

# Department of Health and Human Services

## Substance Abuse and Mental Health Services Administration

### Strengthening Treatment Access and Retention – State Implementation Cooperative Agreements (STAR-SI) (Initial Announcement)

**TI-06-006**

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

### Key Dates:

<b>Application Deadline</b>	<b>Applications are due by March 24, 2006.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>

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# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. INTRODUCTION**

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of FY 2006 funds for the Strengthening Treatment Access and Retention – State Implementation (STAR-SI) program. STAR-SI is an infrastructure cooperative agreement program that promotes State-level implementation of process improvement methods to improve access to and retention in outpatient treatment. Outpatient treatment facilities account for 80 percent of all substance abuse treatment programs in the United States and serve 89 percent of the 1.1 million clients in care on any day (National Survey of Substance Abuse Treatment Services, SAMHSA, 2002). Outpatient treatment providers face tremendous challenges in their efforts to serve populations in need of treatment. States are in a unique position to effect system change by working together with outpatient substance abuse treatment providers to remove systems barriers, streamline administrative procedures, provide incentives and assist provider networks in their efforts to improve access and retention performance outcomes.

Note: While the terms “State” and “State-level” implementation are used throughout this document, federally recognized tribes and tribal organizations are also eligible for this program (See Section III. Eligibility Information).

STAR-SI grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

## **2. EXPECTATIONS**

### **2.1 Background**

The STAR-SI program builds on the findings of the Network for the Improvement of Addiction Treatment (NIATx), a joint initiative of SAMHSA's CSAT and the Robert Wood Johnson Foundation (RWJF). Under this initiative, 13 CSAT Strengthening Treatment Access and Retention (STAR) and 27 RWJF Paths to Recovery grantees have substantially increased client access and retention using process improvement methods. Examples of organizational improvements that were successfully implemented by STAR and Paths to Recovery grantees include: streamlining client intake, assessment and appointment scheduling procedures; eliminating paperwork duplication; extending clinic hours; contacting client no shows; eliciting customer feedback; and using clinical protocols, e.g., motivational interviewing and motivational incentives to engage clients during the initial phase of treatment. The NIATx initiative also demonstrated that process improvement skills can be successfully transferred to treatment organizations. Grantees participated in a learning network that included semi-annual learning sessions, process improvement coaching, web resources, information sharing, and peer-to-peer learning opportunities.

Over the past decade, process improvement has been successfully used by businesses and health care organizations to improve performance outcomes (Kaynak, 2003; Pearson et al, 2005). Broadly defined, process improvement is a method developed and tested within the field of continuous quality improvement (CQI) that applies Plan-Do-Study-Act (PDSA) cycles to improve organizational processes. PDSA cycles are used by organizations to set improvement targets, pilot test changes and

analyze outcomes using demonstrated performance measurement tools (Juran, 1988; Clemmer et al, 2005; Ragsdale & Mueller, 2005). The improvement process implemented by NIATx is an adaptation of the Model for Improvement (Langley et al, 1996) that uses a “rapid cycle” PDSA in conjunction with tools designed to improve customer orientation and involve key stakeholders in the organization, including the CEO and a designated change leader (Gufstason and Hunt, 1995). Information on process improvement, principles, toolkits, outcomes and applications by NIATx members is available through the “*Resource Guide to Process Improvement*” on the NIATx website at <http://www.niatx.net>.

## **2.2 Program Requirements**

STAR-SI program grantees will: (1) use process improvement methods to improve both State and treatment agency level organizational processes that impact client access to and retention in outpatient substance abuse treatment services; (2) develop provider and payer capacity to implement process improvement methods through the operation of peer-to-peer learning networks; (3) partner with outpatient treatment providers, including, when applicable, the State treatment provider association and key fiscal intermediaries, in program design and implementation; and (4) implement a performance management system to track progress and provide feedback to participating treatment providers on performance outcomes.

## **2.3 Required Activities**

STAR-SI cooperative agreement funds must be used to carry out each of the following required activities:

- Dedicate a minimum of 30 percent of a full time position, i.e., an existing senior level manager/change leader, to oversee implementation of the program. The senior level manager/change leader should be an individual that currently reports directly to the Single State Substance Abuse Authority (SSA) Director and is in a position to engage key stakeholders, implement change processes at the State level to remove barriers or establish incentives related to the program aims, oversee the development of provider learning networks, and implement required data collection and performance tracking systems. STAR-SI grantees must assure that the identified individual will have direct access to the SSA Director and that the SSA Director will provide active leadership and support for the program, e.g., remove system barriers, personally engage in process improvement walkthroughs, etc.;
- Dedicate a minimum of 50 percent of a full time position to a program coordinator position, i.e., a mid level program manager that reports directly to the senior level manager/change leader. This individual will be responsible for the day to day operation of STAR- SI, including coordination of project tasks among the management staff and stakeholders, management of the peer learning network, and oversight of performance measure tracking activities and program reporting. STAR-SI grantees must assure that the identified individual has demonstrated experience and skills to facilitate team building and communicate effectively with STAR-SI management staff and identified stakeholders;
- Partner with outpatient treatment providers, including when applicable, the State treatment provider association and fiscal intermediaries, if applicable, in the implementation of the

STAR-SI program, including appropriate representation and involvement of the program management team;

- Use the process improvement (PI) methods developed under CSAT's STAR program and Network for the Improvement of Addiction Treatment (NIATx) ([www.niatx.net](http://www.niatx.net)) to implement the following activities at both the State and treatment provider level: (1) setting access and retention performance targets; (2) implementing improvement activities related to these targets; (3) establishing performance management systems; and (4) monitoring performance outcomes to ensure sustainability and progress in spreading improvements to additional treatment providers throughout the State;
- During the first year of the program, demonstrate access and retention improvements with a minimum of five community based outpatient treatment providers; i.e., participating providers demonstrating that they serve a minimum of 150 clients per year, as indicated by the most recent 12 month reporting period. During the 2<sup>nd</sup> and 3<sup>rd</sup> years of the program, STAR-SI grantees will: (1) implement demonstrated improvements in a broader network or networks of outpatient treatment providers, e.g., county, region, and/or statewide; (2) continue to demonstrate other improvements; and (3) expand the number of treatment providers participating in process improvement peer learning networks;
- Establish and maintain, in partnership with NIATx and the identified treatment provider partner(s), statewide, regional and/or local practitioner peer learning networks, consisting of practitioners that are implementing access and retention improvements. NIATx will provide the support for State level process improvement coach consultation services at a minimum of 50 consultant days per year. Process improvement coaches will provide on-site and telephone assistance to peer learning networks identified by the grantee. Grantees will (1) provide travel expenses for up to eight NIATx coach visits per year for peer learning network training and technical assistance activities; and (2) host a minimum of two within State learning sessions per year for State and treatment provider peer network participants;
- Implement fiscal, regulatory and policy related changes that remove barriers and create incentives to improve access and retention outcomes;
- Share information, resources and improvement tools with other STAR-SI grantees through participation in NIATx learning collaborative activities, e.g., teleconferences, interest circles and attendance at the annual NIATx learning collaborative conference; and
- Implement a performance management system to track client access and retention, as identified below in Section I-2.4, and monitor the implementation of process improvement at both the State and provider level.

STAR-SI cooperative agreement funds may also be used to carry out any of the activities listed below in order to achieve program access and retention goals:

- Needs assessment
- Strategic planning
- Financing/coordination of funding streams

- Organizational/structural change (e.g., to create locus of responsibility for a specific issue/population, or to increase access to, or efficiency of, services)
- Development of interagency coordination mechanisms
- Provider/network development
- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, development/revision of credentialing, licensure, or accreditation requirements)
- Quality improvement efforts
- Performance measurement development
- Workforce development (e.g., training, support for licensure, credentialing, or accreditation)

Please Note: The STAR-SI program does not allow for the conduct of implementation pilots, i.e., direct provision of clinical services to clients to evaluate the effectiveness of clinical services.

## **2.4 Data and Performance Measurement**

Grantees in the STAR-SI grant program will be required to report performance on increasing access and retention by using the following GPRA measures: (1) number of treatment providers participating in STAR-SI implementation; (2) number of unique client admissions; (3) client length of stay; and (4) number of units of service provided between intake and discharge. Grantees will be required to collect this information using Sections A, J and K of the Core GPRA Client Outcomes Tool. (See Appendix F). These data will be collected and reported at the individual client level. Grantees will also be expected to create a unique program identification number for each program submitting data. These data will be submitted to CSAT on a regular and on-going basis to the CSAT GPRA website at [www.samhsa-gpra.samhsa.gov](http://www.samhsa-gpra.samhsa.gov). CSAT expects to use the first three months of data collection to set the baseline which will be used to measure the program. It is expected that after this time, change processes will have been implemented and an increase in all measures stated above should be seen.

In addition, STAR-SI grantees will collect data on at least two State specific access and/or retention measures, including one measure that addresses timeliness to treatment, e.g., number of first contacts that continue to admission, time from first contact to admission, number of clients that proceed from admission to succeeding units of service. See Appendix E: “Examples of State Specific Access and Retention Measures.” Grantees will report on the identified State specific measures, data collection process, and performance outcomes in their semi-annual progress reports.

## **2.5 Evaluation**

Grantees must evaluate their projects, and you are required to describe your evaluation plans in your application. The evaluation should be part of a performance management system that is designed to provide regular feedback to treatment providers and other stakeholders. The evaluation must include both process and outcome components. Process and outcome evaluations must measure change relating to project goals and objectives over time compared to baseline information.

Process components should address issues such as:

- Was the project implemented in a manner that was consistent with the requirements of the RFA?
- Was the process improvement model implemented with fidelity?

- Were State-level barriers to access and retention identified, e.g., State regulated data collection requirements, pre-certification and/or facility licensure, etc., and how were process improvement methods used to identify, implement and sustain improvements?
- What improvements were identified to address barriers at the State and provider levels and how were they implemented?
- How were key stakeholders involved in the improvement process?
- What peer learning networks were developed and how are they being sustained?
- How was performance data collected and what quality assurance procedures implemented? Did the grantee collect data on at least two State specific access and retention performances measures? Did the grantee provide performance feedback to treatment providers?
- Was process improvement implemented with fidelity at the State and treatment provider level?
- To what extent did environmental factors, e.g., changes in provider reimbursement rates, budgetary shortfalls, etc., have an impact on implementation?

Outcome components should address issues such as:

- Were there measureable improvements in client access and retention? Were there measureable improvements resulting from the State specific performance measure(s)?
- How many improvements were spread to broader networks of treatment providers and/or statewide?
- What was the increase in the number of treatment providers participating in process improvement learning networks? How many of these providers implemented one or more improvement projects?
- What effect did contextual factors have on access and retention outcomes?
- How durable were the effects?

All process and outcome evaluation data collected for STAR-SI will be used for performance monitoring and should be carried out by appropriate program managers. Independent evaluator services are not an allowable expense under this RFA. No more than 20 percent of the total grant award may be used for evaluation/performance tracking activities.

## **2.6 Grantee Meetings**

STAR-SI grantees must plan to send a minimum of 5 individuals, including the Senior Manager/Change Leader, Program Coordinator, and selected management staff and stakeholders to one grantee meeting each year of the grant, and you must include funding for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## **II. AWARD INFORMATION**

### **1. AWARD AMOUNT**

It is expected that up to \$2.2 million will be available to fund up to 7 awards in FY 2006. Annual awards are expected to be \$325,000 per year in total costs (direct and indirect) for up to 3 years.

**Proposed budgets cannot exceed \$325,000 in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, and timely submission of required data and reports.

## **2. FUNDING MECHANISM**

Awards will be made as cooperative agreements because of the complexity of this program and the anticipation of ongoing substantial involvement of the Federal Government in the transfer of effective practices to the field.

### Role of Federal Staff:

The CSAT Project Officer will:

- assist grantees in identifying appropriate information and resources for use in their implementation activities;
- review and approve the performance tracking systems implemented by grantees to track access and retention measures;
- oversee the implementation of peer learning networks that will provide technical support to grantees in process improvement methods and the implementation of access and retention improvement projects; and
- bridge learning and foster collaboration with related SAMHSA programs -- CSAT's Addiction Technology Transfer Centers and State Adolescent Treatment Coordinator programs.

### Role of Grantees:

Grantees are expected to participate in peer learning network activities and cooperate fully with CSAT staff, its representative contractor(s) and other program grantees in implementation and evaluation of the program. Grantees will:

- participate in the activities of the STAR-SI learning network, as directed by the CSAT Project Officer;
- co-author publications to make the results of the projects available to the field;
- cooperate with CSAT staff and representative contractor(s) in accepting guidance and responding to requests for information relevant to the program; and
- comply with all aspects of the terms and conditions of the cooperative agreement (to be issued with the award).

## **III. ELIGIBILITY INFORMATION**

## 1. ELIGIBLE APPLICANTS

Eligible applicants are States, the District of Columbia, territories, federally recognized tribes, and tribal organizations. Tribal organization means the recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities (P.L. 93-638, as amended). Consortia of tribal organizations are eligible to apply, but each participating entity must indicate its approval.

Consortia applications from non-tribal entities are not eligible under this RFA, due to the number and complexity of program requirements and the limitation on the amount of the awards.

Since this program is designed to facilitate State level implementation of access and retention improvements, only States, the District of Columbia, territories, federally recognized tribes and tribal organizations are eligible to apply.

## 2. COST SHARING

Cost sharing is not required in this program, and applications will not be screened out on the basis of cost sharing.

## 3. OTHER

**Applications must comply with the following requirements, or they will be screened out and will not be reviewed:** use of the PHS 5161-1 application; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Section IV-2.3 of this document.

# IV. APPLICATION AND SUBMISSION INFORMATION

**(To ensure that you have met all submission requirements, a checklist is provided for your use in Appendix A of this document.)**

## 1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

You also may download the required documents from the SAMHSA web site at [www.samhsa.gov/grants/index.aspx](http://www.samhsa.gov/grants/index.aspx)

Additional materials available on this web site include:

- a technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and

- enhanced instructions for completing the PHS 5161-1 application.

## 2. CONTENT AND FORM OF APPLICATION SUBMISSION

### 2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page, budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides specific information about the availability of funds along with instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA web site ([www.samhsa.gov/grants/index.aspx](http://www.samhsa.gov/grants/index.aspx)) and a synopsis of the RFA is available on the Federal grants web site ([www.grants.gov](http://www.grants.gov)).

You must use all of the above documents in completing your application.

### 2.2 Required Application Components

To ensure equitable treatment of all applications, applications must be complete. In order for your application to be complete, it must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- ❑ **Face Page** – Use Standard Form (SF) 424, which is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet web site at [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- ❑ **Abstract** – Your total abstract should not be longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- ❑ **Budget Form** – Use SF 424A, which is part of the 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix D of this RFA.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than

30 pages. (For example, remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V—Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through G. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.”

- ❑ **Appendix** – Use only the appendix listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 15 pages for Appendix 1. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.
  - *Appendix 1: Letters of Commitment/Coordination/Support*
- ❑ **Assurances** – Non-Construction Programs. Use Standard Form 424B found in PHS 5161-1.
- ❑ **Certifications** - Use the “Certifications” forms found in PHS 5161-1.
- ❑ **Disclosure of Lobbying Activities** – Use Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way.
- ❑ **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications and is the last page of your application.

## 2.3 Application Formatting Requirements

**Applicants also must comply with the following basic application requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.**

- ❑ Information provided must be sufficient for review.
- ❑ Text must be legible. For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”
  - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
  - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- ❑ Paper must be white paper and 8.5 inches by 11.0 inches in size.

- ❑ To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”
  - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the 30-page limit for the Project Narrative.
  - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by 30. This number represents the full page less margins, multiplied by the total number of allowed pages.
  - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, following these guidelines will help reviewers to consider your application.

- ❑ Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
- ❑ Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- ❑ The page limit of a total of 15 pages for Appendix 1 should not be exceeded.
- ❑ Send the original application and two copies to the mailing address in Section IV-6.1 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

#### Guidance for Electronic Submission of Applications

SAMHSA offers the opportunity for you to submit your application to us either in electronic or paper format. Register one time, and Grants.gov will generate your information for future applications so you don't have to re-enter it. Built-in error-checking increases the completeness and accuracy of your application. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the [www.Grants.gov](http://www.Grants.gov) apply site. You will be able to download a copy of the application package from [www.Grants.gov](http://www.Grants.gov), complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

You may search the Grants.gov site for the downloadable application package, by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the [www.Grants.gov](http://www.Grants.gov) apply site, on the Customer Support tab. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: [support@Grants.gov](mailto:support@Grants.gov)
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

**If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application.** The processes are: DUNS Number registration, Central Contractor Registry (CCR) registration, Credential Provider registration, and Grants.gov registration.

**It is strongly recommended that you submit your grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.).** If you do not have access to Microsoft Office products, you may submit a PDF file. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described above, and in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help to ensure the accurate transmission and equitable treatment of applications.

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed 15,450 words. If the Project Narrative for an electronic submission exceeds the word limit and exceeds the allowed space as defined in Appendix A, then **any part of the Project Narrative in excess of these limits will not be submitted to review.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

While keeping the Project Narrative as a separate document, please consolidate all other materials in your application to ensure the fewest possible number of attachments. Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161

application package. Please name and number your attachments, indicating the order in which they should be assembled. Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **“Back-up for electronic submission.”** The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Include the Grants.gov tracking number in the top right corner of the face page for any paper submission.**

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424), the assurances (SF 424B), and the certifications, and hard copy of any other required documentation that cannot be submitted electronically. **You must include the Grants.gov tracking number for your application on these documents with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

**For United States Postal Service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20857**  
ATTN: Electronic Applications

**For other delivery service (DHL, Federal Express, United Parcel Service):**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20850**  
ATTN: Electronic Applications

If you require a phone number for delivery, you may use (240) 276-1199.

