



## Division of Mental Health and Addiction

### REQUEST FOR FUNDING (RFF-2022-006) ANNOUNCEMENT

for

### Substance Use Prevention for Justice Involved Youth

### RFF QUESTIONS & ANSWERS

**Question:**

May an organization that is currently an RFF-2021-008 Capacity Grantee under DMHA apply for this grant?

**Answer:**

The organization would need to ensure they are not supplanting funding. Meaning, funding from this proposal is not being used for the same program area(s) that the Capacity Grant is covering.

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**Question:**

May an organization that is incorporated and does have an EIN, but not yet have their 501c3 status, apply for this grant?

**Answer:**

The applicant must be registered as an active Non-Profit with the Secretary of State in order to be eligible. 501c3 is *preferred*.

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**Question:**

Should an organization that does have their EIN and approved articles of incorporation, but not their 501c3, apply with the pass-through account they currently have established through a community foundation?

**Answer:**

The applicant organization must be a registered non-profit with the Secretary of State; 501c3 preferred. Applicants may partner with other organizations for implementation of grant programming.

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**Question:**

Are any supporting documents needed for this application i.e., MOUs, letters of support?

**Answer:**



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Please see RFF for mandatory supporting documents. If you have MOUs and letters of support, you are able to submit these.

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**Question:**

**Is a newer mentoring organization that is currently working on their programming and implementation apply even if they are not currently serving youth?**

**Answer:**

If the applicant meets the mandatory requirements, we encourage you to apply.

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**Question:**

**Do any of the proposal categories on the application have a word and/or page minimum or maximum?**

**Answer:**

There is not a word and/or page minimum with this funding opportunity.

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**Question:**

**To clarify: is the amount to be requested a max of \$200,000 for 12 months? Can you ask for less than this amount?**

**Answer:**

You can claim up to \$200,000; meaning, it is allowable to claim below the \$200,000 threshold.

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**Question:**

**Our organization is launching a pilot youth recovery program in June 2022 with another grant funding. We would like to know if this proposed grant funding can be used to supplement some costs (for example cover staff costs such as salary or staff training or services) for this new model?**

**Answer:**

This funding is for Primary Prevention activities only and cannot be used for programming directed towards individuals who are in need of treatment, receiving treatment, or who are in recovery.

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**Question:**

**We have four specific program locations for the proposed youth recovery program – two of them will be launched in June i.e., prior to the anticipated start date of this grant (i.e., September 1, 2022) and**



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two will be launched at the end of the year. In our grant application, can we propose to apply the grant funding for all four or do we need to be specific to the two already announced programs/locations?

**Answer:**

This funding is for Primary Prevention activities only and cannot be used for programming directed towards individuals who are in need of treatment, receiving treatment, or who are in recovery.

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**Question:**

On page three of the RFF, it states proposals must include “Evaluation plan to include collection of required data”. Is “required data” referring to the data to support the selection of the target population, proposed strategies, and location of services, or is there additional, specific data set needed to be collected throughout the implementation of the proposed program for ARPA reporting purposes?

**Answer:**

Required data will include the following data for participants: Demographics (age, gender, race, ethnicity), IOM Category of programming (Universal Direct, Universal Indirect, Selective, Indicated), CSAP Primary Prevention Strategy (see below)

### Primary Prevention Strategies

- **Information Dissemination** provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the information source to the audience, with limited contact between the two.
- **Education** builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental capabilities. There is more interaction between facilitators and participants than there is for information dissemination.
- **Alternatives** provide opportunities for target populations to participate in activities that exclude alcohol and other drugs. The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities.



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- **Problem Identification and Referral** aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to assess if their behavior can be reversed through education. This strategy does *not* include any activity designed to determine if a person is in need of treatment.
- **Community-based Process** provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.
- **Environmental** establishes or changes written and unwritten community standards, codes, and attitudes. Its intent is to influence the general population's use of alcohol and other drugs.

Grantees should use a variety of strategies that target populations with different levels of risk. Specifically, prevention strategies can be classified using the Institute of Medicine Model of Universal, Selective, and Indicated, which classifies preventive interventions by targeted population. The definitions for these population classifications are:

- **Universal:** The general public or a whole population group that has not been identified on the basis of individual risk
- **Selective:** Individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average

**Indicated:** Individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels