# COMPREHENSIVE COMMUNITY APPROACHES THAT ADDRESS CHILDHOOD TRAUMA TO PREVENT SUBSTANCE MISUSE

***Request for Application—Frequently Asked Questions***

1. **Are the Informational Webinar: Comprehensive Community Approaches that Address Childhood Trauma to Prevent Substance Misuse presentation slides available?**

Yes, the presentations slides were sent all registered webinar participants. A recording of the webinar can also be found on the Injury and Violence Prevention home page [here](https://www.naccho.org/programs/community-health/injury-and-violence#:~:text=NACCHO's%20Injury%20%26%20Violence%20Prevention%20(IVP,support%2C%20and%20facilitating%20peer%20exchange.).

1. **My LHD is in either Florida or Texas. Where can I access NACCHO’s specific contract template for those states?**

You can email the Injury and Violence Prevention team at IVP@NACCHO.org to request a copy of the contact template respective to your state.

1. **What is the timeline for this work?**

The RFA requests a budget and work plan that spans over 18 months. This work is currently slated to conclude on July 31,2021, provided that NACCHO receives a no cost extension from CDC, it will continue to July 31, 2022.

1. **Are state health departments in partnership with a local health department or community entity eligible to apply?**

Yes, they are eligible to apply.

1. **Are all three main activities required? Can multiple strategies be used?**

Yes, all the main activities of the project are required, and multiple strategies can be used. As a reminder, the activities include:

1. Strengthening current evidence-based (or informed) programs within the selected communities
2. Using existing or new data to inform, tailor and implement or adapt current ACE prevention or mitigation strategies
3. Implementing an academic detailing program to facilitate conversations about ACE impacts in adult primary care settings
4. **If two agencies intend to apply together to work collectively on this project, how should the lead be determined?**

Although neither CDC nor NACCHO has a strong preference, we encourage collaborative applicants internally assess bandwidth and capacity amongst themselves to determine a project lead.

1. **How are the evidence-based programs listed on page 3 of the RFA selected? Are they intended to serve as examples or are they preferred programs?**

The specific programs referenced under “Strengthening Existing Programs” on page 3 of the RFA were selected by a combination in the Division of Overdose Prevention and the Division of Adolescent and School Health as school-based programs that have a strong evidence base with substance use disorder or substance use initiation as an outcome. It is not intended to function as a comprehensive list but rather as examples of programs with a strong evidence base with the intended outcomes of this RFA.

1. **Are health departments being prioritized over non-profits?**

No, health departments are not prioritized over non-profits. Preferred non-profit applicants will be able to exhibit some connection and partnership with their local public health department.

1. **Can funding be used to increase capacity (i.e technology, staff, space)?**

Funding cannot be used on any item categorized as an unallowable cost. The unallowable costs guidelines can be found in Appendix B of the RFA (page 16). All other costs should be outlined in the justification section of your budget.

1. **The RFA notes that there may be exceptions to having the audit. What are the categories of exceptions?**

If the entity has received less than 750K in federal funding, they could be exempt from having to do an audit. The single audit is one measure NACCHO can use as a risk assessment for entering contracts with non-profit or government entities. NACCHO must evaluate the capacity of the organization to undertake the administrative burden of a large subrecipient contract.

1. **Are there any eligibility restrictions based on jurisdiction size or degree of urbanization?**

No. This opportunity is not restricted by jurisdiction size or degree of urbanization. There is no preference given in respect to either of these criteria.

1. **What is the minimum monetary requirement for evaluation?**

There is no dollar amount assigned to any of the activities. The dollar amount will be dependent on your budget and the way in which you conduct your evaluation.

1. **Is the academic detailing curriculum finalized or can it be modified? Are there any prerequisites, such as education or experience, for academic detailers?**

The Academic Detailing curriculum to be used in this project was developed with NARCAD with a focus on childhood trauma and adverse childhood experiences. Though field tested, this curriculum has not yet been used in communities with providers. The feedback garnered will be used to expand the curriculum and as such, fidelity should be maintained. Substantial modifications are discouraged.

There are no firm requirements for an academic detailer. While education and experience do not necessarily predict the success of an academic detailer, most detailers have, at minimum, a college degree, and some experience in healthcare. All grant awardees will be invited to a webinar with NARCAD for an explanation of the academic detailing process.

1. **Can you describe the restriction on funding for direct services and treatment? What are some examples of things that would be excluded?**

Grants funded through CDC do not allow for direct health care or mental health service or treatment. These individuals or clients can be linked to care or connected with a healthcare provider.

1. **Is there any preference given to applicants based on size, service environment or jurisdiction?**

No. Every application will be judged in its entirety. There is no jurisdictional size requirement or criteria around jurisdictional size. All applications will be scored on its own merit.

1. **If selected, when would work be slated to begin?**

We expect that the jurisdictions selected are already working in this space in their community and funding will support the continuation of existing work. Currently, allowing for the completion of the contract process, work will commence in January 2021. Work is currently slated to be completed on July 31,2021 and then after approval of a no cost extension by CDC, the work will continue (with a contract modification), until July 31st, 2022.

1. **How will individual outcomes be obtained (i.e. substance use) if participants are not enrolled in a trial since participation incentives are not permitted?**

The goal of this project is expansion and support of evidence-based programs to address either ACEs or substance use disorder. Awardees should not expect to conduct research or trials.

1. **Is an ACE screener required for this RFA?**

No, we are not advocating for or screening for ACEs.

1. **Should applicants demonstrate a causal link between intervention and SUD reduction?**

The link between ACEs prevention related interventions and SUD reduction are implied so they do not need to be demonstrated.

1. **Is renovation of space an allowable expense?**

No. Federal funding does not allow for purchases of buildings or vehicles under which space renovations would fall.

1. **What percentage of the budget should be earmarked for the academic detailing component?**

NACCHO nor CDC has set any cost ranges for any of the activities. We encourage applicants to consider the resources in their community when finalizing their budget.

1. **If we have an additional information that may strengthen our application, can it be submitted as a separate attachment to comply with the page limitations of the RFA?**

Yes, if the additional information adheres to the page limitations of your overall proposal. We recommend applicants consider their project narrative and find innovative ways to describe the effectiveness of local programs and partnerships as thoroughly as the page count allows.

1. **Can you provide some examples of RFA activities for “strengthening the program” that are not direct service?**

Many of the example programs listed in the RFA are school-based programs, not direct service programs. Direct service programs require a provision of health-related services, including mental health services.

1. **Our jurisdiction already has a program like the academic detailing program required by this project. Are we eligible to apply?**

Existing education programs can happen in parallel; established programs can continue but the grant-specific pilot program must be completed.

1. **Is the $450,000 funding level inclusive of the anticipated no cost extension? Are there any additional funds anticipated?**

The total 450k should be considered for 18 months Jan 2021- July 2022. At this time we don’t anticipate additional funding.