Practical Grant Writing Strategies Part II

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Submitting Questions and Comments

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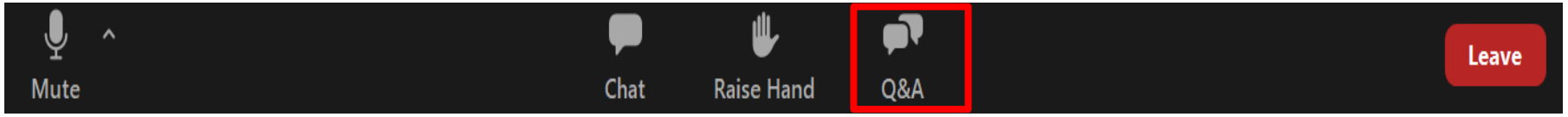

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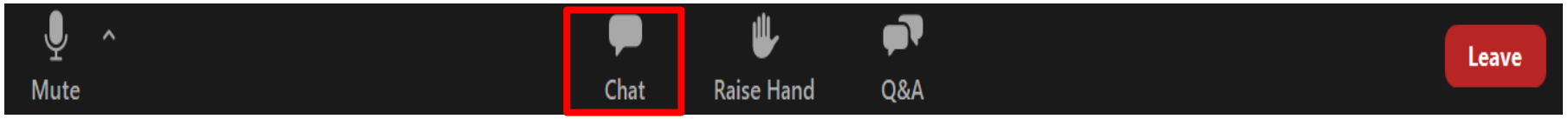

Response (Proposed Approach)

Sample Response #1 (not HRSA specific)

A number of factors contributed to our selection of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). First, it most closely aligned with the demographics (age parameters, race/ethnicity, urban and rural children and families) and needs of our proposed population of focus. TF-CBT has been tested in Caucasian and African American children as well as Latino children. Modifications of TF-CBT have been specifically tested for Latino children and shown to be successful. Some of the instruments used to test TF-CBT's efficacy are currently available in Spanish. TF-CBT has been implemented and tested for children in urban, suburban and rural areas.

Sample Response #1 cont.

Second, TF-CBT aligns with the needs of our population of focus and their families whose trauma exposure has resulted in depression, anxiety, mistrust, shame, and externalizing behaviors. We were able to align our desired outcomes in these critical areas to actual core components of the TF-CBT EBP. In other words, we found the TF-CBT to be the closest fit. We documented this alignment in the following chart.

Sample Response #1 cont.

PACTT Initiative Outcomes We Aim to Achieve	TF-CBT Essential Core Components (significant overlap recognized/not applied due to space constraints)
Reduced PTSD	• Psychoeducation about childhood trauma and PTSD • In vivo exposure and mastery of trauma reminders if appropriate
Reduced depression **Reduced anxiety**	• Enhancing future personal safety and enhancing optimal developmental trajectory through providing safety and social skills training as needed • Cognitive and affective processing of the trauma experiences
Reduced externalizing behaviors **Reduced sexualized behaviors**	• Cognitive coping: connecting thoughts, feelings, and behaviors related to the trauma • Relaxation skills individualized to the child and parent

Sample Response #2

We have learned a lot about collaborative practice over our 46-year history in Miami-Dade County and we are applying that knowledge in the design of our Community TPP Advisory Committees. We will also create a Youth Leadership Advisory Team comprised of community youth, including pregnant youth and teen parents, in each target community. These youth will **not** be given token responsibilities but rather will have an authentic voice and who will help build participation in programs, promote use of services, and offer support for culture change. In short, they will be involved in all aspects of program planning, development, implementation, and evaluation.

Sample Response General

- How will you identify participants (social marketing, referral pipelines)?
- How will you engage them (peer specialists, incentives)?
- How will you retain them in care (include barrier reduction strategies)?
- How will you include their perception of care/other feedback in ongoing CQI?

