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

FY 2020 Certified Community Behavioral Health Clinic Expansion Grants

Short Title: CCBHC Expansion Grants

(Modified Announcement)

Funding Opportunity Announcement (FOA) No. SM-20-012

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.829

Key Dates:

Application Deadline	**Applications are due by March 10, 2020.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their state(s) participate(s). 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 the administrative deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2020 Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants (Short Title: CCBHC Expansion Grants). The purpose of this program is to increase access to and improve the quality of community mental and substance use disorder treatment services through the expansion of CCBHCs. CCBHCs provide person- and family-centered integrated services. The CCBHC Expansion grant program must provide access to services including 24/7 crisis intervention services for individuals with serious mental illness (SMI) or substance use disorders (SUD), including opioid use disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring mental and substance disorders (COD). SAMHSA expects that this program will provide comprehensive 24/7 access to community-based mental and substance use disorder services; treatment of co-occurring disorders; and physical healthcare in one single location.

Funding Opportunity Title:	Certified Community Behavioral Health Clinic Expansion Grants (Short Title: CCBHC Expansion Grants)
Funding Opportunity Number:	SM-20-012
Due Date for Applications:	March 10, 2020
Anticipated Total Available Funding:	$197,000,000
Estimated Number of Awards:	Up to 98
Estimated Award Amount:	Up to $2,000,000 annually
Cost Sharing/Match Required:	No
Anticipated Project Start Date:	8/30/2020
Length of Project Period:	Up to 2 years

Eligible Applicants:	Certified community behavioral health clinics or community-based behavioral health clinics who may not yet be certified but meet the certification criteria and can be certified within 4 months of award. [See Section III-1 for complete eligibility information.]

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

All applicants MUST register with NIH's eRA Commons in order to submit an application. <u>This process takes up to six weeks</u>. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process.

WARNING: BY THE DEADLINE FOR THIS FOA YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING TO SUBMIT AN APPLICATION:

- **The applicant organization MUST be registered in NIH's eRA Commons; AND**
- **The Project Director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.**

<u>No exceptions will be made.</u>

Applicants also must register with the System for Award Management (SAM) and Grants.gov (see Appendix A for all registration requirements).

I. PROGRAM DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2020 Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants (Short Title: CCBHC Expansion Grants). The purpose of this program is to increase access to and improve the quality of community mental and substance use disorder treatment services through the expansion of CCBHCs. CCBHCs provide person- and family-centered integrated services. The CCBHC Expansion grant program must provide access to services including 24/7 crisis intervention services for individuals with serious mental illness (SMI) or substance use disorders (SUD), including opioid use disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring mental and substance disorders (COD). SAMHSA expects that this program will provide comprehensive 24/7 access to community-based mental and substance use disorder services; treatment of co-occurring disorders; and physical healthcare in one single location.

CCBHCs provide a comprehensive collection of services that create access, stabilize people in crisis, and provide the needed treatment and recovery support services for

those with the most serious and complex mental and substance use disorders. CCBHCs integrate services to ensure a comprehensive approach to healthcare. CCBHCs provide services to any individual, regardless of their ability to pay or their place of residence.

States were funded to develop CCBHCs in FY2016 through Planning Grants for Certified Community Behavioral Health Clinics (SM-16-001). This CCBHC expansion announcement creates opportunities to support the expansion of the CCBHC model in those states which participated in the 2016 Planning Grant program. This funding opportunity is available to entities across the country; however, priority will be given to those entities in states which were awarded a 2016 Planning Grant. All organizations who meet criteria are encouraged to apply. This funding opportunity also addresses Healthy People 2020 Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

Key Personnel:

Key personnel are staff members who must be part of the project regardless of whether or not they receive a salary or compensation from the project. These staff members must make a substantial contribution to the execution of the project.

The key personnel for this program will be the Project Director with a level of effort of 1.0 FTE and the Evaluator at 1.0 FTE. These positions require prior approval by SAMHSA after a review of staff credentials and the job descriptions.

Required Activities:

CCBHC Expansion is one of SAMHSA's services grant programs. SAMHSA intends that its services programs result in the delivery of services as soon as possible after award. **At the latest**, **award recipients are expected to provide services to the population(s) of focus by the fourth month after the grant has been awarded. Organizations funded under the FY 2018 CCBHC-Expansion Program, who are funded under this announcement, will be expected to begin service delivery immediately upon award. A start-up period is not expected to be needed for these entities.**

Collaboration with the state behavioral health authority and state Medicaid Office is expected.

These are the activities that every grant project must implement. **Required activities must be reflected in the Project Narrative in Section V.**

You must use SAMHSA's services grant funds primarily to support direct services. This includes the following activities:

- Provide the following services, in compliance with CCBHCs criteria (https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf):
    - Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization (unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise);
    - Screening, assessment, and diagnosis, including risk assessment;
    - Patient-centered treatment planning or similar processes, including risk assessment and crisis planning;
    - Comprehensive outpatient mental health and substance use services; including provision of appropriate psychotropic medication inclusive of long-acting injectable antipsychotic medication and FDA-approved medication treatments for substance use disorders including for tobacco, alcohol and opioid use disorders, appropriate psychotherapeutic interventions including individual, group, and family therapy, as well as focused interventions such as, for example, motivational interviewing and cognitive behavioral therapies; and
    - Screening for HIV and viral hepatitis (A, B, and C).

The following must be provided directly or through designated collaborating organizations:

- Outpatient primary care screening and monitoring of key health indicators and health risk; provision of vaccinations where indicated including for Hepatitis A and B;
- Clinical monitoring for adverse effects of medications including monitoring for metabolic syndrome consistent with published guidelines;
- Case management;
- Psychiatric rehabilitation services;
- Social support opportunities through established models such as clubhouses that provide therapeutic individual and group interactions, assistance with employment, housing, and other community recovery supports;

    - Development of comprehensive community recovery supports including peer support, counselor services, and family supports;
    - Intensive community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration; and
    - Assertive Community Treatment.

- Establish cooperative relationships with judicial officials/court systems and provide Assisted Outpatient Treatment when ordered.

- Establish an Advisory Work Group comprising individuals with mental and substance use disorders, and family members, to provide input and guidance to the CCBHC on implementation, services, and policies.

- Develop and implement plans for sustainability to ensure delivery of services once federal funding ends. Recipients should not anticipate the continued renewal of federal funding to support this effort. Federal funding is subject to funding availability and is also subject to a competitive grant award process. Recipients must develop and implement sustainability plans to ensure continued service once the grant ends. Recipients will be asked to report on sustainability plans.

Allowable Activities:

- Up to $25,000 per year may be used to purchase Technical Assistance (TA). If recipients do not need these funds for TA, funds may be utilized for other allowable activities under the grant.

- Develop and implement tobacco and vaping cessation programs, activities, and/or strategies.

- Conduct an analysis of barriers and facilitators to facilitate changes in services and local relationships necessary to become fully certified.

- Vocational and educational counseling aimed at assisting individuals receiving treatment to be able to better integrate into their communities and live productive satisfying lives.

- Partnering with local housing authority to integrate behavioral health supports into community housing.

Other Expectations:

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. (See Appendix H**,** Addressing Behavioral Health Disparities).

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. Recipients are encouraged to collaborate and coordinate with RWHAP grantees for the provision of HIV care and treatment services, including Hepatitis screening, testing, and vaccination for people living with HIV.

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board developed the first collaborative National Tribal Behavioral Health Agenda (TBHA). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies that are addressed by their grant application. The TBHA can be accessed at http://nihb.org/docs/12052016/FINAL%20TBHA%2012-4-16.pdf.

SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Recipients 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 not covered by 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. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Recipients should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

SAMHSA encourages all recipients to address the behavioral health needs of active duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

1.1 Using Evidence-Based Practices (EBPs)

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. Both researchers and practitioners recognize that EBPs are essential to improving the effectiveness of treatment and prevention services in the behavioral health field. While SAMHSA realizes that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for evidence base and appropriateness for population to be served. If an EBP(s) exists for the types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized.

In Section C of your Project Narrative, you will need to identify the EBP(s) you propose to implement for the specific population(s) of focus. In addition, you must discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it is (they are) appropriate for your population(s) of focus.

Applicants are also encouraged to visit the SAMHSA Evidence-Based Practices Resource Center (www.samhsa.gov/ebp-resource-center)

In selecting an EBP, be mindful of how your choice of an EBP or practice may impact disparities in service access, use, and outcomes for your population(s) of focus. While this is important in providing services to all populations, it is especially critical for those working with underserved and minority populations.

1.2 Data Collection and Performance Measurement

All SAMHSA recipients 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 plan for data collection and reporting in Section E: Data Collection and Performance Measurement.

Recipients are required to report performance on measures including but not limited to the following: number of individuals receiving services; types of services received; diagnoses of individuals served; physical health measurements requested in appropriate lab testing and physical examination; mental health functioning outcomes; employment status; substance use characteristics; and housing status.

This information will be reported using SAMHSA Performance and Accountability Reporting System (SPARS). Additional information about SPARS can be found at https://spars.samhsa.gov/content/data-collection-tool-resources. It is expected that data will be collected and reported quarterly. SPARS access, guidance, and technical assistance on data collection and reporting will be provided upon award.

The collection of these data enables SAMHSA to report on key outcome measures relating to the grant program. In addition to these outcomes, data collected by recipients 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 as part of SAMHSA's Congressional Justification.

1.3 Project Performance Assessment

Recipients must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their grant project. Recipients are also required to report on their progress addressing the goals and objectives identified in B.1 of the Project Narrative.

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. Performance assessments should also be used to determine whether your project is having/will have the intended impact on behavioral health disparities. Sustainability planning should also be a component of each report.

You will be required to submit a six month report in Year 1, a final report at the end of year 1 and an annual report every year thereafter on the progress you have achieved, barriers encountered, and efforts to overcome these barriers. Refer to Section VI.1 for any program specific information on the frequency of reporting and any additional requirements. This annual report shall include an update on sustainability efforts.

No more than 15 percent of the total grant award for each budget period may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and I-2.3 above.

Note: See Appendix E and Appendix F for more information on responding to Sections I-1.2 and I-I.3.

1.4 Grantee Meetings

Grantee meetings will be held virtually. All recipients are required to participate fully in grantee meetings. Should SAMHSA elect to hold an in-person meeting, budget revisions will be permitted.

II. FEDERAL AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	$197,000,000
Estimated Number of Awards:	Up to 98

Estimated Award Amount: Up to $2,000,000 annually
Length of Project Period: Up to 2 years

Proposed budgets cannot exceed $2,000,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility is limited to certified community behavioral health clinics or community-based behavioral health clinics who may not yet be certified but meet the certification criteria and can be certified within 4 months of award

2. COST SHARING and MATCHING 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. You must meet two requirements related to the provision of services.

The two requirements are:

- The applicant must be either: (1) a certified CCBHC; OR (2) can meet all of CCBHC criteria and become certified within four months following award.

- If the applicant is proposing to have designated collaborating organizations (DCOs) assist in providing services to CCBHC patients, each DCO must be an organization for direct client substance use disorder treatment, substance misuse prevention and/or mental health services appropriate to the grant. More than one DCO can be used. Each DCO must:

    - Have two years of experience (as of the due date of the application) providing relevant services. Official documents must establish that the organization has provided relevant services for the <u>last two years</u>); and

- 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 C – Statement of Assurance.]

Following application review, if your application's score is within the fundable range, the Government Project Officer (GPO) may contact you to request that additional documentation be sent by email, or to verify that the documentation you submitted is complete. **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

1. REQUIRED APPLICATION COMPONENTS:

- **SF-424** – Fill out all Sections of the SF-424. In **Line #4** (i.e., Applicant Identifier), input the Commons Username of the PD/PI. In **Line #17** input the following information: (Proposed Project Date: a. Start Date: 8/30/2020; a. End Date: 8/29/2022).

  Budget Information Form – Use **SF-424A**. Fill out all Sections of the SF-424A.

  - **Section A –** Budget Summary: Use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only.

  - **Section B** – Budget Categories: Use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only.

  - **Section C –** Leave blank if cost sharing/match is not required for this program. Complete if cost sharing/match is required.

  - **Section D** – Forecasted Cash Needs: Input the total funds requested, broken down by quarter, only for Year 1 of the project period. Use the first row for federal funds and the second row for non-federal funds.

- **Section E** – Budget Estimates of Federal Funds Needed for Balance of the Project: Input the total funds requested for the out year (e.g., Year 2). You would input information in column b (one out year).

A sample budget and justification is included in Appendix L of this document. **It is highly recommended that you use this sample budget format. This will expedite review of your application.**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than **10 pages.** Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages. More detailed instructions for completing each section of the Project Narrative are provided in Section V – Application Review Information.

  The Supporting Documentation section provides additional information necessary for the review of your application. This supporting documentation must be attached to your application using the Other Attachments Form if applying with Grants.gov Workspace or Other Narrative Attachments if applying with eRA ASSIST. Additional instructions for completing these sections and page limitations for Biographical Sketches/Position Descriptions are included in Appendix A: 3.1 Required Application Components, and Appendix G, Biographical Sketches and Position Descriptions. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF (Budget Narrative File) when you submit your application into Grants.gov. (See Appendix A: 3.1 Required Application Components.)

- You 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 5**– 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 and 5. 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. (Use the Other Attachments Form if applying with Grants.gov Workspace or Other Narrative Attachments if applying with eRA ASSIST.)

- **Attachment 1**:
  - A list of all DCOs that have agreed to participate in the proposed project and Letters of Commitment from these DCOs. **Do not include any letters of support. Reviewers will not consider them if you do.**
  - The Statement(s) of Assurance (provided in Appendix C 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: (1) applicant is either a certified CCCBHC or is capable of being certified within **four months following grant award**; and (2) that any DCOs listed in the application meet the two year experience requirement and applicable licensing, accreditation, and certification requirements. **NOTE**: If the application is within the funding range for an award, the applicant will send the GPO the required documentation within a 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: Appendix J, Intergovernmental Review (E.O. 12372) Requirements).
- **Attachment 5:** Response to Appendix D - Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines. **This is a required attachment.**

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **March 10, 2020.**

All applicants MUST register with NIH's eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process.

WARNING: BY THE DEADLINE FOR THIS FOA YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING TO SUBMIT AN APPLICATION:

- **The applicant organization MUST be registered in NIH's eRA Commons; AND**
- **The Project Director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.**

No exceptions will be made.

Applicants also must register with the System for Award Management (SAM) and Grants.gov (see Appendix A for all registration requirements).

3. FUNDING LIMITATIONS/RESTRICTIONS

Applicants responding to this announcement may request funding for a project period of up to 2 years, at no more than $2,000,000 in each year.

The funding restrictions for this project are as follows:

- No more than 15 percent of the total grant award for each budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.
- Up to $25,000 of the annual grant award for each budget period may be used to purchase technical assistance (TA). If TA is not needed, the recipient may use those funds for allowable or required activities.

Be sure to identify these expenses in your proposed budget.

SAMHSA recipients must also comply with SAMHSA's standard funding restrictions, which are included in Appendix I, Standard Funding Restrictions.

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

All SAMHSA grant programs are 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 J for additional information on these requirements as well as requirements for the Public Health System Impact Statement.

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-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.

- The Project Narrative (Sections A-E) together may be no longer than **10 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**, **i.e**., **type "A-1", "A-2", etc., before your response to each question.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Only information included in the appropriate numbered question will be considered by reviewers.** Your application will be scored according to how well you address the requirements for each section of 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 questions, each question is assessed in deriving the overall Section score.

Section A: Population of Focus and Statement of Need (up to 15 points for A.1 and A.2; Five (5) points will be given to applicants from planning grant states in A.3 – approximately 1 page)

1. Identify your population(s) of focus and the geographic catchment area where services will be delivered. Describe other behavioral health care services currently available in the service area including whether they also serve your target population.

2. Describe the nature of the problem, including service gaps, and document the unmet mental health needs in the community (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in your response to A.1. Identify the source of the data.

3. Clearly state whether your organization is in a planning grant state.

Section B: Proposed Implementation Approach (30 points – approximately 5 pages)

1. Describe the goals and measurable objectives (see Appendix E) of the proposed project and align them with the Statement of Need described in A.2. State the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds.

2. Describe how you will implement all of the required activities in Section I.

3. Describe your ability to meet CCBHC criteria based on the Criteria Compliance Checklist (Appendix M). If you are not currently certified, describe how you will become certified within four months following the award.

4. Provide a chart or graph depicting a realistic timeline for the entire two years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I-2: [NOTE: Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than four months after grant award. The timeline must be part of the Project Narrative. It must not be placed in an attachment.]

Section C: Proposed Evidence-Based Service/Practice (15 points approximately 1 page)

1. Identify the Evidence-Based Practice(s) (EBPs) that will be used. Discuss how each EBP chosen is appropriate for your population(s) of focus and the outcomes you want to achieve. Describe any modifications that will be made to the EBP(s) and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.

Section D: Staff and Organizational Experience (25 points – approximately 2 pages)

1. Describe the experience of your organization with similar projects (including CCBHC state planning or demonstration projects) and/or providing services to the population(s) of focus for this FOA. Identify other organization(s) that you will partner with in the proposed project (i.e., DCOs) including their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. Letters of Commitment from each DCO must be included in **Attachment 1** of your application. If you are not partnering with any other organization(s), indicate so in your response.

2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) and other significant personnel (e.g., Clinic Medical Director, Clinic Director of Continuous Quality Improvement). Describe the role of

each, their level of effort, and qualifications, to include their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s).

Section E: Data Collection and Performance Measurement 10 points – approximately 1 page)

1. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor and enhance the program.

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.

An illustration of a budget and narrative justification is included in Appendix L: Sample Budget and Justification. **It is highly recommended that you use this sample budget format.** Your budget must reflect the funding limitations/restrictions specified in Section IV-3. **Specifically identify the items associated with these costs in your budget**.

The budget justification and narrative must be submitted as a file entitled BNF when you submit your application into Grants.gov.

1. REQUIRED SUPPORTING DOCUMENTATION

Biographical Sketches and Position Descriptions

See Appendix G for information on completing biographical sketches and job descriptions.

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. The results of the peer review are of an advisory nature. The program office and approving official make the final determination for funding;

- When the individual award is over $250,000, approval by CMHS National Advisory Council;

- Availability of funds;

- Equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size;

- Submission of any required documentation that must be submitted prior to making an award; and

- In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)].

VI. FEDERAL AWARD ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

Program Specific:

Recipients must comply with the data reporting requirements listed in Section I-1.2 and Section I-1.3.

Data Collection:

Recipients are required to report performance data quarterly on the following measures: number of individuals contacted through program outreach; number screened and assessed; the number and types of services received; diagnoses of individuals served; physical health measurements requested in appropriate lab testing and physical examination; mental health functioning outcomes; employment status; substance use characteristics; and housing status.

Progress Reports:

You will be required to submit a six-month report in Year 1, a final report at the end of year 1 and an annual report every year thereafter on the progress you have achieved, barriers encountered, and efforts to overcome these barriers.

Grants Management:

Successful applicants must also comply with the following standard grants management reporting and schedules at https://www.samhsa.gov/grants/grants-management/reporting-requirements, unless otherwise noted in the FOA or Notice of Award.

2. FEDERAL AWARD NOTICES

You will receive an email from SAMHSA, via NIH's eRA Commons, that will describe the process for how you can view the general results of the review of your application, including the score that your application received.

If the application is approved for funding, a Notice of Award (NoA) will be emailed to the following: 1) the Business Official's (BO) email address identified on the HHS Checklist form submitted with the application; and 2) the email associated with the Commons account for the Project Director. Hard copies of the NoA will no longer be mailed via postal service. The NoA is the sole obligating document that allows you to receive federal funding for work on the grant project. Information about what is included in the NoA can be found at: https://www.samhsa.gov/grants/grants-management/notice-award-noa.

If you application is not funded, you will receive a notification from SAMHSA, via NIH's eRA Commons.

VII. AGENCY CONTACTS

For program related and eligibility questions contact:

Nancy Kelly
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
(240) 276-1839
Nancy.kelly@samhsa.hhs.gov

For fiscal/budget related questions contact:

Corey Sullivan
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
(240) 276-1213 or (240) 276-1412
FOACMHS@samhsa.hhs.gov

For grant review process and application status questions contact:

Leonora Fleming
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1082
Leonora.fleming@samhsa.hhs.gov

Appendix A – Application and Submission Requirements

<u>WARNING</u>: If your organization is not registered and you do not have an active eRA Commons PD/PI account by the deadline, the application will NOT be accepted. <u>No exceptions will be made.</u>

All applicants must register with NIH's eRA Commons in order to submit an application. <u>This process takes up to six weeks</u>. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process.

Applicants also must register with the System for Award Management (SAM) and Grants.gov (see below for all registration requirements).

1. GET REGISTERED

You are required to complete **four (4) registration processes:**

1. Dun & Bradstreet Data Universal Numbering System (to obtain a DUNS number);
2. System for Award Management (SAM);
3. Grants.gov; and
4. eRA Commons.

If this is your first time submitting an application, you must complete all four registration processes. If you have already completed registrations for DUNS, SAM, and Grants.gov, you need to ensure that your accounts are still active, and then register in **eRA Commons**. If you have not registered in Grants.gov, the registration for Grants.gov and eRA Commons can be done concurrently. You must register in eRA Commons and receive a Commons Username in order to have access to electronic submission, receive notifications on the status of your application, and retrieve grant information. **If your organization is not registered and does not have an active eRA Commons PI account by the deadline, the application will not be accepted.**

The organization must maintain an active and up-to-date SAM and DUNS registrations in order for SAMHSA to make an award. If your organization is not compliant when SAMHSA is ready to make an award, SAMHSA may determine that your organization is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

1.1 Dun & Bradstreet Data Universal Numbering System (DUNS) Registration

SAMHSA applicants are required to obtain a valid DUNS Number, also known as the Unique Entity Identifier, and provide that number in 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. **The DUNS number you use on your application must be registered and active in the System for Award Management (SAM).**

1.2 System for Award Management (SAM) Registration

You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information during the period of time your organization has an active federal award or an application under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), has an exception approved by the agency under 2 CFR § 25.110(d)). To create a SAM user account, Register/Update your account, and/or Search Records, go to https://www.sam.gov.

It is also highly recommended that you renew your account prior to the expiration date. **SAM information must be active and up-to-date, and should be updated at least every 12 months to remain active (for both recipients and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. Grants.gov rejects electronic submissions from applicants with expired registrations.

If your SAM account expires, the renewal process requires the same validation with IRS and DoD (Cage Code) as a new account requires. The renewal process can take up to one month.

1.3 Grants.gov Registration

Grants.gov is an online portal for submitting federal grant applications. It requires a one-time registration in order to submit applications. While Grants.gov registration is a one-time only registration process, it consists of multiple sub-registration processes (i.e., DUNS number and SAM registrations) before you can submit your application. [Note: eRA Commons registration is separate].

You can register to obtain a Grants.gov username and password at http://www.grants.gov/web/grants/register.html.

If you have already completed Grants.gov registration and ensured your **Grants.gov and SAM accounts are up-to-date and/or renewed**, please skip this section and focus on the eRA Commons registration steps noted below. If this is your first time submitting an application through Grants.gov, registration information can be found at the Grants.gov "Applicants" tab.

The person submitting your application must be 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/web/grants/applicants/organization-registration.html.

1.4 eRA Commons Registration

eRA Commons is an online interface managed by NIH that allows applicants, recipients, and federal staff to securely share, manage, and process grant-related information. Organizations applying for SAMHSA funding must register in eRA Commons. This is a one-time registration separate from Grants.gov registration. In addition to the organization registration, Business Officials and Program Directors listed as key personnel on SAMHSA applications must have an account in eRA Commons and receive a Commons ID in order to have access to electronic submission and retrieval of application/grant information. It is strongly recommended that you start the eRA Commons registration process **at least six (6) weeks** prior to the application due date. **If your organization is not registered and does not have an active eRA Commons PI account by the deadline, the application will not be accepted.**

For organizations registering with eRA Commons for the first time, either the Authorized Organization Representative (AOR) from the SF-424 or the Business Official (BO) from the HHS Checklist must complete the online Institution Registration Form. Instructions on how to complete the online Institution Registration Form is provided on the eRA Commons Online Registration Page.

[Note: You must have a valid and verifiable DUNS number to complete the eRA Commons registration.]

After the organization's representative (AOR or BO) completes the online Institution Registration Form and clicks Submit, the eRA Commons will send an e-mail notification from era-notify@mail.nih.gov with the link to confirm the email address. Once the e-mail address is verified, the registration request will be reviewed and confirmed via email. If your request is denied, the representative will receive an email detailing the reason for the denial. If the request is approved, the representative will receive an email with a Commons User ID for the Signing Official account ('SO' role). The representative will receive a separate email pertaining to this SO account containing its temporary password used for first-time log in. The representative will need to log into Commons

with the temporary password, at which time the system will provide prompts to change the temporary password to one of their choosing. Once the designated contact Signing Official (SO) signs the registration request, the organization will be active in Commons. The Signing Official can then create additional accounts for the organization as needed. Organizations can have multiple user accounts with the SO role, and any user with the SO role will be able to create and maintain additional accounts for the organization's staff, including accounts for those designated as Program Directors (PI role) and other Business Officials (SO role).

Important: The eRA Commons requires organizations to identify at least one SO, who can be either the AOR from the SF-424 or the BO from the HHS Checklist, and at least one Program Director/Principal Investigator (PD/PI) account in order to submit an application. The primary SO must create the account for the PD/PI listed as the PD/PI role on the HHS Checklist assigning that person the 'PI' role in Commons. Note that you must enter the PD/PI's Commons Username into the 'Applicant Identifier' field of the SF-424 document (Line 4).

You can find additional information about the eRA Commons registration process at https://era.nih.gov/reg_accounts/register_commons.cfm.

2. APPLICATION COMPONENTS

You must complete your application using eRA ASSIST, Grants.gov Workspace or another system to system (S2S) provider. You will also need to go to the SAMHSA website to download the required documents you will need to apply for a SAMHSA grant or cooperative agreement.

2.1 Additional Documents for Submission (SAMHSA Website)

You will find additional materials you will need to complete your application on the SAMHSA website at http://www.samhsa.gov/grants/applying/forms-resources.

For a **full list of required application components**, refer to Section II-3.1, Required Application Components.

3. WRITE AND COMPLETE APPLICATION

SAMHSA strongly encourages you to sign up for Grants.gov email notifications regarding this FOA. If the FOA is cancelled or modified, individuals who sign up with Grants.gov for updates will be automatically notified.

3.1 Required Application Components

After downloading and retrieving the required application components and completing the registration processes, it is time to write and complete your application. All files uploaded with the Grants.gov application **MUST** be in **Adobe PDF** file format. Directions for creating PDF files can be found on the Grants.gov website. Please see Appendix B **for all** application formatting and validation requirements**. Applications that do not comply with these requirements will be screened out and will not be reviewed.**

Standard Application Components

Applications must include the following required application components listed in the table below. This table consists of a full list of standard application components, a description of each required component, and its source for application submission.

#	Standard Application Components	Description	Source
1	SF-424 (Application for Federal Assistance) Form	This form must be completed by applicants for all SAMHSA grants and cooperative agreements.	ASSIST, Workspace, or other S2S provider
2	SF-424 A (Budget Information – Non-Construction Programs) Form	Use SF-424A. Fill out Sections A, B, D and E of the SF-424A. Section C should only be completed if applicable. **It is highly recommended that you use the sample budget format in the FOA.**	ASSIST, Workspace, or other S2S provider
3	HHS Checklist Form	The HHS Checklist ensures that you have obtained the proper signatures, assurances, and certifications**.** You are not required to complete the entire form, but please include the top portion of the form ("**Type of Application**") indicating if this is a new, noncompeting continuation, competing continuation, or supplemental application; the Business Official and Program Director/Project Director/Principal Investigator contact information (**Part C**); and your organization's nonprofit status (**Part D, if applicable**). All SAMHSA Notices of Award (NoAs) will be emailed by SAMHSA via NIH's eRA Commons to the Project Director/Principal Investigator (PD/PI), and Signing Official/Business Official (SO/BO).	ASSIST, Workspace, or other S2S provider
4	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.	ASSIST, Workspace,

#	Standard Application Components	Description	Source
			or other S2S provider
5	Project Abstract Summary	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.	ASSIST, Workspace, or other S2S provider
6	Project Narrative Attachment	The Project Narrative describes your project. The application must address how your organization will implement and meet the goals and objectives of the program. You must attach the Project Narrative file (Adobe PDF format only) inside the Project Narrative Attachment Form.	ASSIST, Workspace, or other S2S provider
7	Budget Justification and Narrative Attachment	You must include a detailed Budget Narrative in addition to the Budget Form SF-424A. In preparing the budget, adhere to any existing federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. The budget justification and narrative must be submitted as file **BNF** when you submit your application into Grants.gov	ASSIST, Workspace, or other S2S provider
8	SF-424 B (Assurances for Non-Construction) Form	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.	SAMHSA Website
9	Disclosure of Lobbying Activities (SF-LLL) Form	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 Congress or state legislatures. You must sign and submit this form, if applicable.	ASSIST, Workspace, or other S2S provider
10	Other Attachments Form	Refer to the Supporting Documents below. Use the Other Attachments Form to attach all required additional/supporting documents listed in the table below.	ASSIST, Workspace, or other S2S provider

Supporting Documents

In addition to the Standard Application Components listed above, the following supporting documents are necessary for the review of your application. Supporting documents must be attached to your application. **For each of the following application components, attach each document (Adobe PDF format only) using the Other Attachments Form in ASSIST, Workspace, or other S2S provider.**

#	Supporting Documents	Description	Source
1	HHS 690 Form	Every grant applicant must have a completed HHS 690 form (PDF | 291 KB) on file with the Department of Health and Human Services.	SAMHSA Website
2	Charitable Choice Form SMA 170	See Section IV-1 of the FOA 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.	SAMHSA Website
3	Biographical Sketches and Job Descriptions	See Appendix G of this document for additional instructions for completing these sections.	Appendix G of this document.
4	Confidentiality and SAMHSA Participant Protection/Human Subjects	See the FOA or requirements related to confidentiality, participant protection, and the protection of human subject's regulations.	FOA: See Appendix D
5	Additional Documents in the FOA	The FOA will indicate the attachments you need to include in your application.	FOA: Section IV-1.

4. SUBMIT APPLICATION

4.1 Electronic Submission (eRA ASSIST, Grants.gov Workspace, or other S2S provider)

After completing all required registration and application requirements, SAMHSA requires applicants to **electronically submit** using eRA ASSIST, Grants.gov Workspace or another system to system (S2S) provider. Information on each of these options is below:

1) **ASSIST** – The Application Submission System and Interface for Submission Tracking (ASSIST) is an NIH sponsored online interface used to prepare applications using the SF424 form set, submit electronically through Grants.gov

to SAMHSA and other participating agencies, and track grant applications. [Note: ASSIST requires an eRA Commons ID to access the system]

2) **Grants.gov Workspace –** You can use the shared, online environment of the Grants.gov Workspace to collaboratively work on different forms within the application.

The specific actions you need to take to submit your application will vary by submission method as listed above. The steps to submit your application are as follows:

To submit to Grants.gov using ASSIST: eRA Modules, User Guides, and Documentation | Electronic Research Administration (eRA)

To submit to Grants.gov using the Grants.gov Workspace:

http://www.grants.gov/web/grants/applicants/workspace-overview.html

Regardless of the option you use, your application will be subject to the same registration requirements, completed with the same data items, routed through Grants.gov, validated against the same agency business rules, assembled in a consistent format for review consideration, and tracked in eRA Commons. All applications that are successfully submitted must be validated by Grants.gov before proceeding to the NIH eRA Commons system and validations.

On-time submission requires that electronic applications be error-free and made available to SAMHSA for processing from the NIH eRA system on or before the application due date and time. Applications must be submitted to and validated successfully by Grants.gov and eRA Commons no later than **11:59 PM** Eastern Time on the application due date.

You are strongly encouraged to allocate additional time prior to the submission deadline to submit your application and to correct errors identified in the validation process. You are also encouraged to check the status of your application submission to determine if the application is complete and error-free.

If you encounter problems when submitting your application in Grants.gov, you must attempt to resolve them by contacting the Grants.gov Service Desk at the following:

- By e-mail: support@grants.gov
- By phone: (toll-free) 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.

Make sure you receive a case/ticket/reference number that documents the issues/problems with Grants.gov.

Additional support is also available from the NIH eRA Service desk at:

- By e-mail: http://grants.nih.gov/support/index.html
- By phone: 301-402-7469 or (toll-free) 1-866-504-9552. The NIH eRA Service desk is available Monday – Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

If you experience problems accessing or using ASSIST (see below), you can:

- Access the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist/
- Or contact the NIH eRA Service Desk

SAMHSA highly recommends that you submit your application 24-72 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit.

4.2 Waiver of Electronic Submission

SAMHSA will not accept paper applications except under very special circumstances. If you need special consideration, SAMHSA must approve the waiver of this requirement in advance.

If you do not have the technology to apply online, or your physical location has no Internet connection, you may request a waiver of electronic submission. You must send a written request to the Division of Grant Review at least 15 calendar days before the application's due date.

Direct any questions regarding the submission waiver process to the Division of Grant Review at 240-276-1199.

5. AFTER SUBMISSION

5.1 System Validations and Tracking

After you complete and comply with all registration and application requirements and submit your application, the application will be validated by Grants.gov. You will receive a notification that your application is being processed. You will receive two additional e-mails from Grants.gov within the next 24-48 hours (one notification email will confirm receipt of the application in Grants.gov, and the other notification email will indicate that the application was either successfully validated by the Grants.gov system or rejected due to errors). It is important that you retain this Grants.gov tracking number. **Receipt of the Grants.gov 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 (see resources for assistance in Section 4.1).

If Grants.gov identifies any errors and rejects your application with a “Rejected with Errors” status, you must address all errors and submit again. If no problem is found, Grants.gov will allow the eRA system to retrieve the application and check it against its own agency business rules (eRA Commons Validations). If you use ASSIST to complete your application, you are able to validate your application and fix errors before submission.

After you successfully submit your application through Grants.gov, your application will go through eRA Commons validations. You must check your application status in eRA Commons. You must have an eRA Commons ID in order to have access to electronic submission and retrieval of application/grant information.

If no errors are found, the application will be assembled in the eRA Commons. At this point, you can view your application in eRA commons. It will then be forwarded to SAMHSA as the receiving institution for further review. If errors are found, you will receive a System Error and/or Warning notification regarding the problems found in the application. You must take action to make the required corrections, and re-submit the application through Grants.gov before the application due date and time.

You are responsible for viewing and tracking your applications in the eRA Commons after submission through Grants.gov to ensure accurate and successful submission. Once you are able to access your application in the eRA Commons, be sure to review it carefully as this is what reviewers will see.

5.2 eRA Commons: Warning vs. Error Notifications

You may receive a System Warning and/or Error notification after submitting an application. Take note that there is a distinction between System Errors and System Warnings.

Warnings – If you receive a Warning notification after the application is submitted, you are not required to resubmit the application. The reason for the Warning will be identified in the notification. It is at your discretion to choose to resubmit, but if the application was successfully received, it does not require any additional action.

