

**Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration**

**Implementation Cooperative Agreements for Expansion of
the Comprehensive Community Mental Health Services for
Children and their Families Program**

**(Short Title: System of Care Expansion Implementation
Cooperative Agreements)**

(Initial Announcement)

Request for Applications (RFA) No. SM-14-002

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.104

Key Dates:

Application Deadline	Applications are due by March 21, 2014.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Table of Contents

EXECUTIVE SUMMARY	4
I. FUNDING OPPORTUNITY DESCRIPTION.....	6
1. PURPOSE.....	6
2. EXPECTATIONS	7
II. AWARD INFORMATION.....	15
III. ELIGIBILITY INFORMATION	16
1. ELIGIBLE APPLICANTS.....	16
2. COST SHARING and MATCH REQUIREMENTS	17
3. OTHER.....	18
IV. APPLICATION AND SUBMISSION INFORMATION	20
1. CONTENT AND GRANT APPLICATION SUBMISSION.....	20
2. APPLICATION SUBMISSION REQUIREMENTS	24
3. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS	24
4. FUNDING LIMITATIONS/RESTRICTIONS.....	24
V. APPLICATION REVIEW INFORMATION	25
1. EVALUATION CRITERIA.....	25
2. REVIEW AND SELECTION PROCESS.....	31
VI. ADMINISTRATION INFORMATION.....	31
1. AWARD NOTICES.....	31
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	32
3. REPORTING REQUIREMENTS	33
VII. AGENCY CONTACTS	33
Appendix A – Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications	35
Appendix B – Guidance for Electronic Submission of Applications	37
Appendix C – Using Evidence-Based Practices (EBPs).....	44

Appendix D – Statement of Assurance.....	46
Appendix E – Intergovernmental Review (E.O. 12373) Requirements.....	48
Appendix F – Funding Restrictions.....	50
Appendix G – Biographical Sketches and Job Descriptions.....	50
Appendix H-Sample Budget and Justification (match required).....	51
Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines.....	66
Appendix J – Addressing Behavioral Health Disparities.....	71
Appendix K – Electronic Health Record (EHR) Resources.....	75
Appendix L – SOC Implementation Grantees.....	76

EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2014 Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program (System of Care (SOC) Expansion Implementation Cooperative Agreements) grants. The purpose of this program is to improve behavioral health outcomes for children and youth with serious emotional disturbances and their families.

Funding Opportunity Title:	Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program
Funding Opportunity Number:	SM-14-002
Due Date for Applications:	March 21, 2014
Anticipated Total Available Funding:	\$23,000,000
Estimated Number of Awards:	23
Estimated Award Amount:	Up to \$1,000,000 per year
Cost Sharing/Match Required	Yes [See <u>Section III-2</u> of this RFA for cost sharing/match requirements.]
Length of Project Period:	Up to 4 years

Eligible Applicants:	<p>State governments; Indian or tribal organizations (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination and Education Assistance Act); Governmental units within political subdivisions of a State, such as a county, city or town; District of Columbia government; and Commonwealth of Puerto Rico, Northern Mariana Islands, Virgin Islands, Guam, American Samoa and Trust Territory of the Pacific Islands (now Palau, Micronesia and the Marshall Islands).</p> <p>[See Section III-1 of this RFA for complete eligibility information.]</p>
-----------------------------	---

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2014 Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program (System of Care (SOC) Expansion Implementation Cooperative Agreements) grants. The purpose of this program is to improve behavioral health outcomes for children and youth with serious emotional disturbances and their families.

This program supports the operation, expansion, and integration of SOC through the creation of sustainable infrastructure which allows for the provision of and access to required services and supports that adhere to the values, principles, and practices comprising the system of care approach to become the primary way in which children's mental health services are delivered throughout the nation.

This cooperative agreement is intended to support the availability and provision of mental health and related recovery support services to children and youth with emotional disturbances along with the implementation of systemic changes in policy, financing, services and supports, training and workforce development, and other areas that are necessary for expanding and sustaining the system of care approach, and to accomplish these goals through linkages with other health reform implementation efforts.

The goal of the SOC Expansion Implementation cooperative agreements is to build upon progress made in developing comprehensive strategic plans to expand and sustain the SOC values and principles to address children and youth with serious emotional disturbances and their families. SAMHSA expects that these grants will help facilitate wide scale adoption and operation of the SOC framework (across large geographic regions such as those represented by states, tribes, and territories) and increase State Medicaid and other third party reimbursement for the SOC spectrum of services and supports.

Applicants are expected to implement plans to create comprehensive and sustainable policies, infrastructure, required services and supports consistent with the requirements authorized under Sections 561-565 of the Public Health Service Act, as amended.

The SOC Expansion Implementation cooperative agreements closely align with SAMHSA's Recovery Support, Trauma and Justice, and Health Reform Strategic Initiatives by focusing resources on reducing the impact of substance abuse and mental

illness on American communities and addressing the behavioral health impacts of trauma through a systematic public health approach.

The SOC Expansion Implementation Grant is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 6th month of the project at the latest.

The SOC Expansion Implementation grants are authorized under Sections 561-565 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

2. EXPECTATIONS

The expectation of this grant is to create a comprehensive and sustainable SOC in a state, political subdivision, tribe or territory that is family-driven, youth-guided and culturally and linguistically competent. Plans and activities must include: 1) a description of the required mental health, related recovery supports, case management and outreach services identified under Sections 561- 565 (See Appendix K) of the Public Health Service Act, as amended; 2) populations, areas, and localities with need for such services; and 3) the manner in which services will be coordinated with similar services or activities of the applicant. The actions must also detail and demonstrate how the SOC will collaborate with other child serving systems such as child welfare, education, juvenile justice, primary care, and how the integration of mental health and substance abuse services and systems will be accomplished.

Further, SOC implementation activities must include a strategic "financing plan" to be completed by the end of the first year for how the SOC framework will be brought to scale and sustained throughout the state, tribe, territory, or jurisdiction. This financing plan, and subsequent implementation activities, must address and demonstrate how the system of care will financially link with other child serving systems, including the identification of how Medicaid dollars will be used, how the SOC will be connected and integrated with Block Grants, and how the SOC will be included and integrated in the implementation of the Affordable Care Act. Collaboration between child and adult serving agencies as well as consumer groups are critical when serving older youth who are transitioning to adulthood.

SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also

expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are secured first when available for that individual.

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND). Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate.

If your application is funded, you will be expected to develop a health disparities impact statement. This statement consists of three parts: (1) proposed number of individuals to be served by subpopulations (i.e., racial, ethnic, sexual/gender minority groups)

vulnerable to health disparities; (2) proposed quality improvement plan to decrease the differences in **access, service use** and **outcomes** among those subpopulations; and (3) the quality improvement plan should include alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See [Appendix J: Addressing Behavioral Health Disparities.](#))

2.1 Population of Focus

The authority for the SOC Expansion Implementation Grants (Sections 561- 565 of the Public Health Service Act, as amended) requires that the population of focus for these implementation efforts be children and/or adolescents with a serious emotional disturbance as defined by the criteria listed below:

Age: Children and youth from birth to 21 years of age.

Diagnosis: The child or youth must have an emotional, socio-emotional, behavioral or mental disorder diagnosable under the *DSM-IV* or its *ICD-9-CM* equivalents, or subsequent revisions (with the exception of *DSM-IV* A V codes, substance use disorders and developmental disorders, unless they co-occur with another diagnosable serious emotional, behavioral, or mental disorder). For children 3 years of age or younger, the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC: 0-3R)* should be used as the diagnostic tool. (See <http://www.zerotothree.org> for more information.) For children 4 years of age and older, the *Diagnostic Interview Schedule for Children (DISC)* may be used as an alternative to the *DSM-IV*.

Disability: The child or youth is unable to function in the family, school or community, or in a combination of these settings. Or, the level of functioning is such that the child or adolescent requires multi-agency intervention involving two or more community service agencies providing services in the areas of mental health, education, child welfare, juvenile justice, substance abuse, or primary health care. For children under 6 years of age, community service agencies include those providing services in the areas of childcare, early childhood education (e.g., Head Start), pediatric care, and family mental health. For youth ages 18 to 21 years, community service agencies include those providing services in the areas of adult mental health, social services, vocational counseling and rehabilitation, higher education, criminal justice, housing, and health.

Duration: The identified disability must have been present for at least 1-year or, on the basis of diagnosis, severity or multi-agency intervention, is expected to last more than 1-year.

2.2 Required Activities

During the 4-year implementation period, grantees will be expected to realize goals and actions identified in their comprehensive strategic plans to expand and sustain systems of care. Activities must demonstrate the ability to improve, expand, and sustain required comprehensive services and supports throughout the geographic area that are

consistent with SOC principles and philosophy. These funds must be used to create infrastructure, facilitate access to required services and supports (including mental health, related recovery supports, case management, and outreach services) and to provide required mental health and related recovery support services that are identified under Sections 561- 565 of the Public Health Service Act, as amended (See [Appendix K](#)).

Priority will be given to states/tribes/territories/political jurisdictions that have demonstrated evidence of strategic planning to expand and sustain the SOC approach.

SOC Expansion Implementation Cooperative Agreements must include the following types of activities designed to implement, expand, operate, and sustain systems of care:

- Provision of the following mental health services: (1) diagnostic and evaluation services; (2) outpatient services, including individual, group and family counseling services, professional consultation, and review and management of medications; (3) 24-hour emergency services, 7 days a week; (4) intensive home-based services for the children and their families when the child is at imminent risk of out-of-home placement; (5) intensive day treatment services; (6) respite care; (7) therapeutic foster care services, and services in therapeutic foster family homes or individual therapeutic residential homes, and group homes caring for not more than 10 children; and (8) assisting the child in making the transition from services received as a child to the services to be received as an adult.
- Engagement in outreach activities to inform individuals, as appropriate, of the services available under the system.
- Applicants must explain how they intend to assure that services are delivered within a family-driven, youth-guided framework and how families and youth will be integrally involved in the governance and oversight of grant activities.
- Applicants must explain how they will assure that services are delivered with cultural and linguistic competence and how they will address issues of diversity and disparity.
- Expansion of family and youth involvement, and demonstration that youth and families are integral partners in planning and implementation activities.
- Collaborations across child serving agencies (e.g., child welfare, juvenile justice, primary care, education, early childhood) and among critical providers and programs to build bridges among partners, including relationships between community and residential treatment settings. Collaboration between child and

adult serving agencies are critical when serving older youth who are transitioning to adulthood.

- Integration between mental health and substance abuse services and systems.
- Creation of outcome measurement strategies based on SOC values and principles that are aligned with state/tribal/territorial efforts and identification of electronic health records and data management approaches.
- Coordination of SOC strategies with block grants and other health care reform efforts.
- Critical collaborations with substance abuse, wellness promotion, and illness prevention activities.
- Incorporation of trauma-related activities into the service system, including trauma screening, trauma treatment, and a trauma-informed approach to care.
- Development of social marketing and strategic communications activities to promote social inclusion, develop partnerships, and promote system of care values and principles.
- Creation of sustainable training and technical assistance strategies that facilitate ongoing learning, coaching and practice improvement, and support fidelity to SOC values and principles.
- Development and subsequent implementation of a strategic financing plan that incorporates Medicaid and other third party payors, other child serving agencies and systems, and block grants, thereby creating a mechanism for the SOC framework to be brought to scale and sustained.
- Development of statewide/tribal/territorial interagency coordination and collaboration mechanisms that clearly support an infrastructure to increase the focus on wide scale adoption of SOC, including an organizational structure that identifies a locus of authority and responsibility, and ability to provide oversight of the SOC (e.g., statewide/tribal/territorial Interagency SOC Expansion Implementation Board).
- Establishment of policy, administrative and/or regulatory structures that support ongoing SOC implementation efforts.

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Modernization Act of 2010 (GPRA). You must document your ability to collect and report the required data in [“Section D: Performance Assessment and Data”](#) of your application. Grantees will be required to report performance on services and infrastructure activities. For infrastructure, grantees will be required to collect and report the following data:

- The number of policy changes completed as a result of the grant
- The number of agencies/organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health-related practices that are consistent with the goals of the grant
- The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant
- A change made to a credentialing and licensing policy in order to incorporate expertise needed to improve mental health-related practices/activities as a result of the grant
- The amount of additional funding obtained for specific mental health-related practices/activities as a result of the grant
- The number of financing policy changes completed as a result of the grant
- The amount of pooled/blended or braided funding with other organizations used for mental health-related practices/activities as a result of the grant
- The number of agencies/organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/ MOAs) to improve mental health-related practices/activities as a result of the grant
- The number and percentage of work group/advisory group/council members who are youth/family members
- The number of youth/family members representing youth/family organizations who are involved in on-going mental health-related planning and advocacy activities as a result of the grant
- The number of youth/family members who are involved in mental health-related evaluation oversight, data collection, and/or analysis activities as a result of the grant
- The number of individuals exposed to mental health awareness messages.

For services, grantees will be expected to report on the following performance measures:

- Mental illness symptomatology;
- Employment/education;
- Crime and criminal justice;
- Stability in housing; access, i.e., number of persons served by age, gender, race and ethnicity;
- Rate of readmission to psychiatric hospitals;
- Social support/social connectedness; and
- Client perception of care.

This information will be gathered using the CMHS Child Outcome Measures for Discretionary Programs (Child or Adolescent Respondent Version and Caregiver Respondent Version), which can be found at <https://www.cmhs-gpra.samhsa.gov> along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Health Information Network at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected at baseline, 6-month follow-up, and at discharge. Data are to be entered into TRAC (Transformation Accountability) web system within seven days of data collection. Technical Assurances related to data collection and reporting, data entry, fiscal and annual report generation is available. Applicants should be aware that the TRAC reporting system will migrate to the Common Data Platform (CDP) during the life of the grant.

The collection of these data will enable CMHS to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health. In addition to the NOMs, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.4 Local Performance Assessment

Grantees must agree to participate in any required national evaluation being conducted to determine the effectiveness of grant operations. As part of such processes, grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to

provide reports on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted twice a year (i.e., as part of the Continuation Application and on August 30th or when directed by the Government Project Officer). These reports will be reviewed by the Government Project Officer to determine progress and compliance with grant requirements.

At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual identity (sexual orientation/gender identity)?
- How durable were the effects?

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the original proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.3 and 2.4 above.

2.5 Grantee Meetings

Grantees must agree to have key staff and partners participate in virtual training events that will be held to provide information, direction and technical assistance to grantees. In addition, grantees must include a plan to send a minimum of ten people (including the Project Director and key stakeholders that are mutually identified between the grantee and Government Project Officer) to at least one SOC training activity during the grant period (these can be divided into multiple training events). You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will receive training on the development and implementation of various aspects of a SOC, present results of their projects if applicable and participate in technical assistance that may be provided by federal staff or partners.

II. AWARD INFORMATION

Proposed budgets cannot exceed \$1,000,000 in total costs (direct and indirect) 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, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2014 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

These awards will be made as cooperative agreements.

Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee:

- Comply with the terms and conditions of the agreement, which will be specified in the Notice of Grant Award (NOGA).
- Agree to provide SAMHSA with all required data.
- Regularly assess technical assistance needs and agree to work closely with federal staff and technical assistance providers to address identified needs.
- Comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care which can be found at <http://www.ThinkCulturalHealth.hhs.gov>.

Role of SAMHSA Staff:

- Monitor each grantee's progress in the implementation of program requirements, and provide direct assistance to advance the goals of the program, and to improve the effectiveness of the SOC.
- Review and approve each stage of project implementation (e.g. continuation applications, and proposed programmatic and budgetary modifications).
- Participate in making decisions with the grantee to help achieve project objectives.
- Approve decisions for each grantee regarding:
 - Use of technical assistance resources for developing and operating the SOC according to requirements of the cooperative agreement, and for increasing the likelihood that the SOC will be expanded and sustained beyond the federal funding period; and
 - Use of communications, public awareness, and social marketing techniques in the community to promote good mental health practices among children and youth with serious emotional disturbances and their families; advertise systems of care services, and reduce community-wide stigma associated with mental health challenges.
- Conduct a formal federal site visit in Year 2 of the cooperative agreement. Additional formal or informal site visits may be conducted, as needed.
- Ensure that SOC activities under this program are coordinated with CMHS, SAMHSA, and other federal initiatives, as appropriate.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility for this program is statutorily limited to public entities such as:

State governments; Indian or tribal organizations (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination and Education Assistance Act); governmental units within political subdivisions of a state, such as a county, city or town; District of Columbia government; and the Commonwealth of Puerto Rico, Northern Mariana Islands, Virgin Islands, Guam, American Samoa, and Trust Territory of the Pacific Islands (now Palau, Micronesia, and the Marshall Islands).

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of American Indians/Alaska Natives 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 American Indians/Alaska Natives in all

phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

Entities that are currently funded under the Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and Their Families (System of Care (SOC) Expansion Implementation Cooperative Agreements), RFA# SM-12-003 are not eligible to apply under this funding announcement (Appendix L). The statutory authority for this program prohibits grants to for-profit agencies.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is required by statutory mandate to provide matching funds from other nonfederal sources, either directly or through donations from public or private entities:

- For the first, second, and third fiscal years of the cooperative agreement, you must provide at least \$1 for each \$3 of Federal funds; and
- For the fourth fiscal year of the cooperative agreement, you must provide at least \$1 for each \$1 of Federal funds.

Matching resources may be in cash or in-kind, including facilities, equipment, or services and must be derived from nonfederal sources (e.g., state or sub-state nonfederal revenues, foundation grants).

It is expected that nonfederal match dollars will include contributions from various child-serving systems (e.g., education, child welfare, and juvenile justice). You must specify the names of the expected sources, the types of sources (e.g., education, child welfare, and juvenile justice) and the amount of matching funds, to show evidence of your potential to sustain the system of care as you bring it to scale in your state/territory/tribe.

There is concern that the federal funds for this program might be used to replace existing nonfederal funds. Therefore, applicants may only include as nonfederal match, contributions in excess of the average amount of nonfederal funds available to the applicant public entity over the 2 fiscal years preceding the fiscal year when the Federal award is made. Nonfederal public contributions, whether from State, county or city governments, must be dedicated to the community(ies) served by the cooperative agreement.

Federal grant funds must be used for the new expenses of the program carried out by the grantee. That is, Federal grant funds must be used to supplement and not supplant any funds available for carrying out existing services and activities, (e.g., college suicide prevention activities).

A letter from the director of the agency applying for the grant should certify that matching funds for the proposed initiative are available and are non-federal funds. The letter must be included in **Attachment 5** of the application, Non-Federal Match

Certification. This letter should also indicate that proposed changes in funding streams required for the match or other funding innovations necessary for implementation of the proposed initiative will be allowed. Additional letters from other related recovery support agency directors (e.g., education, child welfare, juvenile justice and Medicaid) at the state, county, or city levels, must also be included in **Attachment 5** of the application as applicable.

Tribes receiving funds under the Indian Self-Determination and Education Assistance Act, PL 93-638, as amended, are exempt from the restriction that prohibits the use of those Federal funds as a match.

3. OTHER

Applicants must show that identified needs are consistent with priorities of the tribe, tribal organization, state or county that has primary responsibility for the service delivery system. You must include, in **Attachment 6**, a copy of the state or county strategic plan, a state or county needs assessment, or a letter from the state or county indicating that the proposed project addresses a state- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

3.2 Additional Eligibility Requirements

You must comply with the following three requirements, or your application will be screened out and will not be reviewed:

1. use of the SF-424 application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
2. application submission requirements in Section IV-3 of this document; and
3. formatting requirements provided in Appendix A of this document.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client mental health services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved.

- Each mental health/substance abuse treatment provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years).
- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. See Appendix D, Statement of Assurance.]

Following application review, if your application's score is within the funding range, the GPO may contact you to request that the following documentation be sent by overnight mail, or to verify that the documentation you submitted is complete:

- a letter of commitment from every mental health/substance abuse treatment provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided; and
- official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable local (city, county) and state requirements for licensing, accreditation, and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.¹
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and

¹ Tribes and tribal organizations are exempt from these requirements.

certification; **OR** 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

If the GPO requests this information and does not receive this documentation within the time specified, your application will not be considered for an award.

IV. APPLICATION AND SUBMISSION INFORMATION

1. CONTENT AND GRANT APPLICATION SUBMISSION

You must go to both Grants.gov (<http://www.Grants.gov>) and the SAMHSA website (<http://www.beta.samhsa.gov/grants/applying>) to download the required documents you will need to apply for a SAMHSA grant.

Grants.gov

How to Download Forms from Grants.gov (see [Appendix B](#) for information on applying through Grants.gov)

To view and/or download the required application forms, you must first search for the appropriate funding announcement number (called the opportunity number).

On the Grants.gov site (<http://www.Grants.gov>), select the Apply for Grants option from the Applicants Tab at top of the screen. Under STEP 1, click on the red button labeled: 'Download a Grant Application Package'. Enter either the Funding Opportunity Number (SAMHSA's Funding Announcement #) or the Catalogue of Federal Domestic Assistance (CFDA) Number exactly as they appear on the cover page of this RFA, then click the Download Package button. In the Instructions column, click the Download link.

You can view, print or save all of these forms. You can complete the forms for electronic submission to Grants.gov. Completed forms can also be saved and printed for your records. These required forms include:

- Application for Federal Assistance (SF-424);
- Budget Information – Non-Construction Programs (SF-424A);
- Project/Performance Site Location(s) Form;
- Disclosure of Lobbying Activities; and
- Checklist.

Applications that do not include these required forms will be screened out and will not be reviewed.

SAMHSA's Grants Website

You will find additional materials you will need to complete your application on SAMHSA's website (<http://www.beta.samhsa.gov/grants/applying>). These include:

- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA;
- Assurances – Non-Construction Programs;
- Certifications;
- Charitable Choice Form SMA 170; and
- Notification of a Pre-Application Webinar.

See Section IV-1.1-Assurances of this RFA to determine if you are required to submit Charitable Choice Form SMA 170. If you are, you can upload this form to Grants.gov when you submit your application.

Be sure to check the SAMHSA website periodically for any updates on this program.

1.1 Required Application Components

Applications must include the following 12 required application components:

- **Application for Federal Assistance (SF-424)** – This form must be completed by applicants for all SAMHSA grants. [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 first 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 website at <http://www.dnb.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. In addition, you must be registered in the new System for Award Management (SAM). The former Central Contractor Registration (CCR) transitioned to the SAM on July 30, 2012. **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations).** The DUNS number you use on your application must be registered and active in the SAM. To Create a user account,

Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.]

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. 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, reports to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in Appendix H of this document.
- **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. (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 H. 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.” Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 6** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2, 5, and 6. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - **Attachment 1:** (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of

all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of commitment from these direct service provider organizations; (4) the Statement of Assurance (provided in [Appendix D](#) of this announcement) signed by the authorized representative of the applicant organization identified on the first page (SF-424) of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.

- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- **Attachment 3:** Sample Consent Forms
- **Attachment 4:** Letter to the SSA (if applicable; see [Section IV-4](#) of this document)
- **Attachment 5:** Letter certifying Non-Federal Match Funds (see [Section 2.2](#))
- **Attachment 6:** A copy of the state or county strategic plan, a state or county needs assessment, or a letter from the state or county indicating that the proposed project addresses a state- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities (see [Section 3.1](#))
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s website with the RFA.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the first page (SF-424) of the application.
- **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the first page (SF-424) of the application.

- **Disclosure of Lobbying Activities** – 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. You must sign and submit this form, if applicable.
- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, “Type of Application”, indicating if this is a new, noncompeting continuation, competing continuation or supplemental application, as well as Parts A through D.
- **Documentation of nonprofit status** as required in the Checklist.

1.2 Application Formatting Requirements

Please refer to Appendix A, Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications, for SAMHSA’s basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on, March 21, 2014.

Your application must be submitted through <http://www.Grants.gov>. Please refer to Appendix B, “Guidance for Electronic Submission of Applications.”

3. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See Appendix E for additional information on these requirements as well as requirements for the Public Health Impact Statement.

4. 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.samhsa.gov/grants/management.aspx>:

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA’s SOC Expansion Implementation Cooperative Agreements grant recipients must comply with the following funding restrictions:

- No more than 20 percent of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.

Be sure to identify these expenses in your proposed budget.

SAMHSA grantees also must comply with SAMHSA’s standard funding restrictions, which are included in Appendix F.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- 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. You must 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.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at <http://www.beta.samhsa.gov/grants/applying> at the bottom of the page under “Resources for Grant Writing.”

- The Supporting Documentation you provide in Sections E-H and Attachments 1-6 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Readiness/Evidence of Strategic Planning (30 points)

- Describe the proposed catchment area and provide demographic information on the population(s) to receive services through the targeted systems or agencies, e.g., race, ethnicity, age, socioeconomic status, geography. Explain how this meets the priority to bring systems of care to scale at the state/tribal/territorial level.
- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective mental health services in the proposed catchment area. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data. [Note: Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local epidemiologic data, state data (e.g., from State Needs Assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports).]
- Document clear evidence of a strategic planning process designed to expand and sustain systems of care. Demonstrate progress to date to create a comprehensive strategic plan that will expand and sustain required services and supports that are consistent with Sections 561- 565 of the Public Health Service Act, as amended and the systems of care values and principles.

Section B: Proposed Approach and Implementation (45 points)

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section D, Performance Assessment and Data.
- Describe how achievement of goals will increase system capacity to support effective systems of care development for children, youth, and families.

- Describe the proposed project activities, how they meet your infrastructure expansion and sustainability needs, how they relate to required services, and your goals and objectives.
- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. **[Note:** The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- If you plan to include an oversight or advisory body in your project, describe its membership, roles and functions, and frequency of meetings.
- Describe how the proposed project will address the required activities as follows:
 - Facilitate provision of an array of individualized, culturally and linguistically competent mental health and appropriate recovery support services (consistent with sections 561- 565 of the Public Health Service Act, as amended) and creation of workforce development activities, including the incorporation of parents/caregivers and youth with lived experience in the workforce.
 - Assure that services are delivered within a family-driven, youth-guided framework and how families and youth will be integrally involved in the governance and oversight of grant activities.
 - Develop statewide/tribal/territorial interagency coordination and collaboration mechanisms that clearly support an infrastructure to increase the focus on wide scale adoption of SOC, including an organizational structure that identifies a locus of authority and responsibility, and ability to provide oversight of the SOC.
 - Establish policy, administrative and/or regulatory structures that support ongoing SOC implementation efforts.
 - Expand family and youth involvement, and demonstration that youth and families are integral partners in planning and implementation activities.
 - Collaborate across child and youth serving agencies (e.g., child welfare, juvenile justice, primary care, education, early childhood) and among critical providers and programs to build bridges among partners, including relationships between community and residential treatment settings.

- Collaborate between child and adult serving agencies as well as consumer groups which are critical when serving older youth who are transitioning to adulthood.
- Integrate between mental health and substance abuse services and systems.
- Create outcome measurement strategies based on SOC values and principles that are aligned with state/tribal/territorial efforts and identification of electronic health records and data management approaches.
- Coordinate SOC strategies with block grants and other health care reform efforts.
- Incorporate trauma-related activities into the service system, including trauma screening, trauma treatment, and a trauma-informed approach to care.
- Develop social marketing and strategic communications activities to promote social inclusion, develop partnerships, and promote SOC values and principles.
- Create sustainable training and technical assistance strategies that facilitate ongoing learning, coaching and practice improvement, and support fidelity to SOC values and principles.
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment/coordination/support from these community organizations in **Attachment 1** of your application.
- Describe how the proposed project will address the following issues in your catchment area:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy;
 - Sexual identity – sexual orientation and gender identity; and
 - Disability.

- Describe how you will develop and implement the “financing plan” to be completed by the end of the first year and how this will guide efforts to bring the SOC framework to scale and generate sustainability. Specifically, demonstrate how the SOC will financially link with other child serving systems, how Medicaid dollars will be used, how SOC will be connected and integrated with Block Grants, and how SOC will be included and integrated in the implementation of the Affordable Care Act.
- Describe your plan to sustain the SOC approach after funding ends and how the project will expand SOC throughout the jurisdiction. 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 (15 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.
- Discuss how key staff have demonstrated experience and are qualified to serve the population(s) to receive services and are familiar with their culture(s) and language(s). Describe the resources they will have to implement the proposed project (e.g., facilities, equipment).
- Describe how members of the population(s) to receive services were involved in the preparation of the application, and how they will be involved in the planning, implementation, and performance assessment of the project.

Section D: Performance Assessment and Data (10 points)

- Document your ability to collect and report on the required performance measures as specified in [Section I-2.3](#) of this RFA. Describe your plan for data collection, management, analysis, and reporting. Specify and justify any additional measures you plan to use for your grant project.
- Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced.
- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of behavioral health disparities.

- Describe how information related to process and outcomes will be routinely communicated to program staff.

NOTE: Although the budget for the proposed project is not a scored 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.

Budget Justification, Existing Resources, Other Support (other federal and non-federal sources)

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. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See Appendix B, Guidance for Electronic Submission of Applications.)

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, performance measurement, and performance assessment, **specifically identify the items associated with these costs in your budget**. An illustration of a budget and narrative justification is included in [Appendix H](#) 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 a 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 you should include in your biographical sketches and job descriptions can be found in [Appendix G](#) of this document.

Section H: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of your application, using the guidelines provided below. See [Appendix I](#) for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Mental Health Services' National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations to receive services and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive federal funding for work on the grant project.

If you are not funded, you will receive notification from SAMHSA.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA website at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you 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 website (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.
- If your application is funded, you 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.
- If your application is funded, you must comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. You may assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, available at <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>.

- 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.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.4, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://beta.samhsa.gov/grants/applying/reporting-requirements>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Diane Sondheimer
Deputy Branch Chief
Division of Service and Systems Improvement
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 6-1043
Rockville, MD 20857
240-276-1922
diane.sondheimer@samhsa.hhs.gov

OR

Gary Blau
Branch Chief
Division of Service and Systems Improvement
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 6-1045
Rockville, MD 20857
240-276-1921
gary.blau@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Gwendolyn Simpson
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1408
gwendolyn.simpson@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screen-out 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 SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.
- You must be registered in the System Award Management (SAM) prior to submitting your application. The DUNS number used on your application must be registered and active in the SAM prior to submitting your application.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. **You may use Times New Roman 10 only for charts or tables.** (See additional requirements in Appendix B, "Guidance for Electronic Submission of Applications.")
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

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.

- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection/human subjects specified in Appendix I of this announcement
 - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement

- Documentation of nonprofit status as required in the Checklist.
- Black print should be used throughout your application, including charts and graphs (no color). **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of the SF-424 are not to be numbered. Attachments 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 Attachments stated in Section IV-2.2 of this announcement should not be exceeded.

Appendix B – Guidance for Electronic Submission of Applications

SAMHSA discretionary grant applications must be submitted electronically through Grants.gov. **SAMHSA will not accept paper applications**, except when a waiver of this requirement is approved by SAMHSA. The process for applying for a waiver is described later in this appendix.

If this is the first time you have submitted an application through Grants.gov, you must complete **three 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:

1. DUNS Number registration:

The DUNS number you use on your application must be registered and active in the SAM.

2. System for Award Management (SAM) registration:

The **System for Award Management (SAM)** is a federal government owned and operated free website that replaces capabilities of the former Central Contractor Registry (CCR) system, as well as EPLS. Future phases of SAM will add the capabilities of other systems used in federal awards processes.

SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject electronic submissions from applicants with expired registrations. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.**

You will find a ***Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM*** at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.

3. Grants.gov Registration (get username and password):

Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (first page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

You can find additional information on the registration process at http://www.grants.gov/assets/organizationregcheck_092112.pdf. The Organization Registration Checklist available at this site provides registration guidance for a company, institution, state, local or tribal government, or other type of organization submitting for the first time through Grants.gov.

To submit your application electronically, you may search <http://www.Grants.gov> 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 funding announcement number and CFDA number on the cover page of this funding announcement.

You must follow the instructions in the User Guide available at the <http://www.Grants.gov> apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for technical (IT) help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application, you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov within the next 24-48 hours. One will confirm receipt of the application in Grants.gov, and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. It is important that you retain this tracking number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.** Please note that it is incumbent on the applicant to monitor your application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov, it will not be forwarded to SAMHSA as the receiving institution.**

If you experience issues/problems with electronic submission of your application through Grants.gov, contact the Grants.gov helpdesk by email at support@grants.gov or by phone at 1-800-518-4726 (1-800-518-GRANTS). **Make sure you get a case/ticket/reference number that documents the issues/problems with Grants.gov.** It is critical that you initiate electronic submission in sufficient time to resolve any issues/problems that may prevent the electronic submission of your

application. Grants.gov will reject applications submitted after 11:59 PM on the application due date.

SAMHSA highly recommends that you submit your application 24-48 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM, and DUNS registration at least 2 weeks prior to the submission deadline, it is highly unlikely that these issues will be resolved in time to successfully submit an electronic application.

It is strongly recommended that you prepare your Project Narrative and other attached documents in Adobe PDF format. If you do not have access to Adobe software, you may submit in Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than Adobe PDF or Microsoft Office 2007 may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, only the four files will be downloaded and considered in the peer review of applications.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-D) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections E-H) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-6) in this order and numbered consecutively.

If you have documentation that does not pertain to any of the 4 listed attachment files, include that documentation in Other Attachment File 2.

Other Grants.gov Requirements

Applicants are limited to using the following characters in all attachment file names:

Valid file names may include only the following characters:

- A-Z
- a-z
- 0-9
- Underscore _
- Hyphen –
- Space
- Period .

If your application uses any other characters when naming your attachment files, your application will be rejected by Grants.gov.

Do not use special characters in file names, such as parenthesis (), #, ©, etc.

Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in rejection of your application.

Waiver Request Process

Applicants may request a waiver of the requirement for electronic submission if they are unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship. The process for applying for a waiver is described below. Questions on applying for a waiver may be directed to SAMHSA's Division of Grant Review, 240-276-1199.

All applicants must register in the System for Award Management (SAM) and Grants.gov, even those who intend to request a waiver. If you do not have an active SAM registration prior to submitting your paper application, it will be screened out and returned to you without review. Registration is necessary to ensure that information required for paper submission is available and that the applicant is ready to submit electronically if the waiver is denied. (See directions for registering in SAM and on Grants.gov above.)

A written waiver request must be received by SAMHSA at least 15 calendar days in advance of the application due date stated on the cover page of this RFA. The request must be either e-mailed to DGR.Waivers@samhsa.hhs.gov, or mailed to:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD 20857

Applicants are encouraged to request a waiver by e-mail, when possible. When requesting a waiver, the following information must be included:

- SAMHSA RFA title and announcement number
- Name, address, and telephone number of the applicant organization as they will appear in the application
- Applicant organization's DUNS number
- Authorized Organization Representative (AOR) for the named applicant
- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

The Office of Grant Review will either e-mail (if the waiver request was received by e-mail) or express mail/deliver (if the waiver request was received by mail) the waiver decision to the Contact Person no later than seven calendar days prior to the application due date. If the waiver is approved, a paper application must be submitted. (See instructions for submitting a paper application below.) SAMHSA will not accept any applications that are sent by e-mail or facsimile or hand carried. If the waiver is disapproved, the applicant organization must be prepared to submit through Grants.gov or forfeit the opportunity to apply. The written approval must be included as the cover page of the paper application and the application must be received by the due date.

A waiver approval is valid for the remainder of the fiscal year and may be used for other SAMHSA discretionary grant applications during that fiscal year. When submitting a subsequent paper application within the same fiscal year, this waiver approval must be included as the cover page of each paper application. The organization and DUNS number named in the waiver and any subsequent application must be identical.

A paper application will not be accepted without the waiver approval and will be returned to the applicant if it is not included. Paper applications received after the due date will not be accepted.

Instructions for Submitting a Paper Application with a Waiver

Paper submissions are due by **5:00 PM** on the application due date stated on the cover page of this RFA. **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

Note: If you use the USPS, you must use Express Mail.

SAMHSA will not accept or consider any applications that are sent by e-mail or facsimile or hand carried.

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**System of Care Expansion Implementation Cooperative Agreements SM-14-002**” in item number 12 on the first page (SF-424) of your paper application. If you require a phone number for delivery, you may use (240) 276-1199.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:

- Application for Federal Assistance (SF-424)
- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist – the Checklist should be the last page of your application.
- Documentation of nonprofit status as required in the Checklist

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.

Black print should be used throughout your application, including charts and graphs (no color). Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Appendix C – Using Evidence-Based Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

- Document the evidence that the practice(s) you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.
- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) to meet the needs of your population(s) of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population(s) of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose this evidence-based practice over other evidence-based practices.
- If applicable, justify the use of multiple evidence-based practices. Discuss how the use of multiple evidence-based practices will be integrated into the program, while maintaining an appropriate level of fidelity for each practice.

Describe how the effectiveness of each evidence-based practice will be quantified in the performance assessment of the project.

- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

Resources for Evidence-Based Practices:

You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at <http://www.samhsa.gov/ebpwebguide>. SAMHSA has developed this website to provide a simple and direct connection to websites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA's *Guide to Evidence-Based Practices on the Web* also references another SAMHSA website, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is "recommended" or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific population(s) of focus and purposes of your project.

In addition to the website noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

[Note: Please see [Appendix F](#), Funding Restrictions, regarding allowable costs for EBPs.]

Appendix D – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]
_____, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable state, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.² (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and

² Tribes and tribal organizations are exempt from these requirements.

certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

Signature of Authorized Representative

Date

Appendix E – Intergovernmental Review (E.O. 12373) Requirements

States with SPOCs

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application package and can be downloaded from the Office of Management and Budget (OMB) website at http://www.whitehouse.gov/omb/grants_spoc.

- Check the list to determine whether your state participates in this program. You do not need to do this if you are an American Indian/Alaska Native tribe or tribal organization.
- 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: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. SM-14-002. Change the zip code to 20850 if you are using another delivery service.

States without SPOCs

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you must submit a Public Health System Impact Statement (PHSIS)³

³ Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the first page of SF-424 and the abstract and preparing the letter for mailing. 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 OMB control number for this project is 0920-0428. Send

to the head(s) of appropriate state and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the first page of the application (SF-424); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate state or local health agencies.

For SAMHSA grants, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's website at <http://www.beta.samhsa.gov>. A listing of the SSAs for mental health can be found on SAMHSA's website at <http://www.beta.samhsa.gov/sites/default/files/ssadirectory-mh.pdf>. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA."** The letter must notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. SM-14-002. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any state comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

Appendix F – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that

is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the RFA. Grant funds may be used for light snacks, not to exceed \$2.50 per person.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

Appendix G – Biographical Sketches and Job Descriptions

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

Appendix H – Sample Budget and Justification (match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE. WITH GUIDANCE FOR COMPLETING SF 424A: SECTION B FOR THE BUDGET PERIOD.

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	\$0
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

The Project Director will provide daily oversight of the grant and will be considered key staff.

The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.

Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval after review of credentials of resume and job description.

NON-FEDERAL MATCH

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	7%	\$4,542
(2) Prevention Specialist	Sarah Smith	\$26,000	25%	\$6,500
(3) Peer Helper	Ron Jones	\$23,000	40%	\$9,200
(4) Clerical Support	Susan Johnson	\$13.38/hr x 100 hr.		\$1,338
			TOTAL	\$21,580

JUSTIFICATION: Describe the role and responsibilities of each position.

The Project Director will provide daily oversight of grant and will be considered key staff.

The Prevention development specialist will provide staffing support to the working council.

The peer helper will be responsible for peer recruitment, coordination and support.

The clerical support will process paperwork, payroll, and expense reports which is not included in the indirect cost pool.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) \$52,765

NON-FEDERAL MATCH (enter in Section B column 2 line 6a of form SF424A) \$21,580

B. Fringe Benefits: List all components of fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		TOTAL	\$10,896

NON-FEDERAL MATCH

Component	Rate	Wage	Cost
FICA	7.65%	\$21,580	\$1,651
Workers Compensation	2.5%	\$21,580	\$540
Insurance	10.5%	\$21,580	\$2,266
		TOTAL	\$4,457

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) \$10,896

NON-FEDERAL MATCH (enter in Section B column 2 line 6b of form SF424A) \$4,457

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400

Purpose of Travel	Location	Item	Rate	Cost
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days	\$184
(2) Local travel		Mileage	3,000 miles @ .38/mile	\$1,140
			TOTAL	\$2,444

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle (POV) reimbursement rate. If policy does not have a rate use GSA.

NON-FEDERAL MATCH

Purpose of Travel	Location	Item	Rate	Cost
(1) Regional Training Conference	Chicago, IL	Airfare	\$150/flight x 2 persons	\$300
		Hotel	\$155/night x 2 persons x 2 nights	\$620
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184

Purpose of Travel	Location	Item	Rate	Cost
(2) Local Travel	Outreach workshops	Mileage	350 miles x .38/mile	\$133
			TOTAL	\$1,237

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

Grantees will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL).

Local travel rate is based on agency's POV reimbursement rate. If policy does not have a rate use GSA.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A) **\$2,444**

NON-FEDERAL MATCH (enter in Section B column 2 line 6c of form SF424A) **\$1,237**

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit – federal definition.

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A) **\$0**

NON-FEDERAL MATCH – (enter in Section B column 2 line 6d of form SF424A) **\$0**

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer	\$900	\$900

Item(s)	Rate	Cost
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	TOTAL	\$3,796

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

Office supplies, copies and postage are needed for general operation of the project.

The laptop computer is needed for both project work and presentations.

The projector is needed for presentations and outreach workshops.

All costs were based on retail values at the time the application was written.

NON-FEDERAL MATCH

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Bookcase	\$75	\$75
Digital camera	\$300	\$300
Fax machine	\$150	\$150
Computer	\$500	\$500
Postage	\$37/mo. x 4 mo	\$148
	TOTAL	\$1,773

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

(1) The local television station is donating the bookcase, camera, fax machine, and computer (items such as these can only be claimed as match once during the grant cycle and used for the project). The “applying agency” is donating the additional costs for office supplies and postage.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) \$3,796

NON-FEDERAL MATCH - (enter in Section B column 2 line 6e of form SF424A) \$1,773

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND NARRATIVE JUSTIFICATION. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	\$250/individual x 3 staff	5 days	\$750
(2) Treatment Services	1040 Clients	\$27/client per year		\$28,080

Name	Service	Rate	Other	Cost
(3) Jane Doe (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562 *Training course \$175 *Supplies @ \$47.54 x 12 months or \$570 *Telephone @ \$60 x 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Doe	Evaluator	\$40 per hour x 225 hours	12 month period	\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000
			TOTAL	\$86,997

JUSTIFICATION: Explain the need for each contractual agreement and how they relate to the overall project.

Certified trainers are necessary to carry out the purpose of the Statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders Statewide, and educating the public on mental health recovery.

Treatment services for clients to be served based on organizational history of expenses.

Case manager is vital to client services related to the program and outcomes.

Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation and is knowledgeable about the population of focus and will report GPRA data.

Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

* Represents separate/distinct requested funds by cost category

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) \$86,997

NON-FEDRAL MATCH (Consultant)

Name	Service	Rate	Other	Cost
Jane Doe	Outreach meeting facilitation	\$43.00/hr. x 20 hrs./month x 12 months		\$10,320
	Travel Expenses	148 miles/month @ .38/mile x 12 months		\$675
			TOTAL	\$11,051

JUSTIFICATION: Explain the need for each agreement and how it relates to the overall project.

Facilitator volunteering his/her time to facilitate the youth prevention and outreach sessions outlined in the strategic plan. Hourly rate is based on an average salary of an

outreach facilitator in the geographic area.

Travel is based on average distance between facilitator’s location and the meeting site. Mileage rate is based on POV reimbursement rate.

NON-FEDERAL MATCH (Contract)

Entity	Product/Service	Cost
(1) West Bank School District	Student Assistance Program for 50 students @ \$300 per year	\$15,000
	TOTAL	\$15,000

JUSTIFICATION: Explain the need for each agreement and how it relates to the overall project.

West Bank School District is donating their contracted services to provide drug testing, referral and case management for 50 non-school attending youth. Average cost is \$300/person.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **\$86,997**

NON-FEDERAL MATCH -(enter in Section B column 2 line 6f of form SF424A) **\$26,051**

G. Construction: NOT ALLOWED – Leave Section B columns 1&2 line 6g on SF424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up x 278 clients	\$2,780

Item	Rate	Cost
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,815

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot, etc.). Explain the use of each item requested.

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, it may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA's fair share of the space.

*If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arm's length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.

(2) The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(3) The \$10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

NON-FEDERAL MATCH

Item	Rate	Cost
(1) Space rental	\$75/event x 12 events/year	\$900
(2) Internet services	\$26/mo. x 12 mo.	\$312
(3) Student surveys	\$1/survey x 1583 surveys	\$1,583

Item	Rate	Cost
(4) Brochures	.97/brochure x 1500 brochures	\$1,455
	TOTAL	\$4,250

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

Donated space for the various activities outlined in the scope of work, such as teen night out, after-school programs, and parent education classes.

The applying agency is donating the internet services for the full-time coordinator.

The ABC Company is donating the cost of 1,583 for student surveys.

(4) The ABC Company is donating the printing costs for the bi-monthly brochures.

All costs are the value placed on the service at the time of this grant application.

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **\$15,815**

NON-FEDERAL MATCH - (enter in Section B column 2 line 6h of form SF424A) **\$4,250**

Indirect cost rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <http://www.beta.samhsa.gov> then click on grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)

8% of personnel and fringe (.08 x \$63,661) **\$5,093**

NON-FEDERAL MATCH (enter in Section B column 2 line 6j of form SF424A)

8% of personnel and fringe (.08 x \$26,037)
\$2,083

=====

TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **\$172,713**

NON-FEDERAL MATCH -(enter in Section B column 2 line 6i of form SF424A) **\$59,348**

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A) **\$5,093**

NON-FEDERAL MATCH –(enter in Section B column 2 line 6j* of form SF424A) **\$2,083**

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF424A) **\$177,806**

NON-FEDERAL MATCH-(enter in Section B column 2 line 6k of form SF424A) **\$61,431**

=====

UNDER THIS SECTION REFLECT OTHER NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.

Provide the total proposed Project Period Federal & Non-Federal funding as follows:

Proposed Project Period

a. Start Date:	09/30/2014	b. End Date:	09/29/2016
----------------	------------	--------------	------------

BUDGET SUMMARY (should include future years and projected total)

Category	Federal Request Year 1	Non-Federal Match Year 1	Year 2 Federal Request *	Year 2 Non-Federal Match *	Year 3 Federal Request *	Year 3 Non-Federal Match *	Year 4 Federal Request *	Year 4 Non-Federal Match *
Personnel	\$52,765	\$21,580	\$54,348	\$1,338	\$55,978	\$40,000	\$57,658	\$35,000

Category	Federal Request Year 1	Non-Federal Match Year 1	Year 2 Federal Request *	Year 2 Non-Federal Match *	Year 3 Federal Request *	Year 3 Non-Federal Match *	Year 4 Federal Request *	Year 4 Non-Federal Match *
Fringe	\$10,896	\$4,457	\$11,223	\$275	\$11,558	\$8,260	\$11,906	\$7,228
Travel	\$2,444	\$1,237	\$2,444	\$2,000	\$2,444	\$1,500	\$2,444	\$1,200
Equipment	0	0	0	0	0	0	0	0
Supplies	\$3,796	\$1,773	\$3,796	\$2,000	\$3,796	\$2,000	\$3,796	\$2,500
Contractual	\$86,997	\$26,051	\$86,997	\$67,000	\$86,997	\$15,000	\$86,997	\$10,000
Other	\$15,815	\$4,250	\$13,752	\$52,387	\$11,629	\$5,786	\$9,440	\$8,976
Total Direct Charges	\$172,713	\$59,348	\$172,560	\$125,000	\$172,403	\$72,546	\$172,241	\$64,904
Indirect Charges	\$5,093	\$2,083	\$5,246	\$129	\$5,403	\$3,861	\$5,565	\$3,378
Total Project Costs	\$177,806	\$61,431	\$177,806	\$125,129	\$177,806	\$76,407	\$177,806	\$68,282

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$889,030**

NON-FEDERAL MATCH (enter in Section B column 2 line 6k of form SF424A) **\$412,879**

*** FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policies and procedures that state all employees within the organization will receive a COLA.

IN THIS SECTION, include a narrative and separate budget for each year of the grant that shows that n no more than 20 percent of the total grant award will be used for data collection, performance measurement, and performance assessment.

Data Collection & Performance Measurement	Year 1	Year 2	Year 3	Year 4	Year 5	Total Data Collection & Performance Measurement Costs
Personnel	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$33,500
Fringe	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400	\$12,000
Travel	\$100	\$100	\$100	\$100	\$100	\$500
Equipment	0	0	0	0	0	0
Supplies	\$750	\$750	\$750	\$750	\$750	\$3,750
Contractual	\$24,950	\$24,950	\$24,250	\$24,950	\$24,950	\$124,750
Other	0	0	0	0	0	0
Total Direct Charges	\$34,300	\$34,300	\$34,300	\$34,300	\$34,300	\$171,500
Indirect Charges	\$698	\$698	\$698	\$698	\$698	\$3,490
Data Collection \$ Performance Measurement	\$34,900	\$34,900	\$34,900	\$34,900	\$34,900	\$174,500

Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. Be sure to discuss these elements as they pertain to on-line counseling (i.e., telehealth) if they are applicable to your program. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.

- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II**.

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Possible risks from participation in the project.
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA website, under “Applying for a New SAMHSA Grant,” <http://www.beta.samhsa.gov/grants/applying>.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB

approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix J – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: “**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.**” Grantees for this program will be required to submit a health disparities impact statement to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities. This statement must outline the population/s of focus that will be involved in the project and the unduplicated number of individuals who are expected to receive services. It should be consistent with information in your application regarding access, service use and outcomes for the program. The disparities impact statement may be developed as a brief narrative or table (see “Sample Health Disparities Impact Statement” at the end of this appendix).

You also will be required to implement a data-driven quality improvement plan to decrease the differences in access, service use and outcomes among subpopulations that will be implemented throughout the project. This plan should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For

instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011,

<http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at: <http://www.ThinkCulturalHealth.hhs.gov>.

Sample Health Disparities Impact Statement:

Access to Services

Based on the general population who will receive services from this grant, the behavioral health outcomes for Latino/Hispanics and African Americans are significantly worse than other groups. We have prioritized the service needs of these populations for this grant and propose to serve the following numbers of clients:

	Total	FY1	FY2	FY3	FY4
Direct Services: Number to be served	400	100	100	100	100
<i>By Race/Ethnicity</i>					
African American	80	20	20	20	20
American Indian/Alaska Native	<20	<5	<5	<5	<5
Asian	<20	<5	<5	<5	<5
White	180	45	45	45	45
Hispanic or Latino	100	25	25	25	25
Native Hawaiian/Other Pacific Islander	n/a	n/a	n/a	n/a	n/a
Two or more Races	unknown	unknown	unknown	unknown	unknown
<i>By Gender</i>					
Female	192	48	48	48	48
Male	208	51	51	51	51

<i>By Sexual Orientation/Identity Status</i>					
Lesbian	unknown	unknown	unknown	unknown	unknown
Gay	unknown	unknown	unknown	unknown	unknown
Bisexual	unknown	unknown	unknown	unknown	unknown
Transgender	unknown	unknown	unknown	unknown	unknown

Service Use

Services and activities will be designed and implemented in accordance with cultural and linguistic needs of the individuals enrolled in the program. Service completion rates will be consistent with the access to services projections noted above.

Outcomes

Access and service use data will be used to manage grant implementation activities to improve the behavioral health outcomes of Latino/Hispanic and African American clients by 10 percent from their baseline performance.

Appendix K – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit:

<http://www.healthit.gov/providers-professionals>

For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see: <http://onc-chpl.force.com/ehrcert>

For a listing of Regional Extension Centers (REC) for technical assistance, guidance, and information to support efforts to become a meaningful user of Electronic Health Records (EHRs), see: <http://www.healthit.gov/providers-professionals/regional-extension-centers-recs#listing>

Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42CRF Part 2 (<http://www.samhsa.gov/HealthPrivacy/>). EHR implementation plans should address compliance with these regulations.

For questions on EHRs and HIT, contact:

SAMHSA.HIT@samhsa.hhs.gov.

Appendix L – SOC Implementation Grantees

SOC Expansion Implementation Grantees (2012-2016)

SM061220	District Of Columbia Dept Of Mental Health	DC
SM061221	Virginia St Dept Of MH/MR/Sub Abuse Services	VA
SM061224	Oklahoma Dept Of Mental Hlth/Subs Abuse	OK
SM061226	Hawaii State Department Of Health	HI
SM061228	Pueblo Of San Felipe	NM
SM061231	Maine State Dept Of Corrections	ME
SM061233	Monroe County Public Health Department	NY
SM061234	Rhode Island State Dept For Child/Family	RI
SM061235	Florida State Dept Of Children & Families	FL
SM061237	Washington State Depart Soc/Health Services	WA
SM061241	Colorado Division Of Behavioral Health	CO
SM061243	Pascua Yaqui Tribe	AZ
SM061245	Humboldt County Dept Of Health/Human Svc	CA
SM061247	Tennessee State Department Of Health	TN
SM061249	NH State Dept/Health Statistics/Data Mgmt	NH
SM061253	Maryland State Dept Of Health/Mental Hyg	MD

CMHI Implementation Grants FY 2013-2017

SM061219	Texas Health & Human Services Commission	TX
SM061222	Cabinet for Health & Family Services	KY
SM061225	Ohio Dept. of Mental Health	OH
SM061227	Dept. of Mental Health & Substance Abuse	GU
SM061229	Charter County of Wayne	MI
SM061230	Mississippi Dept. of Mental Health Center	MS
SM061232	Montana Office of Public Instruction	MT
SM061236	Oglala Lakota Nation	SD
SM061238	Commonwealth of MA Dept. of Health	MA
SM061239	Yellowhawk Tribal Health Center	OR
SM061244	Florida Dept. of Children & Families	FL
SM061248	Cherokee Nation	OK
SM061250	Commonwealth of PA Dept. of Public Welfare	PA
SM061251	State of Georgia Dept. of Behavioral Health	GA
SM061252	Delaware State Dept. of Services/Children Youth and Their Families	DE