~~If we build it, they will come.~~

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's "Methodology," "Work Plan," and "Resolution of Challenges"

Methodology 10 points:

- The clarity and comprehensiveness of the applicant's proposed methods for fulfilling all **core activities**, as outlined in Section IV.2 of the NOFO. If applicable, the extent to which the applicant details **methods** for fulfilling any additional activities and provides **compelling justification** for how those activities **will advance** RCORP's goal and fulfill the needs of the target population;
- The appropriateness of the methods proposed for fulfilling all core and additional activities **given the needs and characteristics of the target population**… MORE

Standout Work Plan

- Does it include all required items listed in the NOFO?
- Does it include partners in the responsible parties?
- Is each objective/goal measurable? (Add a Metrics column)
- Is it too aggressive of a timeline? Is it too specific? Too vague?
- Is it easy to read and understand?
- Does it align with the proposed budget and budget narrative?
- Did you include all required meetings?
- Did you include all required deliverables?
- Does the work plan extend for all years of the project?
- Does each year build upon one another in the work plan?
- Does the work plan language match the language used in the NOFO?
- Does the work plan match what was written in the Narrative of your proposal?
- Does it meet all the review criteria?

Resources/Capabilities (e.g., Organizational Capacity, Staff, and Relevant Experience)

Resources/Capabilities Sample #1

- Established in 1968, XYZ of Miami is the longest serving organization of its kind in Miami-Dade County and provides a wide spectrum of services, from our specialty 2-1-1 helplines to our implementation of evidence-based prevention and treatment programs for at-risk children, adolescents, and their families.
- Our programs and services are carried out by a diverse mix of 140 paid staff members, 78% of whom are racial/ethnic minorities, and 60 trained volunteers; and 73% of the organization's management is comprised of racial/ethnic minorities.

Resources/Capabilities Sample #1

Our XYZ organization has implemented extensive programming with at-risk minority youth since our inception more than 47 years ago, and for the past 15 years, we have implemented evidence-based programs (EBPs) for diverse high-risk youth. The factors targeted by our EBPs include substance use, mental health, delinquency, bullying, school dropout, teen pregnancy and sexually transmitted diseases including HIV.

Resources/Capabilities Sample #1

Examples of EBPs in our portfolio that we have implemented effectively with racially and ethnically diverse youth include: (1) Brief Strategic Family Therapy; (2) Sex Can Wait; (3) Baby Think It Over; (4) Healthy Oakland Teens HOT program; (5) the Parents Who Care Program; (6) Choosing the Best; (7) Project Northland; (8) Olweus (bullying prevention); (9) VOICES/VOCES; (10) Streetsmart; (11) ALL4U; and (12) Botvin Life Skills Training-LST.

Resources/Capabilities Sample #2

Our organization has successfully implemented millions of dollars in federal grants (e.g., SAMHSA, ACF grants) over the past 12 years. We are considered a provider in good standing. In addition to evidence-based programming, we have longstanding status as a State of Florida Department of Children and Families licensed provider of Prevention Level 1 (universal) and Level 2 (indicated/high-risk). We are in the process of becoming re-accredited (continuation) by the Council on Accreditation, which establishes best practices in human services.

Resources/Capabilities Sample #2

Our organization is part of the Miami Beach Gay and Lesbian Chamber of Commerce and we are a past recipient of their nonprofit of the year award. We have also received a certificate of recognition every year for more than a decade from the Redland Christian Migrant Association for prevention programming and services we provide to high-risk youth and families in the community.

Resources/Capabilities Sample #3: Use of funder quotes

Evidence of this dynamic team's success providing the EBP to over 1100 participants on the proposed college campus is perhaps best demonstrated in the federal funder GPO quote as follows:

Thank you, Tom, for your leadership that: a) quickly engaged Demina Laudisio as your coordinator of training, b) supported his prior work and partnerships and c) quickly connected with me to methodically go through the many administrative requirements to get this grant "up and running." Demian's strong partnership with Rita Tybor, Director, Student Wellness, Miami Dade College, Wolfson Campus, as well has his ability to organize and promote the many trainings contributed greatly to your success.

