Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Cooperative Agreement to Benefit Homeless Individuals for States-Enhancement

(Short Title: CABHI-States-Enhancement)

(Initial Announcement)

Request for Applications (RFA) No. SM-15-010

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

PART 1: Programmatic Guidance

[Note to Applicants: This document must be used in conjunction with SAMHSA's "Request for Applications (RFA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements". PART I is individually tailored for each RFA. PART II includes requirements that are common to all SAMHSA RFAs. You must use both documents in preparing your application.]

Key Dates:

Application Deadline	Applications are due by April 9, 2015

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) are accepting applications for fiscal year (FY) 2015 Cooperative Agreements to Benefit Homeless Individuals for States-Enhancement (CABHI-States-Enhancement) grants. The purpose of this jointly funded program is for states that received CABHI-States grants in FY 2013 and FY 2014 to further develop, enhance and/or expand their infrastructure and treatment service systems. The funding for this enhancement grant must be used for new activities and should not supplant funding received under the original grant. These funds are to be used to expand and/or enhance the scope of the project funded under the original grant. The enhancement and/or expansion will increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent supportive housing; peer supports; and other recovery supports to:

- Individuals who experience chronic homelessness and have substance use disorders, serious mental illnesses (SMI), or co-occurring mental and substance use disorders; and/or

- Veterans who experience homelessness/chronic homelessness and have substance use disorders, SMI, or co-occurring mental and substance use disorders.

As a result of this program, SAMHSA seeks to: 1) build upon statewide strategies to address planning and coordination of behavioral health and primary care services, and permanent housing to reduce homelessness; 2) increase the number of individuals, residing in permanent housing, who receive behavioral health treatment and recovery support services; and 3) increase the number of individuals placed in permanent housing and enrolled in Medicaid and other mainstream benefits (e.g., Supplemental Security Income/Social Security Disability Insurance [SSI/SSDI], Temporary Assistance for Needy Families [TANF], Supplemental Nutrition Assistance Program [SNAP]).

Funding Opportunity Title:	Cooperative Agreements to Benefit Homeless Individuals for States-Enhancement (CABHI-States-Enhancement)
Funding Opportunity Number:	SM-15-010
Due Date for Applications:	April 9, 2015

Anticipated Total Available Funding:	$24.116 million (Up to$11.858 million or 49 percent from CSAT Treatment Systems for Homeless and $12.258 million or 51 percent from CMHS Homeless Prevention Programs). Each grant award will consist of 49 percent CSAT funds and 51 percent CMHS funds, even if an applicant requests less than the maximum award amount.
Estimated Number of Awards:	Up to 18 awards
Estimated Award Amount:	Up to $1.8 million (Tier 1) and up to $600,000 (Tier 2).
Cost Sharing/Match Required	No
Length of Project Period:	Up to 1 year of funding for grants awarded in FY 2013 and up to 2 years of funding for grants awarded in FY 2014.
Eligible Applicants:	Eligible applicants are either State Mental Health Authorities (SMHAs) or the Single State Agencies (SSAs) for Substance Abuse in the eligible states. However, SAMHSA's expectation is that both the SMHA and SSA will work in partnership to fulfill the requirements of the grant. Eligible states are as follows: CABHI-States grant awards in FY 2013: Tier 1-MA, GA, WA, CO, PA, IL, HI, MI, NV, AZ, LA and FY 2014: Tier 1-TN, OH, CT and Tier 2-OK, WI, UT, MS. Grants funded in FY 2013 can receive up to one year of funding and grants funded in FY 2014 can receive up to two years of funding. [See Section III-1 of this RFA for complete eligibility information.]

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

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) are accepting applications for fiscal year (FY) 2015 Cooperative Agreements to Benefit Homeless Individuals for States-Enhancement (CABHI-States-Enhancement) grants. The purpose of this jointly funded program is for states that received CABHI-States grants in FY 2013 and FY 2014 to further develop, enhance and/or expand infrastructure and treatment service systems. The funding for this enhancement grant must be used for new activities and should not supplant funding received under the original grant. These funds are to be used to expand and/or enhance the scope of the project funded under the original grant. The enhancement and/or expansion will increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent supportive housing; peer supports; and other recovery supports to:

- Individuals who experience chronic homelessness and have substance use disorders, serious mental illnesses (SMI), or co-occurring mental and substance use disorders; and/or

- Veterans who experience homelessness/chronic homelessness and have substance use disorders, SMI, or co-occurring mental and substance use disorders.

As a result of this program, SAMHSA seeks to: 1) improve statewide strategies to address planning and coordination of behavioral health and primary care services, and permanent housing to reduce homelessness; 2) increase the number of individuals, residing in permanent housing, who receive behavioral health treatment and recovery support services; and 3) increase the number of individuals placed in permanent housing and enrolled in Medicaid and other mainstream benefits (e.g., Supplemental Security Income/Social Security Disability Insurance [SSI/SSDI], Temporary Assistance for Needy Families [TANF], Supplemental Nutrition Assistance Program [SNAP]).

The goal of the CABHI-States-Enhancement program is to ensure, through state and local planning and service delivery, that individuals who experience chronic homelessness and have substance use disorders, SMI, or co-occurring mental and substance use disorders, and/or veterans who experience homelessness/chronic homelessness and have substance use disorders, SMI, or co-occurring mental and substance use disorders (hereinafter referred to as "population(s) of focus") receive access to sustainable permanent supportive housing, treatment, recovery supports, and

Medicaid and other mainstream benefits. To achieve this goal, SAMHSA will continue to support three primary types of activities:

1. Build upon the current statewide plan to enhance sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support those experiencing homelessness who have behavioral health issues.

2. Expand delivery of behavioral health, housing support, peer, and other recovery-oriented services.

3. Enhance and/or expand assistance to the state Medicaid eligibility agency in developing a streamlined application process for the population(s) of focus and assistance to providers (e.g., alcohol and drug treatment facilities, homeless service providers) seeking to become qualified Medicaid providers; to engage and enroll eligible persons constituting the population(s) of focus in Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP).

The CABHI-States grant program closely aligns with SAMHSA's Strategic Initiative on Recovery Support. For more information on SAMHSA's six strategic initiatives, you can visit http://www.samhsa.gov/about-us/strategic-initiatives. The CABHI-States-Enhancement program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix G – Addressing Behavioral Health Disparities).

CABHI-States-Enhancement 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 4th month of the project at the latest.

CABHI-States-Enhancement grants are authorized under Section 509 and 520A of the Public Health Service Act, as amended. The combination of these authorities permits SAMHSA to announce and administer this jointly funded grant program as it is described in this document. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

Definitions

For the purposes of this RFA, behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental and substance use disorders including serious mental illnesses. Behavioral health is also used to describe the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders and related

problems, treatments and services for mental and substance use disorders, and recovery support.

"Mental and substance use disorders" are referred to throughout this document. This phrase is meant to be inclusive of mental disorders, serious mental illnesses, substance use disorders, and co-occurring substance use and mental disorders.

"Permanent Housing" means community-based housing without a designated length of stay (e.g., no limit on the length of stay). Housing is decent, affordable, and integrated in the community. It may include an apartment or single room occupancy in a building, rent-subsidized apartments, or houses in the open housing market (scattered housing), as well as designated units within privately owned buildings.

"Permanent Supportive Housing" refers to housing that is considered permanent (rather than temporary or short-term) and offers tenants a range of supportive services aimed at promoting recovery from mental and/or substance use disorders. There should not be any arbitrary limits for the length of stay for the tenant as long as the tenant complies with the lease requirements (consistent with local landlord-tenant law).

"Homeless" as characterized under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, and defined by the December 5, 2011, Final Rule Defining Homeless (76 FR 75994), establishes four categories of homelessness. These categories are: (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution; (2) Individuals and families who will imminently lose their primary nighttime residence; (3) Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or (4) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

"Chronic homelessness" as characterized under the McKinney-Vento Homeless Assistance Act, as amended by S. 896 of the "Homeless Emergency Assistance and Rapid Transition to Housing" (HEARTH) Act of 2009 means, with respect to an individual or family, that the individual or family—(i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, posttraumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions. In

addition, a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days shall be considered chronically homeless if such person met all of the requirements described above prior to entering that facility.

In addition, for the purposes of this RFA, the terms “homeless” and “chronically homeless” also may include conditions where individuals who are “doubled-up”–a residential status that places individuals at imminent risk for becoming homeless–defined as sharing another person’s dwelling on a temporary basis where continued tenancy is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice.

2. EXPECTATIONS

SAMHSA expects grantees to build upon current experience, expertise and lessons learned by enhancing and/or expanding state infrastructure and an array of integrated services and supports designed to reduce homelessness and chronic homelessness among the population(s) of focus.

For the purposes of this project, the State Interagency Council on Homelessness is to bring together stakeholders across the homeless service system and develop policies, expand workforce capacity, disseminate best practices, and implement mechanisms and other reforms to improve the integration and efficiency of recovery support systems for the population(s) of focus. Concurrently, community-based services are to be provided either by the grantee and/or via sub-award to domestic public and private nonprofit entities (i.e., domestic public and private nonprofit entities, including local governments or community- and faith-based organizations) that are responsible for administering behavioral health services directly or through contractual agreements.

For FY 2015, funding is available in two tiers based on reported numbers of chronically homeless populations according to the HUD 2014 Point-in-Time count estimates. Tier 1 states are eligible for up to $1.8 million per year. Tier 2 states are eligible for up to $600,000 per year. (See Section III-1: Eligible Applicants).

Although CSAT and CMHS funds are jointly funding a spectrum of infrastructure, behavioral health treatment, and recovery support services, **applicants must track and report the use of funds separately**. Regardless of the total amount of grant funding requested by the applicant, the total project costs in the proposed budget must reflect a split of 49 percent CSAT funds and 51 percent CMHS funds. Applicants must submit one budget that includes a column for CMHS requested funds and a column for CSAT requested funds. (See Part II: Appendix F – Sample Budget and Justification).

CSAT and CMHS funds may be used for infrastructure development, evaluation, screening and assessment, treatment, and recovery support services for individuals diagnosed with **co-occurring mental and substance use disorders.**

CMHS funds shall be used to pay for mental health treatment and recovery support services for individuals who have only a serious mental illness. CMHS funds may **not** be used to pay for treatment and recovery support services for individuals with **only** a substance use disorder.

CSAT funds shall be used to pay for treatment and recovery support services for individuals who have only a substance use disorder. CSAT funds **may not** be used to pay for treatment and recovery support service for individuals with **only** serious mental illnesses.

Tier 1 grantees may receive up to $882,000 (49 percent) per year from CSAT and up to $918,000 (51 percent) per year from CMHS for a total of $1.8 million per year. Tier 2 grantees may receive up to $294,000 (49 percent) per year from CSAT and up to $306,000 (51 percent) per year from CMHS for a total of $600,000 per year.

If your application is funded, you will be expected to update your original behavioral health disparities impact statement no later than 60 days after your award.

State Infrastructure Development

Grantees may use **up to 25 percent of the total grant award** for infrastructure development/improvements at the state level to increase, improve and/or enhance statewide capacity to provide effective, accessible treatment and recovery support services, and to create a more integrated and collaborative system of care for individuals and families experiencing homelessness. Grantees may use **up to 20 percent of this amount** for data collection and performance measurement, and performance assessment.

At a minimum the funds awarded will be used to enhance/expand the following state infrastructure activities:

- Build upon the current State Interagency Council on Homelessness by enhancing current partnerships and/or developing additional partnerships. Revise the current statewide plan to include the enhancement and/or expansion of activities as a result of this award. **Note: The revised statewide plan is due by the 2nd month of the grant project.** Below are examples of activities that may increase/enhance the current activities of the Council**:**
    - Develop new and/or improve existing policies to further create seamless coordination and delivery of services across multiple systems (e.g., mainstream benefits, behavioral health, primary care, housing, etc.).
    - Enhance and/or expand existing processes which will accelerate and streamline Medicaid enrollment for eligible individuals who experience homelessness, through existing or new partnerships with the state Medicaid eligibility/determination office.

- Increase the number of substance abuse treatment, mental health services, and homeless providers in becoming Medicaid providers and developing Medicaid reimbursement mechanisms.
- Increase the number of trained staff on SOAR and create or build on existing partnerships with the SSA offices to address or enhance seamless processing for SSI/SSDI applications.
- Increase the number of case managers and other staff trained on the medical documentation needs of individuals seeking mainstream benefits.

Other **allowable** infrastructure activities include the following:

- Adopting and/or enhancing computer systems, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Assisting providers in implementing HIT solutions to support effective coordination of care for the population(s) of focus. Activities could include supporting adoption and/or enhancing of management information system (MIS), certified electronic health records (EHRs), telehealth systems, mobile apps, tablet based delivery of assessments, care coordination dashboards, etc., to document and manage delivery of services, to enable integration and coordination with related support services, etc. (see Appendix IV – Electronic Health Record [EHR] Resources).
- Increase the number of trained staff or other providers in the community to help identify mental health or substance abuse issues or enhance services consistent with the purpose of the grant program.

Community-Based Services

Grantees must use **not less than 75 percent of the total grant award** for the provision of treatment and recovery support services for the population(s) of focus. Applicants must identify new or existing organizations (i.e., domestic public and private nonprofit entities, including local governments or community- and faith-based organizations) that will provide the enhanced/expanded treatment and recovery support services, such as increasing the number of individuals receiving treatment services; expanding the catchment area to include new providers/locations; and enhanced services, either directly or through sub-awards. Each domestic public or private nonprofit entity may use **up to 10 percent of their funds** for data collection and performance measurement, and performance assessment (see Sections I-2.2 and 2.3).

These community-based organizations may be, but are not limited to the following: substance use or mental health treatment provider agencies, peer providers, health

centers, housing entities, primary care, or other agencies that serve the population(s) of focus that can meet the requirements specified in this RFA.

Applicants must ensure that sites will have the capacity to permanently house and serve the population(s) of focus. The applicant is responsible to ensure Government Performance and Results Modernization Act of 2010 (GPRA) data are collected and entered within the prescribed time periods.

The applicant will determine the evidence-based screening, assessment, and treatment intervention(s) to be used. [Note: The grantee is responsible for overseeing all aspects of the EBP implementation including but not limited to: training, certification, monitoring, use of assessment tools, etc.]

At a minimum the funds awarded will be used to conduct the following community-based activities:

- Hire a full-time SOAR Specialist to increase access to the disability income benefit programs for the population(s) of focus.

- Hire a supported employment specialist to enhance state and community capacity to provide and expand evidence-based supported employment programs for the population(s) of focus.

- Increase access to recovery support services, designed to improve access to and retention in services and to continue treatment gains, which may include some or all of the following as appropriate for each client:

    - Vocational, child care, educational and transportation services
    - Independent living skills (e.g., budgeting and financial education)
    - Employment readiness, training, and placement
    - Crisis care
    - Medications management
    - Self-help programs
    - Discharge planning
    - Psychosocial rehabilitation
    - Peer support

- Ensure the availability of permanent housing availability for enrolled individuals.

Other **allowable** community-based activities may include the following:

- Ensure an array of integrated services and supports for the population(s) of focus are available.

- Increase outreach and other engagement strategies to enroll new clients (including screening and assessment, for the presence of substance use disorders, SMI, or co-occurring mental and substance use disorders). Information obtained from the screening and assessment should be used to develop appropriate treatment approaches. Grantees will be required to report aggregate diagnostic data utilizing (DSM-5) information for all enrolled clients.

- Provide treatment services in outpatient, day treatment or intensive outpatient, or short-term residential programs. Short-term residential programs must be 90 days or less in duration and at a cost not to exceed 6.5 percent of the total sub-award annually for all recipients.

- Provide case management or other strategies that link and retain clients in housing and other necessary services, including but not limited to primary care services, and to coordinate these services with other services provided to the client.

- Increase the number of individuals engaged and/or enrolled into health insurance, including Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP, etc.).

- Ensure trauma-informed services include an emphasis on implementing trauma-informed approaches in programs, services, and systems, including trauma-specific interventions that are designed to address the consequences of trauma and to facilitate healing. This may include assessment(s) and intervention(s) for emotional, sexual, and physical abuse.

SAMHSA grant funds may not be used to fund housing. Therefore, applicants are required to demonstrate the ability to assist clients to attain permanent housing and provide documentation of the source of funding for the housing component, and evidence that the number of units available for the grant matches the number of clients targeted to be enrolled in the grant project for each year of the grant.

The applicant must sign the Statement of Assurance (See Appendix II, Statement of Assurance, in this document) documenting the availability of permanent housing units that match the number of clients targeted to be enrolled in the grant project for each year of the grant. The Statement of Assurance must be included in Attachment 1 of the application. If funded, prior to award, the grantee is required to provide the following documentation for the housing component:

1. For a U.S. Department of Housing and Urban Development (HUD) funded applicant or provider, a copy of the current executed grant agreement from HUD that includes permanent housing for the population(s) of focus (e.g., for Continuum of Care [CoC], Emergency Solutions Grant [ESG], Housing Opportunities for Persons with AIDS [HOPWA], HOME, or Community Development Block Grants [CDBG]); or

   From a non-HUD funded applicant, a letter from a comparable housing program funding source verifying a current, executed grant or contract agreement. The letter must include the following information:

   a. Brief summary describing the funding source, including any funding requirements and/or restrictions and

   b. Amount of funding provided per year for the applicant's permanent housing program.

2. Type of permanent housing and number of housing units already secured (annually, must be equivalent to the number of individuals to be enrolled in grant project).

3. Amount program participants pay toward housing.

4. Information about clients':

   a. choice in housing;

   b. option in level and type of services received;

   c. tenancy rights (e.g., privacy in unit, leasing); and

   d. eligibility to be considered for permanent housing despite substantially greater vulnerability (i.e., multiple severe physical and behavioral health disabilities, history of criminal justice involvement, serious mental illness, severe substance use disorder, and co-occurring substance use and mental disorders).

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

In addition to required enhanced activities, other **allowable** direct services may include the following types of activities:

- Hire peer recovery support specialist(s) to deliver peer recovery support services designed and delivered by people with lived experience in recovery from mental illness and/or substance use disorders.

- Limited outreach and screening to identify incarcerated individuals who may experience chronic homelessness upon release from a jail or detention facility; and to provide those identified with a post-release housing and behavioral health services plan.

- Provide education, screening, and counseling for hepatitis and other sexually transmitted diseases.

- Take active steps to reduce HIV/AIDS risk behaviors by their clients. Active steps include client screening and assessment, and either direct provision of appropriate services or referral to and close coordination with other providers of appropriate services.

- 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.