### 3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **March 24, 2006**. **Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

Your application must be received by the application deadline, or you must have proof of its timely submission as specified below.

- **For packages submitted via DHL, Federal Express (FedEx), or United Parcel Service (UPS), proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.**
- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark not later than 1 week prior to the application deadline, and the following upon request by SAMHSA:
  - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - a receipt from the Post Office containing the post office name, location, and date and time of mailing.

You will be notified by postal mail that your application has been received.

**Applications not meeting the timely submission requirements above will not be considered for review.** Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. Allow sufficient time for your package to be delivered.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it will cause the application to be considered late and ineligible for review.

SAMHSA will not accept or consider any applications sent by facsimile.

SAMHSA is collaborating with [www.Grants.gov](http://www.Grants.gov) to accept electronic submission of applications. Please refer to Section IV-2.3 above for “Guidance for Electronic Submission of Applications.”

### 4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

Executive Order 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100, sets up a system for State and local review of applications for Federal financial assistance. A current listing of State Single Points of Contact (SPOCs) is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) web site at [www.whitehouse.gov/omb/grants/spoc.html](http://www.whitehouse.gov/omb/grants/spoc.html).

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are a federally recognized Indian tribal government.

- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline:

**For United States Postal Service:**

Crystal Saunders, Director of Grant Review  
 Office of Program Services  
 Substance Abuse and Mental Health Services Administration  
 Room 3-1044  
 1 Choke Cherry Road  
 Rockville, MD **20857**  
 ATTN: SPOC – Funding Announcement No. **TI-06-006**

**For other delivery service:**

Crystal Saunders, Director of Grant Review  
 Office of Program Services  
 Substance Abuse and Mental Health Services Administration  
 Room 3-1044  
 1 Choke Cherry Road  
 Rockville, MD **20850**  
 ATTN: SPOC – Funding Announcement No. **TI-06-006**

**5. FUNDING LIMITATIONS/RESTRICTIONS**

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://www.hhs.gov/grantsnet/roadmap/index.html>:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments and Federally Recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's Strengthening Treatment Access and Retention – State Implementation (STAR-SI) grant recipients must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.
- No more than 20 percent of the grant award may be used for evaluation and data collection expenses.

- Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the grant project. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

## **6. OTHER SUBMISSION REQUIREMENTS**

### **6.1 Where to Send Applications**

Guidance for Electronic Submission of Applications is contained in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.

Send applications to the following address:

#### **For United States Postal Service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20857**

#### **For other delivery service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20850**

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include **STAR-SI** and **TI-06-006** in item number 10 on the face page any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

### **6.2 How to Send Applications**

SAMHSA is collaborating with [www.Grants.gov](http://www.Grants.gov) to accept electronic submission of applications. Please refer to Section IV-2.3 of this announcement for “Guidance for Electronic Submission of Applications.” Following are instructions for submission of paper applications.

Mail or deliver an original application and 2 copies (including appendices) to the mailing address provided above, according to the instructions in Section IV-3. The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

**Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

**SAMHSA will not accept or consider any applications sent by facsimile.**

## **V. APPLICATION REVIEW INFORMATION**

### **1. EVALUATION CRITERIA**

Your application will be reviewed and scored according to the quality of your response to the requirements listed below for developing the Project Narrative (Sections A-D). These sections describe what you intend to do with your project.

- In developing the Project Narrative section of your application, use these instructions which have been tailored to this program. **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-D) together may be no longer than 30 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The Supporting Documentation you provide in Sections E-G and Appendix 1 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading below is the maximum number of points a review committee may assign to that section of your Project Narrative. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within each section.

#### **Section A: Statement of Need (10 points)**

- Document the need to improve access and retention to outpatient treatment and for an enhanced infrastructure to address this need. State applicants should provide aggregate baseline data for all outpatient providers (ASAM Level of Care 1) in the State for the most recent 12 month period (either calendar or fiscal year; please indicate which it is and the associated time period) for the following measures: (a) number of unduplicated client admissions; (b) median length of stay in outpatient treatment; (c) percentage of admitted outpatients who remain in care after 28 days; and (d) the percentage of admitted outpatient clients who remain in care after 56 days. If data is not currently available for one or more of these measures, provide equivalent data that are available and specify what actions you plan to take prior to project start up to demonstrate the capability to collect these measures. Tribal applicants should provide similar data/documentation relating to access and retention for the territory they cover.

- Describe the service gaps, barriers, and other problems related to client access and retention and the need for infrastructure development to address the identified gaps, barriers and/or problems.

**Section B: Proposed Approach (35 points)**

- Clearly state the purpose of the proposed project, with goals and objectives. Describe how achievement of goals will increase client access and retention in your State/Tribal territory.
- Describe the proposed project. In the description of the project, address how you plan to implement each of the required activities listed in Section I-2.3 of this RFA. Indicate how your proposed implementation plan will meet the goals and objectives of the program.
- Demonstrate your understanding of the application of the process improvement model by conducting a process improvement “walkthrough” related to a barrier that was identified in Section A: Statement of Need, and describing the walkthrough process and outcome(s). (See “Resource Guide to Process Improvement//How to Conduct a Walkthrough” at [www.niatx.net](http://www.niatx.net)).
- Identify 5 or more outpatient treatment providers that will demonstrate access and retention improvements and provide the following information for each pilot provider: (1) name of the organization and individual(s) who will function as STAR-SI program lead and change leader; (2) number of unduplicated client admissions per year; and (3) description of organization structure, including the number and type of outpatient treatment units and the demographic characteristics of population(s) served, i.e., gender, age, race. In Appendix 1 of your application, include a letter of commitment to participate in the project from the director of each of the identified treatment providers.
- Describe your plan to implement demonstrated access and retention improvements in a broader network of outpatient treatment providers and to expand the operation of peer learning networks to meet implementation needs.
- Identify the outpatient treatment providers and fiscal intermediaries, if applicable, that will partner with the applicant in the design and implementation of the project. Describe how program partners participated in preparation of the application and identify the roles and responsibilities of partner representatives on the STAR-SI program management team. Demonstrate their commitment to the project. Include letters of commitment/coordination/support from the identified partners in Appendix 1 of the application.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe existing policies and/or program initiatives to ensure delivery of culturally appropriate/competent services and provide one example of how an improvement related to the delivery of culturally competent services could drive improvements in client access and/or retention. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA web site at [www.samhsa.gov](http://www.samhsa.gov). Click on the “Grants/SAMHSA’s Supporting Grant

Information/Useful Information for Applicants/Guidelines and Resources for Grant Applicants.”

- Describe your plan to ensure project sustainability when funding for this project ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

### **Section C: Staff, Management, and Relevant Experience (25 points)**

- Identify the key staff that will participate in the project, including the SSA Director, and indicate the role of each and their level of effort and qualifications. Describe the experience, skills and leadership capabilities of the designated senior manager/change leader and his/her past experience interacting with the SSA Director and senior management; clearly identify how staffing responsibilities will be reallocated to ensure a minimum of 30 percent of a full time, existing senior level manager/change leader position is dedicated to the project and can be sustained throughout the project period. Identify the senior managers that will provide support to the change leader and describe their role in the project. Describe the experience, skills and capabilities of the designated program coordinator position, including demonstrated experience and skills to facilitate team building and communicate effectively with management staff and identified stakeholders; clearly identify how staffing responsibilities will be reallocated to ensure a minimum of 50 percent of a full time position is dedicated to the program coordinator to the project and can be sustained throughout the project.
- Provide a realistic time line for the project (chart or graph) showing key activities, milestones, and staff responsible for each activity. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]
- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects. Describe the management and staffing plan for the project, including detailed information on the staffing and resources allocated to the operation of the proposed peer learning network(s) and stakeholder participation in the design and implementation of the program.
- Describe the resources available for the proposed project (e.g., facilities, equipment).

### **Section D: Evaluation and Data (30 points)**

- Describe the process and outcome evaluation. Include specific performance measures and target outcomes related to the goals and objectives identified for the project in Section B of your Project Narrative.
- Document your ability to collect and report on the required performance measures as specified in Section I-2.4 of this document, including data required by SAMHSA to meet GPRA requirements. Specify and document your ability to collect and report on a minimum of two State specific access and retention measures, including one measure that addresses timeliness to treatment.
- Describe plans for collection, management, analysis, and reporting of performance data.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

## **SUPPORTING DOCUMENTATION**

**Section E:** Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

**Section F:** Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20 percent of the total grant award will be used for data collection and evaluation, including GPRA. An illustration of a budget and narrative justification is included in Appendix D of this document.

**Section G:** Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available at [www.hhs.gov/forms/PHS-5161-1.doc](http://www.hhs.gov/forms/PHS-5161-1.doc).

## **2. REVIEW AND SELECTION PROCESS**

SAMHSA applications are peer-reviewed according to the review criteria listed above. For those programs where the individual award is over \$100,000, applications must also be reviewed by the appropriate National Advisory Council.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Substance Abuse Treatment's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size.

SAMHSA/CSAT will make no more than one award per State or tribe.

## **VI. AWARD ADMINISTRATION INFORMATION**

## 1. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project. It is sent by postal mail and is addressed to the contact person listed on the face page of the application.

If you are not funded, you can re-apply if there is another receipt date for the program.

## 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- Successful applicants must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA web site at [www.samhsa.gov/grants/generalinfo/grants\\_management.aspx](http://www.samhsa.gov/grants/generalinfo/grants_management.aspx).
- Successful applicants must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA web site ([http://www.samhsa.gov/Grants/generalinfo/grant\\_reqs.aspx](http://www.samhsa.gov/Grants/generalinfo/grant_reqs.aspx)).
- Depending on the nature of the specific funding opportunity and/or the proposed project as identified during review, additional terms and conditions may be negotiated with the grantee prior to grant award. These may include, for example:
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation; or
  - requirements to address problems identified in review of the application.
- Successful applicants will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA web site. Applicants are encouraged to complete the survey and return it, using the instructions provided on the survey form.

### **3. REPORTING REQUIREMENTS**

#### **3.1 Progress and Financial Reports**

- Grant performance will require the submission of semi-annual and final progress reports, as well as annual and final financial status reports.
- Because SAMHSA is extremely interested in ensuring that infrastructure development and enhancement efforts can be sustained, your progress reports should explain plans to ensure the sustainability (see Glossary) of efforts initiated under this grant.
- SAMHSA will provide guidelines and requirements for these reports to grantees at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine the grantee's progress toward meeting its goals.

#### **3.2 Government Performance and Results Act**

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., "GPRA data") from grantees. The performance requirements for SAMHSA's Strengthening Treatment Access and Retention – State Implementation (STAR-SI) grant program are described in Section I-2.4 of this document under "Data and Performance Measurement."

#### **3.3 Publications**

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

## **VII. AGENCY CONTACTS**

For questions about program issues, contact:

Suzanne Cable  
Division of Services Improvement, Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 5-1110  
Rockville, Maryland 20857  
(240) 276-1568  
[suzanne.cable@samhsa.hhs.gov](mailto:suzanne.cable@samhsa.hhs.gov)

Frances Cotter  
Division of Services Improvement, Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 5-1089  
Rockville, Maryland 20857  
(240) 276-1569  
[frances.cotter@samhsa.hhs.gov](mailto:frances.cotter@samhsa.hhs.gov)

For questions on grants management issues, contact:

Kimberly Pendleton  
Office of Program Services, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1097  
Rockville, Maryland 20857  
(240) 276-1421  
[kimberly.pendleton@samhsa.hhs.gov](mailto:kimberly.pendleton@samhsa.hhs.gov)

## Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

*SAMHSA’s goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA’s obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- Use the PHS 5161-1 application.
- Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement under “Guidance for Electronic Submission of Applications.”)
  - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
  - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement under “Guidance for Electronic Submission of Applications.”)
  - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
  - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
  - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

*To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.*

- The 10 application components required for SAMHSA applications should be included. These are:
  - Face Page (Standard Form 424, which is in PHS 5161-1)
  - Abstract
  - Table of Contents
  - Budget Form (Standard Form 424A, which is in PHS 5161-1)
  - Project Narrative and Supporting Documentation
  - Appendices
  - Assurances (Standard Form 424B, which is in PHS 5161-1)
  - Certifications (a form within PHS 5161-1)
  - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
  - Checklist (a form in PHS 5161-1)
  
- Applications should comply with the following requirements:
  - Budgetary limitations as specified in Section I, II, and IV-5 of this announcement.
  - Documentation of nonprofit status as required in the PHS 5161-1.
  
- Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
  
- Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
  
- The page limits for Appendices stated in the specific funding announcement should not be exceeded.
  
- Send the original application and two copies to the mailing address in Section IV-6.1 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

## Appendix B - Glossary

**Best Practice:** Best practices are practices that incorporate the best objective information currently available regarding effectiveness and acceptability.

**Catchment Area:** A catchment area is the geographic area from which the target population to be served by a program will be drawn.

**Cooperative Agreement:** A cooperative agreement is a form of Federal grant. Cooperative agreements are distinguished from other grants in that, under a cooperative agreement, substantial involvement is anticipated between the awarding office and the recipient during performance of the funded activity. This involvement may include collaboration, participation, or intervention in the activity. HHS awarding offices use grants or cooperative agreements (rather than contracts) when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

**Fidelity:** Fidelity is the degree to which a specific implementation of a program or practice resembles, adheres to, or is faithful to the evidence-based model on which it is based. Fidelity is formally assessed using rating scales of the major elements of the evidence-based model. A toolkit on how to develop and use fidelity instruments is available from the SAMHSA-funded Evaluation Technical Assistance Center at <http://tecathsri.org> or by calling (617) 876-0426.

**Grant:** A grant is the funding mechanism used by the Federal Government when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

**Practice:** A practice is any activity, or collective set of activities, intended to improve outcomes for people with or at risk for substance abuse and/or mental illness. Such activities may include direct service provision, or they may be supportive activities, such as efforts to improve access to and retention in services, organizational efficiency or effectiveness, community readiness, collaboration among stakeholder groups, education, awareness, training, or any other activity that is designed to improve outcomes for people with or at risk for substance abuse or mental illness.

**Practice Support System:** This term refers to contextual factors that affect practice delivery and effectiveness in the pre-adoption phase, delivery phase, and post-delivery phase, such as a) community collaboration and consensus building, b) training and overall readiness of those implementing the practice, and c) sufficient ongoing supervision for those implementing the practice.

**Stakeholder:** A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

**Sustainability:** Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.

**Target Population:** The target population is the specific population of people whom a particular program or practice is designed to serve or reach.

**Wraparound Service:** Wraparound services are non-clinical supportive services—such as child care, vocational, educational, and transportation services—that are designed to improve the individual’s access to and retention in the proposed project.

## Appendix C –Resources

Gustafson, D. & Hundt, A. (1995). Findings of innovation research applied to quality management principles for health care. *Health Care Management Review*, 20(2), 10-27.

Juran J., Gryna F. (1988). *Juran's Quality Control Handbook*. (4<sup>th</sup> ed.), McGraw-Hill Book Company.

Kaynak H. (2003). The relationship between total quality management practices and their effects on firm performance. *Journal of Operations Management*, 21(4): 405-435.

Pearson ML, Wu S, Schaefer AB, Shortell SM, Mendel PJ, Marsteller JA, Louis TA, Rosen M, & Keeler, EB. (2005). Assessing the Implementation of the Chronic Care Model in Quality Improvement Collaboratives. *Health Services Research*, 40(4), 978-996.

Ragsdale MA, Mueller J. (2005) Plan, Do, Study, Act Model to Improve an Orientation Program. *Journal of Nurse Care Quality*, 20, 268-272.

SAMHSA Office of Applied Studies (2002a) National Survey of Substance Abuse Treatment Services (N-SSATS); (reference also found in McLellan in “Reconsidering the Evaluation of addiction Treatment: From Retrospective Follow-up to Concurrent Recovery Monitoring” Horizens Review, 2005 Society for the Study of Addition)

## Appendix D – Sample Budget and Justification

### ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION TO ACCOMPANY SF 424A: SECTION B FOR 01 BUDGET PERIOD

#### OBJECT CLASS CATEGORIES

##### Personnel

Job Title	Name	Annual Salary	Level of Effort	Salary being Requested
Project Director	J. Doe	\$30,000	1.0	\$30,000
Secretary	Unnamed	\$18,000	0.5	\$ 9,000
Counselor	R. Down	\$25,000	1.0	\$25,000
<b>Enter Personnel subtotal on 424A, Section B, 6.a.</b>				<b>\$64,000</b>

Fringe Benefits (24%) \$15,360

**Enter Fringe Benefits subtotal on 424A, Section B, 6.b. \$15,360**

##### Travel

2 trips for SAMHSA Meetings for 2 Attendees  
 (Airfare @ \$600 x 4 = \$2,400) + (per diem  
 @ \$120 x 4 x 6 days = \$2,880) \$5,280  
 Local Travel (500 miles x .24 per mile) 120

[Note: Current Federal Government per diem rates are available at [www.gsa.gov](http://www.gsa.gov).]

**Enter Travel subtotal on 424A, Section B, 6.c. \$ 5,400**

##### Equipment (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) \$5000.

**Enter Equipment subtotal on 424A, Section B, 6.d.**

##### Supplies

Office Supplies \$500  
 Computer Software - 1 WordPerfect 500

**Enter Supplies subtotal on 424A, Section B, 6.e. \$1,000**

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

**Contractual Costs**

**Evaluation**

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort
Evaluator	J. Wilson	\$48,000	\$24,000	0.5
Other Staff		\$18,000	\$18,000	1.0

Fringe Benefits (25%) \$10,500

**Travel**

2 trips x 1 Evaluator (\$600 x 2)				\$ 1,200
per diem @ \$120 x 6				720
Supplies (General Office)				500

Evaluation Direct \$54,920

Evaluation Indirect Costs (19%) \$10,435

Evaluation Subtotal \$65,355

**Training**

Job Title	Name	Level of Effort	Salary being Requested
Coordinator	M. Smith	0.5	\$ 12,000
Admin. Asst.	N. Jones	0.5	\$ 9,000
Fringe Benefits (25%)			\$ 5,250

**Travel**

2 Trips for Training			
Airfare @ \$600 x 2			\$ 1,200
Per Diem \$120 x 2 x 2 days			480
Local (500 miles x .24/mile)			120

**Supplies**

Office Supplies			\$ 500
Software (WordPerfect)			500

**Other**

Rent (500 Sq. Ft. x \$9.95)			\$ 4,975
Telephone			500
Maintenance (e.g., van)			\$ 2,500
Audit			\$ 3,000

Training Direct \$ 40,025

Training Indirect \$ -0-

**Enter Contractual subtotal on 424A, Section B, 6.f. \$105,380**



**CALCULATION OF FUTURE BUDGET PERIODS**  
**(based on first 12-month budget period)**

**Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of \$180,100 is effective for all FY 2005 awards.) \***

	First 12-month Period	Second 12-month Period	Third 12-month Period
Personnel			
Project Director	30,000	30,000	30,000
Secretary**	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

\*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-447.

\*\*Increased from 50% to 100% effort in 02 through 03 budget periods.

Fringe Benefits (24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	-0-	-0-	-0-
Supplies***	1,000	520	520

\*\*\*Increased amount in 01 year represents costs for software.

Contractual Evaluation****	65,355	67,969	70,688
Training	40,025	40,025	40,025

\*\*\*\*Increased amounts in 02 and 03 years are reflected of the increase in client data collection.

Other	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second through the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.

## Appendix E - Examples of State Specific Access and Retention Measures

### I. Access Measures: Timeliness to Treatment

**Average Time to First Client Treatment Session** will measure the time elapsed between the date a client first contacts the agency requesting service and the date that the client received their first treatment session, where a treatment session represents an individual or group session. It will be calculated as follows:

$$\frac{\text{(Sum of the Date of Admission – Date of 1<sup>st</sup> Contact for all clients)}}{\text{(Number of Clients who receive a 1<sup>st</sup> Treatment Session)}}$$

**Average Time from the 1<sup>st</sup> to the 2<sup>nd</sup> Clinical Encounter** will measure the time elapsed between the date a client first has a face to face clinical encounter (e.g., assessment) to the second such face to face clinical encounter. It will be calculated as follows:

$$\frac{\text{(Sum of the Date of 2<sup>nd</sup> Clinical Encounter – Date of 1<sup>st</sup> Clinical Encounter for all clients)}}{\text{(Number of Clients who receive a 2<sup>nd</sup> Clinical Encounter)}}$$

**Average Time from First Clinical Encounter to Admission** will measure the time elapsed between the date a client first has a face to face clinical encounter (e.g., assessment) and the date that the client is actually admitted to treatment at a specified ASAM level of care. It will be calculated as follows:

$$\frac{\text{(Sum of the Date of Admission – Date of 1<sup>st</sup> Clinical Encounter for all clients)}}{\text{(Number of Clients who are admitted to a specified ASAM Level of Care)}}$$

### Retention Measures: Continuation in Treatment

**Assessment Conversion Rate** will measure the number of 1<sup>st</sup> request for a clinical service that actually receives an assessment. It will be calculated as follows:

$\frac{\text{(Number of Completed Outpatient Assessments)}}{\text{(Number of 1st Request for Outpatient Services)}}$	X 100
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**Admission Conversion Rate** will measure the number of clients who receive an assessment who are actually admitted to receive ASAM Level of Care I – Outpatient Services. It will be calculated as follows:

$\frac{\text{(Number of Outpatient Admissions)}}{\text{(Number of Completed Outpatient Assessments)}}$	X 100
--	-------

**Early Client Engagement Rate** will measure the successful completion of four group or individual sessions within thirty days of admission. It will be calculated as follows:

$\frac{\text{(# of Clients who received 4 OP Treatment Sessions within 30 days of the 1st Treatment Session)}}{\text{(# of Clients Admitted to Outpatient Treatment)}}$	X 100
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## **Appendix F - CSAT Core GPRA Client Outcome Tool**

Form Approved  
OMB No. 0930-0208  
Expiration Date 01/31/2007

### **CSAT GPRA Client Outcome Measures for Discretionary Programs**

**[NOTE: This Appendix contains only Sections A, J, and K of CSAT's GPRA  
Client Outcome Measures]**

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Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.