Sample Staffing Chart

Staff Position/ Level of Effort	Their Qualifications	Their Specific Role
Project Coordinator: 100% FTE	John Smith, MA, CAP- Project Coordinator—**Experienced homelessness as youth** due to domestic violence in family. Licensed mental health counselor. Currently supervises all case management services. Culturally responsive and client centered. Experience with Motivational Enhancement EBP.	Mr. Smith will function as the Project Coordinator. He will work closely with Executive Director and the University evaluators to ensure the project is operating as it was designed. He will manage and clinically supervise all staff and ensure random fidelity checks are provided to maximize adherence to evidence based interventions.

Sample Timeline

The timeline codes are: GA= Grant Award; BHS = Behavioral Health Services; PC = Project Coor.; HD = Health Dept.; Evltr = UM Evaluation Team; PLC = Planning Committee

Project Activities	Milestones	Date	Resp. Staff
Alert Governor, SSA, Health Director, news media, general public, our target pop, and our many strategic partners and referral sources about grant award. Schedule pre-implementation meeting of all project partners (including target pop members).	Project "buy-in" will be established at the earliest stages of the project. The importance of this project will be conveyed from the outset by the announcement of the Governor and the involvement of the SSA, Health Director and other key state stakeholders.	2 wks after GA	PC, PLC

Writing Goals and Objectives

Goals and Objectives

- Goals and objectives are frequently confused because both describe a desired outcome or condition.

- However, both differ in dimensions of specificity, accountability, and time.

Goals and Objectives

Typically, programs have only one or two goal statements (e.g., reduce drug use; increase high school graduation; reduce teen pregnancy; increase treatment access; etc.).

In contrast, objectives are:

- Specific performance targets against which progress can be measured.
- Specific, measurable, agreed-upon, reasonable, and time-bound (SMART).
- *How* you will accomplish your goal(s).

Differences

Goals	Objectives
Broad	Narrow
General	Precise
Abstract	Concrete
Cannot be validated as is	Can be validated as is

Alignment

- **Goals** typically align with the problems you identified in your statement of need or logic model (e.g., high crime, high school drop out) and your overall outcome (reduce crime, increase high school graduation).
- **Objectives** typically align with the interim steps you would take to obtain the target outcomes (how to get there). What would you specifically need to do in order to achieve your goals? Objectives should typically include the funders required **core activities and capacity building activities and other additional activities** as outlined in the funding opportunity (NOFO). They typically should be quantified and have a target completion date.

Examples:

Goal 1: Decrease opioid misuse among youth (12-17) in the southwest region of Baltimore. (Note the vision of this goal... it's what they hope to accomplish for a defined population in a defined area.)

Objective 1.1: By the end of year one, provide 100 youth athletes at high risk for injuries in the southwest area of Baltimore with an evidence-based opioid misuse prevention program. (Notice how this SMART objective is specific, measurable, attainable, realistic, and time-bound).

Activity 1.1.1: By 60 days post grant award, identify the highest risk athlete groups (e.g., football players, wrestlers).

Activity 1.1.2: By 60 days post grant award, complete staff hiring and EBP developer training.

Activity 1.1.3: By 90 days post grant award, enroll at least 115 youth athletes at high risk for injury (allowing a 15% drop out factor) in the opioid EBP.

Activity 1.1.4: On day one of EBP enrollment, capture opioid use baseline measures.

Activity 1.1.5: On last day of EBP programming, capture post program opioid use measures and report associated outcome data.

Core Activities (partial examples)

Prevention:

1. Provide culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based prevention, treatment, and recovery strategies for SUD/OUD, and to reduce stigma associated with the disease.

