

### **Cost Assumptions, Conditions, and Constraints**

Section 1 of the Technical Proposal will serve as the foundation of our Evaluation Plan. As noted in the Technical Proposal, we will have initial conversations with DHMA to obtain a thorough understanding of the Indiana substance abuse prevention system. Until we have those conversations, this draft plan for the SUPTRS evaluation is based on several assumptions: (1) Subrecipient grantees are encouraged to use SAMHSA's Strategic Prevention Framework (SPF) to inform the selection, implementation, and evaluation of evidence-based programs, policies, and practices (EBPPPs) to prevent substance misuse and its consequences; (2) grantees use data from the Indiana Youth Survey and other sources (e.g., schools, law enforcement agencies, and hospitals) to assess their communities' risk factors, protective factors, consumption patterns, and consequences of substance use; (3) grantees deliver a mix of curriculum-based prevention programs and environmental strategies to prevent and reduce substance use and its consequences in their communities; (4) grantees work with DMHA's TTA provider to collect output data such as numbers served, special populations served, demographics, and numbers served in EBPPPs and other strategies by IOM classification (universal direct, universal indirect, selective, indicated); and (5) although some grantees might currently use pre- and post-tests to monitor short-term changes over time among their program participants and examine secondary data sources to assess population-based impacts of their strategies, DMHA is in need of more comprehensive and systematic pre- and post- testing among its providers.

In addition, we assume that most of the work required for the development of the Evaluation Plan and Core Measures will take place in Contract Year 1. We have budgeted fewer labor hours for those tasks in Year 2 (to review them with DMHA and revise as needed), while allocating additional labor hours in Year 2 to enhance our Evaluation Assistance for Prevention Providers.

To the extent that any of these assumptions is incorrect and may affect the cost of the project, we can negotiate options with DMHA.