**[FOLLOW-UP AND DISCHARGE INTERVIEWS: SKIP TO SECTION B.]**

**A. RECORD MANAGEMENT (Continued)**

**PLANNED SERVICES [REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE]**

Identify the services you plan to provide to the client during the client's course of treatment/recovery. **[CIRCLE 'Y' FOR YES OR 'N' FOR NO FOR EACH ONE.]**

<b>Modality</b>	<b>Yes</b>	<b>No</b>
<b>[SELECT AT LEAST ONE MODALITY.]</b>		
1. Case Management	Y	N
2. Day Treatment	Y	N
3. Inpatient/Hospital (Other Than Detox)	Y	N
4. Outpatient	Y	N
5. Outreach	Y	N
6. Intensive Outpatient	Y	N
7. Methadone	Y	N
8. Residential/Rehabilitation	Y	N
9. Detoxification (Select Only One)		
A. Hospital Inpatient	Y	N
B. Free Standing Residential	Y	N
C. Ambulatory Detoxification	Y	N
10. After Care	Y	N
11. Recovery Support	Y	N
12. Other (Specify) _____	Y	N

<b>Treatment Services</b>	<b>Yes</b>	<b>No</b>
<b>[SBIRT GRANTS: YOU MUST CIRCLE 'Y' FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]</b>		
1. Screening	Y	N
2. Brief Intervention	Y	N
3. Brief Treatment	Y	N
4. Referral to Treatment	Y	N
5. Assessment	Y	N
6. Treatment/Recovery Planning	Y	N
7. Individual Counseling	Y	N
8. Group Counseling	Y	N
9. Family/Marriage Counseling	Y	N
10. Co-Occurring Treatment/Recovery Services	Y	N
11. Pharmacological Interventions	Y	N
12. HIV/AIDS Counseling	Y	N
13. Other Clinical Services (Specify) _____	Y	N

<b>Case Management Services</b>	<b>Yes</b>	<b>No</b>
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	Y	N
2. Child Care	Y	N
3. Employment Service		
A. Pre-Employment	Y	N
B. Employment Coaching	Y	N
4. Individual Services Coordination	Y	N
5. Transportation	Y	N
6. HIV/AIDS Service	Y	N
7. Supportive Transitional Drug-Free Housing Services	Y	N
8. Other Case Management Services (Specify) _____	Y	N

<b>Medical Services</b>	<b>Yes</b>	<b>No</b>
1. Medical Care	Y	N
2. Alcohol/Drug Testing	Y	N
3. HIV/AIDS Medical Support & Testing	Y	N
4. Other Medical Services (Specify) _____	Y	N

<b>After Care Services</b>	<b>Yes</b>	<b>No</b>
1. Continuing Care	Y	N
2. Relapse Prevention	Y	N
3. Recovery Coaching	Y	N
4. Self-Help and Support Groups	Y	N
5. Spiritual Support	Y	N
6. Other After Care Services (Specify) _____	Y	N

<b>Education Services</b>	<b>Yes</b>	<b>No</b>
1. Substance Abuse Education	Y	N
2. HIV/AIDS Education	Y	N
3. Other Education Services (Specify) _____	Y	N

<b>Peer-To-Peer Recovery Support Services</b>	<b>Yes</b>	<b>No</b>
1. Peer Coaching or Mentoring	Y	N
2. Housing Support	Y	N
3. Alcohol- and Drug-Free Social Activities	Y	N
4. Information and Referral	Y	N
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	Y	N

**A. RECORD MANAGEMENT - DEMOGRAPHICS [ASKED ONLY AT INTAKE/BASELINE]**

**1. What is your gender?**

- MALE
- FEMALE
- TRANSGENDER
- OTHER (SPECIFY) \_\_\_\_\_
- REFUSED

**2. Are you Hispanic or Latino?**

- YES
- NO
- REFUSED

**[IF YES] What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.**

	Yes	No	Refused
Central American	Y	N	Refused
Cuban	Y	N	Refused
Dominican	Y	N	Refused
Mexican	Y	N	Refused
Puerto Rican	Y	N	Refused
South American	Y	N	Refused
Other	Y	N	Refused [IF YES, SPECIFY BELOW]
	(Specify) _____		

**3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.**

	Yes	No	Refused
Black or African American	Y	N	Refused
Asian	Y	N	Refused
Native Hawaiian or other Pacific Islander	Y	N	Refused
Alaska Native	Y	N	Refused
White	Y	N	Refused
American Indian	Y	N	Refused

**4. What is your date of birth?\***

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MONTH DAY

\_\_\_\_\_  
YEAR

- REFUSED

**\*THE SYSTEM WILL ONLY SAVE MONTH AND YEAR. DAY IS NOT SAVED TO MAINTAIN CONFIDENTIALITY.**

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**J. DISCHARGE STATUS**

**[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE]**

**1. On what date was the client discharged?**

|\_|\_|/|\_|\_|/|\_|\_|\_|\_|  
MONTH DAY YEAR

**2. What is the client's discharge status?**

- 01 = Completion/Graduate
- 02 = Termination

If the client was terminated, what was the reason for termination? *[SELECT ONE RESPONSE.]*

- 01 = Left on own against staff advice with satisfactory progress
- 02 = Left on own against staff advice without satisfactory progress
- 03 = Involuntarily discharged due to nonparticipation
- 04 = Involuntarily discharged due to violation of rules
- 05 = Referred to another program or other services with satisfactory progress
- 06 = Referred to another program or other services with unsatisfactory progress
- 07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress
- 08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress
- 09 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress
- 10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress
- 11 = Transferred to another facility for health reasons
- 12 = Death
- 13 = Other (Specify) \_\_\_\_\_

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**K. SERVICES RECEIVED**

**[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE]**

**Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY.]**

<b>Modality</b>	<b>Days</b>
1. Case Management	_ _
2. Day Treatment	_ _
3. Inpatient/Hospital (Other Than Detox)	_ _ _
4. Outpatient	_ _
5. Outreach	_ _
6. Intensive Outpatient	_ _
7. Methadone	_ _



- 1. Continuing Care
- 2. Relapse Prevention
- 3. Recovery Coaching
- 4. Self-Help and Support Groups
- 5. Spiritual Support
- 6. Other After Care Services
- (Specify) \_\_\_\_\_

**Education Services**

**Sessions**

- 1. Substance Abuse Education
- 2. HIV/AIDS Education
- 3. Other Education Services
- (Specify) \_\_\_\_\_

**Peer-To-Peer Recovery Support Services Sessions**

- 1. Peer Coaching or Mentoring
- 2. Housing Support
- 3. Alcohol- and Drug-Free Social Activities
- 4. Information and Referral
- 5. Other Peer-to-Peer Recovery Support Services
- (Specify) \_\_\_\_\_