2. Increase access to naloxone within the rural service area and provide training on overdose prevention and naloxone administration to ensure that individuals likely to respond to an overdose can take the appropriate steps to reverse an overdose.

Treatment:

1. Screen and provide, or refer to, treatment for patients with SUD/OUD who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among PWID.

Evaluative Measures

Data collection

- We have worked with our independent evaluation team, XYZ, for more than a decade. They will conduct an analysis of participant data from baseline to posttest to capture positive changes and report on required performance measures. A 12-month follow-up will be conducted to measure stability of gains achieved.
- Our design will allow for semiannual reporting to staff, stakeholders, XYZ funder, and community partners. As part of our quality improvement, when process/outcome data indicate that the program is not reaching its goals/objectives, through literature searches the evaluation team can provide TA to move the program toward its desired outcomes. We are utilizing evidence-based models, developer assistance is available.

Data collection

- All staff, partners, and community stakeholders and the evaluation team will have a role in project quality improvement. Providing effective evidence-based interventions to scale requires knowledge, skills, and abilities as well as adherence with fidelity to specified protocols, especially data collection, storage, analysis, and outcomes reporting. Staff will be trained by the evaluation team on interviewing procedures to assure the legal and best interests of human subjects and to maximize the accuracy of data collected. Data will be entered into our computer system and any federal online system. The evaluation team will perform regular data checks to correct errors before they are repeated (Quality Improvement). Staff will be required to take the evaluation team's human subjects course, which includes elements of subject protection.

Data collection

- As process and outcome data is received and analyzed, it will be organized promptly so all findings can be communicated to staff allowing for program adjustments if necessary. Collecting data on numbers served, demographics, referrals, and completions will provide the evaluation team with measures of efficiency. Outcome questions include:
- What program/contextual/individual factors are associated with outcomes and how durable were effects?

Data collection

- Findings will be shared with all community partners through reporting, presentations, social media, and by publishing significant findings in peer-reviewed journals. The evaluation team will work with staff to review process reporting and capture program barriers/solutions to aid in the development of our lessons learned manual. We extensively focus on lessons learned as it helps with future community programming and our ability to implement programs to scale with high fidelity. Daily staff will utilize developer fidelity monitoring checklists. Staff will receive training on the EBP and attend required grantee meetings. The evaluation team will collect process info to monitor: √ Demographics? √ What training occurred?

Data collection

- ✓Did the communication plan get completed?
- ✓What took place for cultural competency?
- ✓Dosage of interventions administered?
- ✓Barriers to participation and fidelity/how are they being resolved?
- ✓Program being implemented with fidelity?
- ✓Who dropped out (why)?
- ✓Did implementation match the plan?
- ✓What deviations occurred?
- ✓What led to deviations?
- ✓What effect did deviations have on the intervention/results?
- ✓Who provided what services (modality/type/intensity/duration), to whom, in what context (system/community), and at what cost?
- ✓Did the EBP reduce racial health disparities?

These questions will allow us to improve/adjust programming to ensure results. Programmatic changes to accommodate cultural and gender relevancy will be recorded. Outcomes will assess if the needs of different groups are being met.

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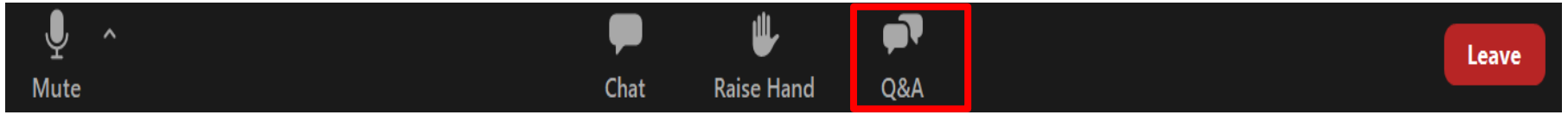

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Thank you!

Thank you

The purpose of RCORP is to support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder.

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RCORP-TA
RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE