local and state licensure and accreditation requirements for mental health, substance use disorder treatment, and primary care provider organizations. The applicant must describe the thoroughness of the process/procedure to ensure providers are licensed and accredited in the targeted jurisdictions to be served. It is strongly recommended that the *ECI Program Requirements* by focus area (pages 9 through 22) and *Application Responsiveness* and *Application Disqualification Criteria* (pages 24 -27) be reviewed.

- b) How many partners are required? What info should be included with the Letters of Commitment?

RESPONSE: Please refer to the *Partnership* section on pages 18-19 in the FOA which, among other criteria, requires a minimum of two or more partners including the applicant organization. Any one partner may have the experience and capability to fill one or more roles. Additionally, pages 24-26 in the FOA, *Application Responsiveness Criteria*, contain language regarding partnership requirements:

“The application must demonstrate that the proposed project involves a collaborative partnership with at least two partners (including the applicant), one

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of whom must be: an academic research center, prevention research center, teaching hospital, Tribal Epidemiology Center, a public or state controlled institution of higher education, a private institution of higher education, a Native American tribal government (Federally or State recognized), or a Native American tribal organization.”

Page 47 of the FOA requires the submitted application to include a signed Letter of Commitment (LOC) between the applicant organization and each partner organization that clearly delineates the roles and resources (including in-kind) that each entity will bring to the project, as well as, but not limited to, the duration and terms of the agreement. Please refer to page 47 for the details required in Letters of Commitment and page 60 Review Criteria Factor 4.1 Program Interventions/Plan and Project Management, bullet #10, the quality and completeness of the signed Letters of Commitment between the applicant and its subrecipients/partners.

It is imperative the applicant organization provide a description of the provider and partner organizations’ minimum two year experience prerequisite and compliance with local and state licensure and accreditation requirements (refer to pages 48-49 in the FOA), as the experience of the Provider Organizations is included in the Review Criteria Factor 5 (refer to page 61 of the FOA).

It is strongly recommended that the *ECI Program Requirements* by focus area (pages 9 - 22) and *Application Responsiveness* and *Application Disqualification Criteria* (pages 24 -27) be reviewed.

- c) Can an organization submit one application that covers two priority areas, e.g., Opioid Abuse and Obesity, and receive funding to support both?

RESPONSE: As stated in the *Application Responsiveness Criteria* section of the FOA: “Each application should address only one of the three focus areas of the ECI program: opioid abuse; childhood/adolescent obesity; or serious mental illness. We will consider only one application per organization for each focus area. If you submit multiple applications under a focus area, we will consider the last application submitted prior to the deadline.” (Refer to pages 24-25). An organization can submit separate applications for two separate priority areas and be considered [separately] for each.

- d) Outside of the Human Subject Protection (refer to page 72 of the FOA), is approval by the Institutional Review Board (IRB) required to be complete prior to application submission or can it be in process?

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RESPONSE: Pages 26 and 46-49 of the FOA describe the requirements regarding Institutional Review Board approval. In short, an organization must submit with the application a signed letter by the applicant’s authorized official assuring that if funding is secured the applicant will submit an application to an IRB for approval.

- e) Page 14 states that all projects must include measures of implementation of National CLAS Standards and further suggests Consumers Assessment of Health Providers and Systems (CAHPS) Cultural Competence Item Set and/or Experience of Care and Health Outcomes Survey (ECHO). These specifically target healthcare providers, clinics or healthcare systems. Is utilization of CAHPS and ECHO required?

RESPONSE: The FOA recommends use of CAHPS and/or ECHO (refer to page 14 of the FOA) to measure the impact of implementation of the National CLAS Standards. An applicant organization can suggest a different measure for the impact of implementation of the National CLAS Standards that may be used by non-healthcare providers, such as, but not limited to, certified trainers, counselors and dietitians, that are key personnel to the proposed ECI program.

- f) Is the proposal required to have evidence-based strategies for the ECI priority area?

RESPONSE: As stated on page 21 of the FOA, an applicant’s proposed project must fund testing modifications to or new innovative programs that are grounded in and build on successful evidence-based programs, and not fund ongoing program operations or replace existing or expiring funding. Refer to page 59 Review Criteria Factor 4.1, the extent to which proposed strategies and overall project is an innovative promising practice and/or an evidence-based model.

- g) Page 6 of the funding announcement describes states with high rates of opioid overdose. Does this then mean those states will receive priority in the funding compared to other states that are not listed?

RESPONSE: The FOA does not state that there is a funding preference for awards. The background information on pages 4 through 9 supports the Secretary’s three priority areas nationwide and the need for designing and implementing evidence-based strategies to decrease, if not eliminate, disparities in racial and ethnic minority and/or disadvantaged populations.

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- h) For the opioid abuse focus area, is the program requirement met if according to the U.S. Census Bureau the counties that the applicant organization proposes to work in meet the poverty definition when looking at the overall Confidence Interval?

RESPONSE: For the ECI, projects addressing opioid abuse must target efforts to minority and/or disadvantaged communities that are most affected by the opioid crisis, which are “...those within (i) counties with more than 19.9% of persons living in poverty as defined by the U.S. Census Bureau...” (refer to page 11 of the FOA). The poverty criterion in the FOA states a specific point estimate (>19.9%); poverty estimates within the 90% confidence interval of 19.9% that do not exceed 19.9% do not meet the FOA criteria. See the reference cited in footnote 20 on page 11 of the FOA:

https://www.census.gov/did/www/saipe/data/interactive/saipe.html?s_appName=saipe&map_yearSelector=2014&map_geoSelector=aa_c. Refer to the Review Criteria Factor 4.2 Special Populations of Focus pages 60-61, the quality of applicant's description and documentation with data demographic information on the targeted population in the geographic area to be served. Describe the group(s) targeted by the project (e.g., race/ethnicity, age, gender, tribal affiliation, geographic area). The number of individuals the project expects to serve in the intervention group is appropriate to demonstrate significant program impact.

- i) If our ECI priority is opioid abuse and serves Native Americans specifically, can the application focus on the poverty levels within the tribes?

RESPONSE: Yes, if you choose to focus on American Indian/Alaska Natives by specific tribe(s), this should be clear in the submitted proposal and have reference to the recent and supporting data (poverty/tribe). One of the publicly accessible references with a similar sample collection tool to the one referenced in footnote 20 (refer to page 11 of the FOA) is:

https://www.census.gov/tribal/?eml=gd&utm_medium=email&utm_source=govdelivery. Please note that after the “Tribal Area” is selected, the “Economy” tab should be selected. Scroll down to the title, “Percentage of Families and People Whose Income in the Past 12 Months is Below the Poverty Level“. The percentage for “All People” (around the fourth subcategory) best represents the percent poverty level for the [specified Native American] population.

- j) Page 11 of the FOA has two choices for the opioid abuse, to implement either or both strategy (a) or strategy (b). If the application focuses on only strategy (a), does every single one of the three interventions listed under strategy (a) required to be addressed in the proposal?

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RESPONSE: As stated on pages 11-12 of FOA, if the applicant organization selects opioid abuse as the focus area and selects community-level strategy (a), all three of the bullets are to be included in ECI’s planning, design, evaluation, and reporting.

- k) The ECI focuses on Serious Mental Illness (SMI). Are projects targeting improved access to mental health services in pediatrics allowable?

RESPONSE: The Department of Health and Human Services defines serious mental illness as a condition that affects persons ages 18 years and older. For the purposes of the ECI, the focus is on the adult population. Please refer to the definition of SMI and footnote 30 on page 82 of the FOA: www.samhsa.gov/disorders.

- l) Is Alzheimer’s Disease included as one of the Serious Mental Illnesses (SMI) that would be within the scope of this proposal?

RESPONSE: No. Please see the definition of serious mental illness on page 82 of the FOA. At this time, Alzheimer’s disease is not included under Serious Mental Illnesses for the FOA as the definition of SMI excludes dementias and mental disorders due to a general medical condition.

- m) For Serious Mental Illness, does the Health Professional Shortage Area (HPSA) with a shortage of mental health providers have to be the county level score?

RESPONSE: The HPSA (with a shortage of mental health providers) score can be HPSA Geographic, HPSA Facility, or Population Group HPSA score of 16 or higher. As stated on page 13 of the FOA, applications focusing on SMI must target efforts to improve access to mental health services in racial and ethnic minority and/or disadvantaged communities with a shortage of mental health professionals that can be demonstrated with a HPSA with a shortage of mental health providers. A copy of the HPSA-generated document showing the HPSA score of 16 or higher must be submitted with the application in the Appendices (refer to page 49 of the FOA).

- n) Please clarify family-centered childhood obesity strategies.

RESPONSE: For the ECI, projects addressing childhood/adolescent obesity must implement family-centered strategies that reduce obesity and do one or both of the following: (a) implement behavioral interventions to reduce recreational sedentary time and improve nutritional, physical activity and weight-related outcomes among children

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and adolescents; and/or (b) identify and implement the combinations of intervention components that are most effective for minority and/or disadvantaged children and determine which components are critical to success (see page 13 in the FOA).

Family-based interventions engaged families by combining activities with health education to build family support. Such programs include a combination goal-setting, reinforcement of positive health behaviors, and organized physical activity.

(<https://www.thecommunityguide.org/sites/default/files/assets/OnePager-Physical-Activity-family-based.pdf> ; listed under Resources/Childhood/Adolescent Obesity below).

- o) On page 17 under “*Recommended Process Measures*”, the FOA states the “number of families with children ages 2-19 years enrolled in obesity prevention program.” Can a proposed project plan include the number of families with children under the age of 2 years enrolled in an obesity prevention program as a process measure?

RESPONSE: No. As defined on page 79 of the FOA, children and adolescents refer to individuals ages 2 to 19 years old.

- p) If the priority of the ECI program is children/adolescent obesity, are the participants required to be 2-19 years old (target the overall population)?

RESPONSE: The age range of the children and adolescents to be served by the intervention should include children and adolescents within the 2-19 year range, but need not span the entire 2-19 year range.

4) EVALUATION DESIGN

- a) Page 15 of the FOA indicates that all projects “should employ either an experimental or quasi-experimental evaluation design with sufficiently large intervention and control groups....” Can the control group be a “pre-intervention” group that looks at historical data so that the intervention can be rolled out to the benefit of all patients?

RESPONSE: No. As stated on page 15 of the FOA, “To demonstrate significant program impact, all proposed projects should employ either an experimental or quasi-experimental evaluation design with sufficiently large intervention and control groups to detect statistically significant differences when comparing the population receiving the intervention compared with control group over time, at .05 alpha.” See also Review Criteria Factor 6 Evaluation and Dissemination Plan 30 points (FOA pages 61 to 62).

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5) Additional Resources

a) Logic Models

- i) A Guide to Applying Logic Models to Community Health Interventions:
 - <https://www.cdc.gov/nccdphp/dch/pdfs/planning-high-impact-interventions.pdf>

b) Opioid Abuse

- i) SAMHSA's Registry of Evidence-based Programs and Practices:
 - <http://nrepp.samhsa.gov/landing.aspx>
- ii) SAMHSA's App for Clinicians on Medication Assisted Treatment (MAT):
 - http://store.samhsa.gov/apps/mat/index.html?WT.ac=AD_20161021_MATx
- iii) SAMHSA's Publications of Interest:
 - <https://store.samhsa.gov/product/Advisory-Sublingual-and-Transmucosal-Buprenorphine-for-Opioid-Use-Disorder-Review-and-Update/SMA16-4938>
 - <http://store.samhsa.gov/shin/content/SMA14-4892R/SMA14-4892R.pdf>
- iv) SAMHSA's Federal Guidelines for Opioid Treatment Programs:
 - <https://www.store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGUIDEOTP>
- v) SAMHSA's Opioid Overdose Prevention Toolkit:
 - <https://store.samhsa.gov/product/SAMHSA-Opioid-Overdose-Prevention-Toolkit/SMA16-4742>
- vi) SAMHSA supported training resources:
 - PSCC MAT Training: <http://pcssmat.org/education-training/>
 - Continuing Education for Pharmacists and Pharmacy Technicians: <https://www.powerpak.com/course/preamble/112666>
 - Safe and Effective Opioid Prescribing for Chronic Pain: <http://www.opioidprescribing.com/overview>