SAMHSA funds may not be used to pay for primary care, emergency medical services for physical conditions, or prescription drugs. Medical care and prescriptions for participants must be provided through other funding sources and/or by other providers (e.g., community health centers, Health Care for the Homeless programs, or other medical providers). SAMHSA grantees may not require that program participants engage in services as a condition of housing tenancy. Tenants, however, may be given a choice to live in sober housing as long as the grantee can provide an alternative living unit should the tenant relapse. Grantees are expected to work actively with program participants to engage them in appropriate behavioral health and recovery services.

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

According to the National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index, and other sources indicate earlier mortality among individuals who have mental and substance use disorders than among other individuals. Due to the high prevalence rates of tobacco use and the early mortality of the population(s) of focus for this grant

program, grantees are encouraged to promote abstinence from tobacco products (except with regard to accepted tribal traditional practices) and to integrate tobacco cessation strategies and services in the grant program. Applicants are encouraged to set annual targets for the reduction of past 30-day tobacco use among individuals receiving direct client services under the grant.

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.

SAMHSA encourages all of our grantees to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider prioritizing this population for services where appropriate. SAMHSA will encourage its grantees to utilize and provide technical assistance regarding locally-customized web portals that assist veterans and their families with finding behavioral health treatment and support.

2.1 Using Evidence-Based Practices

If an applicant is proposing to utilize a new evidence-based practice (EBP) or intervention it must have a demonstrated evidence base and be appropriate for the population(s) of focus. An EBP refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In Section B of your project narrative, you will need to:

- Identify the evidence-based practice(s) you propose to implement for the specific population(s) of focus.

- Identify and discuss the evidence that shows that the practice(s) is (are) effective for the specific population(s) of focus.

- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

[Note: See PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See Appendix I of this document for additional information about using EBPs.

2.2 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 Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in Section D: Data Collection and Performance Measurement of your application. In addition to demographic data (gender, age, race, and ethnicity) on all clients served, grantees will be required to report performance on the following GPRA performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services, and social connectedness. This information will be gathered using a uniform data collection tool provided by SAMHSA. The current tool is being updated and will be provided upon award. An example of the type of data collection tool required can be found at http://www.samhsa-gpra.samhsa.gov.

Data will be collected via a face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Grantees will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Once data are collected, grantees are required to utilize the Common Data Platform (CDP), SAMHSA's web-based data collection and reporting tool. All data must be submitted through the CDP within seven days of data collection.

Grantees and sub-awardees will be provided extensive training on the system and its requirements post award. Data will be collected at baseline (i.e., the client's entry into the project), discharge, and 6-months post-baseline.

The collection of these data will enable CSAT and CMHS to report on key outcome measures relating to substance use and mental health. In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use and outcomes nationwide. If you have an EHR system to collect and manage most or all client-level clinical information, you

should use the EHR to automate GPRA reporting. Grantees are encouraged to explore using HIT to improve data collection, including integrating EHR systems with Homeless Management Information Systems and/or GPRA reporting systems to minimize provider re-entry of data.

In addition to these measures, grantees will be expected to report biannually on their progress and performance on achieving the goals and objectives of the grant project resulting from the three primary grant activities (see Section 1.1 Purpose).

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

2.3 Local Performance Assessment

Grantees are required to review the performance data they report to SAMHSA (as required above) to assess their progress and use this information to improve the management of their grant projects. The performance assessment currently required will need to also include any of the enhancement/expansion activities that occur as a result of this grant. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

The performance assessment for this project will be included in the current assessment that is submitted annually to SAMHSA as a supplement to the continuation application.

No more than 20 percent of the up to 25 percent expended for state infrastructure may be used by the grantee for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above. Each sub-awardee may use up to 10 percent of its funds for data collection and performance measurement, and performance assessment (see Sections I-2.2 and 2.3).

II. AWARD INFORMATION

Funding Mechanism:	Cooperative Agreement
Anticipated Total Available Funding:	$24.116 million ($11.858 million or 49 percent from CSAT's Treatment Systems for Homeless and $12.258 million or 51 percent from CMHS' Homeless Prevention Program)
Estimated Number of Awards:	Up to 18 awards
Estimated Award Amount:	Up to $1.8 million (Tier 1) and up to $600,000 (Tier 2). (49 percent from CSAT's Treatment

Systems for Homeless and 51 percent from CMHS' Homeless Prevention Program)

Length of Project Period: Up to 1 year of funding for grants funded in FY 2013 and up to 2 years of funding for grants funded in FY 2014.

Proposed budgets cannot exceed $1.8 million for Tier 1 states and $600,000 for Tier 2 states in total costs (direct and indirect) in any year of the proposed project.

Each grant award will consist of 49 percent CSAT funds and 51 percent CMHS funds, even if an applicant requests less than the maximum award amount. 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.

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:

<u>Role of Grantee:</u>

- Comply with the requirements in this RFA and the terms and conditions set forth in the Notice of Award (NoA).
- Monitor and ensure that sub-awardees collect and report GPRA data; and agree to provide SAMHSA with the data required for GPRA.
- Implement and assess the program in full cooperation with SAMHSA staff members.
- Ensure that individuals served by the grant project are those who experience chronic homelessness and have substance use disorders, serious mental illness, or co-occurring mental and substance use disorders, or are veterans who experience homelessness/chronic homelessness, and have substance use disorders, serious mental illness, or co-occurring mental and substance use disorders.
- Enhance and/or expand a State Interagency Council on Homelessness to meet at least quarterly, in partnership between the Grantee and behavioral health authority (SMHA or SSA), to meet the goals outlined in this RFA.

- Develop a strategy for supporting provider sites in the adoption of HIT (if applicable).

- Prior to awarding sub-awards, the grantee must submit, for each proposed sub-award, required documentation indicated in this RFA (e.g., availability of housing units, evidence of credentials) and receive approval of sub-award(s).

- Submit the revised draft statewide plan by the 2nd month of the grant project for review and approval.

- Collect, evaluate, and report grantee infrastructure, process, and outcome data.

- Respond to requests for program-related data.

- Prepare SAMHSA required reports.

Role of SAMHSA Staff:

- Review and approve the revised draft statewide plan and work collaboratively with the grantee to implement and adapt the statewide plan based on information gathered through the project.

- Participate on the State Interagency Council on Homelessness (for the purposes of this grant) and in the selection of members that will further enhance and develop the infrastructure, build capacity, and guide grant project implementation.

- Review and approve planned state infrastructure activities and provide related technical assistance (if applicable).

- Assist the grantee to meet quality improvement goals in an efficient manner.

- Provide advice and assistance in developing the performance assessment.

- Foster learning, collaboration and coordination with other federally-funded activities. Examples include facilitating communication and connection with SAMHSA regional offices, HUD Continuums of Care, HUD field offices, SAMHSA Addiction Technology Transfer Centers (ATTCs); and HRSA resources.

- Provide training, observation of practice, consultative services, peer monitoring, and other services envisioned under this program in collaboration with SAMHSA technical assistance resources.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are either State Mental Health Authorities (SMHAs) or the Single State Agencies (SSAs) for Substance Abuse in the eligible states. However, SAMHSA's expectation is that both the SMHA and SSA will work in partnership to fulfill the requirements of the grant. Eligible states are listed below by tier:

FY 2015 CABHI-States RFA Tiers

Award Tier	Maximum Annual Award Amount	Eligible Applicants	
Tier 1	$1,800,000	Arizona Colorado Connecticut Georgia Hawaii Illinois Louisiana	Massachusetts Michigan Nevada Ohio Pennsylvania Tennessee Washington
Tier 2	$600,000	Mississippi Oklahoma Utah Wisconsin	

To demonstrate a collaborative effort within the state, applicants must provide a letter of commitment from the partnering entity, if applicable, in **Attachment 4** of the application. If the SMHA and the SSA are one entity, a letter of commitment is not required.

Eligibility for this program is limited to the current FY 2013 and FY 2014 CABHI-States grantees. The purpose of this jointly funded program is for states and territories to expand and enhance their currently funded grant activities by increasing infrastructure and treatment service systems within their states/territories. The funding will create a more comprehensive program that is consistent with the CABHI States model and funding levels in order to better address the full range of individuals who experience chronic homeless and have behavioral health issues, including those with only serious mental illness and homeless veterans.

SAMHSA believes that it is cost effective and efficient to limit eligibility to the current grantees in order to achieve the best outcomes for state-level programs and because the current grantees already have the infrastructure in place to immediately expand activities under this enhanced funding announcement. SAMHSA believes this can be

best achieved by providing two tiers of awards to accommodate the needs of larger and smaller chronic homeless populations.

At the time of the receipt of FY 2015 grant funds, FY 2013 CABHI-States grantees will be in their third year of funding, and FY 2014 CABHI-States grantees will be in their second year. At this point, these grantees will have hired program staff, begun to enhance and develop their statewide plans for system-wide short and long term support to the population of focus, begun the delivery of recovery-oriented services, and begun efforts to assist the state Medicaid eligibility agency in developing a streamlined application process to increase the number of individuals enrolled. FY 2015 funds will enhance these efforts and increase capacity to provide evidence-based treatment services, permanent supportive housing, peer supports, and other critical services to the population of focus.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. 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. Direct service providers at the state level and sub-awardees of grant funds must meet four additional requirements related to the provision of services.

The four requirements are:

- A provider organization for direct client services (e.g., substance abuse treatment, mental health treatment) 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; and

- Each entity must either:

- ➢ be qualified to receive third party reimbursements and have an existing reimbursement system in place; OR
- ➢ have established links to other behavioral health or primary care organizations with existing third party reimbursement systems.

[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. See Appendix II, Statement of Assurance, in this document.]

Following application review, if your application's score is within the funding range, the government project officer (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;
- 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;
- official documentation that mental health/substance abuse treatment provider organizations are qualified to receive third-party reimbursements and have an existing reimbursement system in; **OR** official documentation that mental health/substance abuse treatment provider organizations have established links to other behavioral health or primary care organizations with existing third party reimbursement systems for services.

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

IV. APPLICATION AND SUBMISSION INFORMATION

In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:

1. ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **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 and F. There are no page limits for these sections except for Section E, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in PART II-V: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- Applicants for this program are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170**.** This form is posted on SAMHSA's website at http://www.samhsa.gov/grants/applying/forms-resources

- **Attachments 1 through 4** – 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 is no page limitation for Attachment 2. 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; **(Do not include any letters of support – it will jeopardize the review of your application if you do.)** (4) the Statement of Assurance (provided in Appendix II 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 a) 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; b) the availability of permanent housing units match the number of clients targeted to be enrolled in the grant project for each year

of the grant; and c) provider treatment organizations are qualified to receive third party reimbursements or have established links to other organizations with existing third party reimbursement systems.

- **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 from the partnering SMHA or SSA (if applicable; see Section III-1 of this document).

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 9, 2015**.

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than **25 percent of the total grant award** may be used for infrastructure development/improvements at the state level. No more than **20 percent of this amount** may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.
- Grantees must devote **not less than 75 percent of the total grant award** to expand and enhance treatment and recovery services for the population(s) of focus through sub-awards to domestic public or private nonprofit entities that are responsible for administering behavioral health services either directly or through contractual agreements. Each domestic public or private nonprofit entity may use **up to 10 percent of its funds** for data collection and performance measurement, and performance assessment (see Sections I-2.2 and 2.3).
- Grantees must submit a budget that reflects a split of 49 percent CSAT funds and 51 percent CMHS funds. (See PART II: Appendix F – Sample Budget and Justification.)
- No more than 6.5 percent of the total grant award may be used for short-term residential treatment (90 days or less).

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 PART II: Appendix D – Funding Restrictions.

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 five sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or it will not be considered, i.e., type "A-1", "A-2", etc., before your response to each question.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section V and Appendix F).
- 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: Progress to Date **(15 points)**

1. Describe your organization's experience with the existing grant program (i.e., infrastructure development and services). Report on accomplishments to date. Discuss any obstacles/problems that have been encountered and actions taken towards their resolution.

Section B: Proposed Approach for Program Expansion/Enhancement (30 points)

1. Describe your plans to expand or enhance your existing program and how your planned activities will meet the expected goals and objectives of the enhancement/expansion. Clearly describe all activities that will be supported with the additional funding. Discuss how the enhanced/expanded activities will be integrated into the ongoing project. If an applicant has selected an additional

EBP, fully describe the practice you plan to implement and explain why it is appropriate for the population(s) of focus.

2. Describe the roles and responsibilities of collaborating organizations. Identify and describe any organization(s) that will participate in the proposed project and the geographic areas/jurisdictions in which they will provide behavioral health services. Provide the projected number of persons to be served, along with a clinical and demographic description of the projected number of persons to be served. Describe the service gap or need that will be addressed as part of the expansion/enhancement. Include letters of commitment from these organizations in Attachment 1 of your application.

Section C: Implementation Plan and Staffing (35 points)

1. Present your plan for implementing and managing the required enhancement activities. Include a timeline for implementation showing key activities, milestones and responsible staff. These key activities should include the requirements outlined in Section I. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations.

2. Describe the role of the supported employment specialist and how they will enhance state and community capacity to provide and expand evidence-based supported employment programs for the population(s) of focus.

3. Described the role of the full-time SOAR Specialist and how they will increase access to the disability income benefit programs for the population(s) of focus.

4. Clearly describe how you will build upon your statewide plan to ensure sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support the population(s) of focus and that meets the required activities specified in the RFA.

5. Describe how you will expand and/or enhance existing State Interagency Council consistent with the requirements outlined in Section I-2 Expectations (State Infrastructure Development).

6. Describe any current efforts with the state Medicaid Agency in developing a single streamlined application. Where the State Medicaid agency is in the process of developing a streamlined application, describe how you have provided technical assistance regarding the needs and challenges relevant to the population(s) of focus. Describe how you will build upon the current plan.

7. Clearly describe how you have assisted current providers in seeking to become qualified Medicaid providers and how you have overcome any obstacles that have been encountered. Describe the progress of the sub-awardees in engaging and enrolling eligible persons in Medicaid and other mainstream benefit programs.

8. Discuss how you will ensure that any efforts to enhance or expand outreach, behavioral health treatment (specify types), and case management provided by the project meet the required activities specified in the RFA. If you are proposing activities in addition to those required, please specify and discuss.

9. Describe the availability of permanent housing for the individuals enrolled as a result of this project.

10. Describe how you will increase access to recovery support services, designed to improve access to and retention in services and to continue treatment gains, which may include some or all of the following as appropriate for each client:

    - Vocational, child care, educational and transportation services
    - Independent living skills (e.g., budgeting and financial education)
    - Employment readiness, training, and placement
    - Crisis care
    - Medications management
    - Self-help programs

11. Describe how new and/or improved existing policies will be developed to create a seamless coordination and delivery of services across multiple systems (e.g., mainstream benefits, behavioral health, primary care, housing, etc.).

12. Describe how you will enhance and/or expand existing processes to accelerate and streamline Medicaid enrollment for eligible individuals who experience homelessness, through existing or new partnerships with the state Medicaid eligibility/determination office.

13. Describe how you will assist providers (e.g., substance use treatment providers, mental health providers, homeless services providers) seeking to become qualified Medicaid providers (if applicable).

14. Describe how you will train staff on SOAR and create or build on existing partnerships with the SSA offices to address or enhance seamless processing for SSI/SSDI applications.

15. Describe how you will increase the number of staff trained on medical documentation needs for individuals seeking mainstream benefits.

Section D: Data Collection and Performance Measurement (20 points)

1. Provide an updated performance measurement plan that incorporates the new activities to be funded with enhancement funds. Identify data that will be collected to provide regular feedback to the project to determine if the goals of the enhancement program are being met. The performance measurement plan should include both process and outcome requirements. Include copies of the

instruments and/or protocols you will use in **Attachment 2** of your application (if you are not providing a web link) and copies of consent forms in **Attachment 3.**

2. Describe how you will incorporate individuals served as a result of the enhancement activities into your ongoing Government Performance and Results (GPRA) Modernization Act of 2010 activities. Remember to include data collection and performance measurement costs in your requested budget.

3. Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Describe your plan for data collection, management, analysis and reporting. If applicable, specify and justify any additional measures or instruments you plan to use for your grant project.

4. Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed and reduced.

5. Describe your plan for including the additional activities into the current local performance assessment as specified in Section I-2.3 of this RFA and document your ability to conduct the assessment.

SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Job Descriptions

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for instructions on completing this section.

Section F: 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 G of your application. See Appendix III of this document for guidelines on these requirements

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/reporting-requirements. Further, CSAT and CMHS funds must be separately tracked in a formal accounting system and grantees must be able to differentiate the CSAT funds used exclusively for treatment and recovery support services for individuals who have a substance use disorder, CMHS funds used exclusively for treatment and recovery support services for individuals who have a serious mental illness, and CSAT and CMHS funds used for overlapping purposes (e.g., infrastructure development, evaluation, screening and assessment, treatment and recovery supports for individuals diagnosed with co-

occurring substance use and mental disorders). Based on this information, grantees must report in annual and final Federal Financial Reports (SF 425) their total grant expenditures, CSAT expenditures, CMHS expenditures, CSAT expenditures for overlapping purposes and CMHS expenditures for overlapping purposes.

VII. AGENCY CONTACTS

For questions about program issues contact:

Carl Yonder
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 6-1026
Rockville, Maryland 20857
(240) 276-1916
carl.yonder@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
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) 276-1412
eileen.bermudez@samhsa.hhs.gov

Appendix I – Using Evidence-Based Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain practices for American Indians, 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 practices 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 a practice 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. 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 at http://store.samhsa.gov/resources/term/Evidence-Based-Practice-Resource-Library. 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 *Resource Library* 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.

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 PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

Appendix II – 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 or other governmental unit that licensing, accreditation and certification requirements do not exist.[1] (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 certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation and certification requirements do not exist.

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[1] Tribes and tribal organizations are exempt from these requirements.

- official documentation indicating that the availability of permanent housing units matches the number of clients targeted to be enrolled in the grant project for each year of the grant and that the housing units qualify as permanent housing, as outlined in the RFA.

- official documentation that mental health/substance abuse treatment provider organizations are qualified to receive third party reimbursements and have an existing reimbursement system in place; **OR** official documentation that mental health/substance abuse treatment provider organizations have established links to other behavioral health or primary care organizations with existing third party reimbursement systems for services.

_________________________________ ______________________

Signature of Authorized Representative Date

Appendix III – 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. <u>Absence of Coercion</u>

- 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 if an incentive paid for with SAMHSA discretionary grant funds exceed $30.

- 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. <u>Data Collection</u>

- 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 (unless you are providing the web link to the instrument(s)/protocol(s)).

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.

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 (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix IV – 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.