c) Childhood/Adolescent Obesity

- i) The Community Guide - Physical Activity: Family-Based Interventions:
 - <https://www.thecommunityguide.org/findings/physical-activity-family-based-interventions>
- ii) The Community Guide - Task Force Finding and Rationale Statement. Ratified December 2016:
 - <https://www.thecommunityguide.org/sites/default/files/assets/Obesity-School-Interventions.pdf>
- iii) The Community Guide - One Pager: Physical Activity Family-based Interventions:

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- <https://www.thecommunityguide.org/sites/default/files/assets/OnePager-Physical-Activity-family-based.pdf>
 - iv) CDC Morbidity and Mortality Weekly Report/May 12, 2017/Vol. 66/No.18, page 489:
 - <https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6618.pdf>
 - v) SNAP-Ed toolkit/Obesity Prevention Interventions and Evaluation Framework:
 - <https://snapedtoolkit.org/>
 - vi) School Health Guidelines:
 - <https://www.cdc.gov/healthyschools/npao/strategies.htm>
 - vii) Parents for Healthy Schools:
 - <https://www.cdc.gov/healthyschools/parentengagement/parentsforhealthyschools.htm>
 - viii) Whole School, Whole Community, Whole Child:
 - <https://www.cdc.gov/healthyschools/wsc/index.htm>
 - ix) Managing childhood obesity and is readily adaptable is the Mind, Exercise, Nutrition, Do It (MEND) program:
 - <http://www.mendfoundation.org/programs>
- NOTE:** Division of Nutrition, Physical Activity and Obesity (DNPAO) at the Centers for Disease Control and Prevention (CDC) funded the Childhood Obesity Research Demonstration (CORD) projects, of which some grantees have tested adaptations of MEND in two states among low-income families (<https://www.cdc.gov/obesity/strategies/healthcare/index.html>). These data suggest that MEND is acceptable to low-income families and can be effective for sub-populations of U.S. children.
- x) CORD:
 - <https://www.cdc.gov/obesity/strategies/healthcare/index.html>
 - xi) Additional Resources:
 - U.S. Preventive Services Task Force. Screening for obesity in children and adolescents: U.S. Preventive Services Task Force Recommendation Statement. *Pediatrics* 2010;125: 361-367. Update in Progress, 2017.
 - Screening for Obesity in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2017; 317(23):2417-2426
 - Wilfley DE, Staiano AE, Altman M, et al. Improving access and systems of care for evidence-based childhood obesity treatment: Conference key findings and next steps. *Obesity* 2017; 25 (1):16-29.
 - Daniels SR, Hassock SG. The Role of the Pediatrician in Primary Prevention of Obesity. *Pediatrics*. 2015; 136(1):275-292.

d) Food Insecurity Models

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- i) USDA FNS Nutrition Assistance Programs (basics of federal nutrition assistance programs):
 - <https://www.fns.usda.gov/>
- ii) USDA National Institute of Food and Agriculture (NIFA) Hunger and Food Security Programs (especially see concept of healthy incentive programs under Food Insecurity Nutrition Incentive (FINI)):
 - <https://nifa.usda.gov/program/hunger-food-security-programs>
- iii) USDA ERS Food Security in the U.S. (data visualizations):
 - <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx>
- iv) Tackling Hunger Project (see Toolbox for health systems to address food insecurity):
 - <http://www.phihungernet.org/>
- v) Feeding America Map the Meal Gap (data visualizations):
 - <http://map.feedingamerica.org/>
- e) **Healthy Food Environment**
 - i) CDC/DNPAO page of community-based approaches to increased access and availability of affordable food:
 - <https://www.cdc.gov/obesity/strategies/healthy-food-env.html>
- f) **Serious Mental Illness**
 - i) SAMHSA’s National Registry of Evidence-based Programs and Practices Behind the Term: Serious Mental Illness
 - http://www.nrepp.samhsa.gov/Docs/Literatures/Behind_the_Term_Serious%20%20Mental%20Illness.pdf