Errors – If you receive an Error notification after the applications is submitted, you must correct and resubmit the application. The word Error is used to characterize any condition which causes the application to be deemed unacceptable for further consideration.

5.3 System or Technical Issues

If you encounter a system error that prevents you from completing the application submission process on time, the BO from your organization will receive an email notification from eRA Commons. SAMHSA highly recommends contacting the eRA Service Desk and submitting a web ticket to document your good faith attempt to submit your application, and determining next steps. See Section 4.1 for more information on contacting the eRA Service Desk.

5.4 Resubmitting a Changed/Corrected Application

If SAMHSA does not receive your application by the application due date as a result of a failure in the SAM, Grants.gov, or NIH's eRA Commons systems, you must contact the Division of Grant Review within **one business day after the official due date at:** dgr.applications@samhsa.hhs.gov and provide the following:

- A case number or email from SAM, Grants.gov, and/or NIH's eRA system that allows SAMHSA to obtain documentation from the respective entity for the cause of the error.

SAMHSA will consider the documentation to determine **if** you followed Grants.gov and NIH's eRA requirements and instructions, met the deadlines for processing paperwork within the recommended time limits, met FOA requirements for submission of electronic applications, and made no errors that caused submission through Grants.gov or NIH's eRA to fail. No exceptions for submission are allowed when user error is involved. Please note that system errors are extremely rare.

[Note: When resubmitting an application, please ensure that the **Project Title is identical to the Project Title in the originally submitted application** (i.e., no extra spacing) as the Project Title is a free-text form field.] In addition, check the Changed/Corrected Application box in #1.

Appendix B - Formatting Requirements and System Validation

1. SAMHSA FORMATTING REQUIREMENTS

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. See below for a list of formatting requirements required by SAMHSA:

- 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.

- You must submit your application and all attached documents in Adobe PDF format or your application will not be forwarded to eRA Commons and will not be reviewed.

- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

- Black print should be used throughout your application, including charts and graphs (no color).

- The page limits for Attachments stated in the FOA: Section IV-1 should not be exceeded.

If you are submitting more than one application under the same announcement number, you must ensure that the Project Title in Field 15 of the SF-424 is unique for each submission.

2. GRANTS.GOV FORMATTING AND VALIDATION REQUIREMENTS

- Grants.gov allows the following list of UTF-8 characters when naming your attachments: A-Z, a-z, 0-9, underscore, hyphen, space, and period. Other UTF-8 characters should not be used as they will not be accepted by NIH's eRA Commons, as indicated in item #10 in the table below.

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

- Any files uploaded or attached to the Grants.gov application must be PDF file format and must contain a valid file format extension in the filename. In addition, the use of compressed file formats such as ZIP, RAR or Adobe Portfolio will not be accepted.

3. eRA COMMONS FORMATTING AND VALIDATION REQUIREMENTS

The following table is a list of formatting requirements and system validations required by eRA Commons and will result in errors if not met. The application must be 'error free' to be processed through the eRA Commons. There may be additional validations which will result in Warnings but these will not prevent the application from processing through the submission process.

If you do not adhere to these requirements, you will receive an email notification from era-notify@mail.nih.gov to take action and adhere to the requirements so that your application can be processed successfully. It is highly recommended that you submit your application 24-72 hours before the submission deadline to allow for sufficient time to correct errors and resubmit the application. If you experience any system validation or technical issues after hours on the application due date, contact the eRA Service Desk and submit a Web ticket to document your good-faith attempt to submit your application.

eRA Validations	eRA Error Message
Applicant Identifier (Item 4 on the SF-424): *The PD/PI Credentials must be provided* *Username provided must be a valid Commons account* *Username must be affiliated with the organization submitting the application and or have the PI role*	The Commons Username must be provided in the Applicant Identifier field for the PD/PI. The Commons Username provided in the Applicant Identifier is not a recognized Commons account. The Commons account provided in the Applicant Identifier field for the PD/PI is either not affiliated with the applicant organization or does not hold the PI role. Check with your Commons Account Administrator to make sure your account affiliation and roles are set-up correctly.
The DUNS number provided must include valid characters (9 or 13 numbers with or without dashes)	The DUNS number provided has invalid characters (other than 9 or 13 numbers) after stripping of dashes
The documentation (forms) required for the FOA must be submitted	The format of the application does not match the format of the FOA. Please contact the eRA Service Desk for assistance.

eRA Validations	eRA Error Message
If a change or correction is made to address an error, "Changed/Corrected" must be selected. (Item #1 on the SF-424) Refer to Section II-5.4 for more information on resubmission criteria.	This application has been identified as a duplicate of a previous submission. The 'Type of Submission' should be set to Changed/Corrected if you are addressing errors/warnings.
The application cannot exceed 1.2GB.	The application did not follow the agency-specific size limit of 1.2 GB. Please resize the application to be no larger than 1.2GB before submitting.
The correct Funding Opportunity Announcement (FOA) number must be	The Funding Opportunity Announcement number does not exist.
All documents and attachments must be submitted in PDF format.	"The <attachment> attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a .pdf extension. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm."
All attachments must comply with the following formatting requirements: PDF attachments cannot be empty (0 bytes). All PDF attachments cannot have Meta data missing, cannot be encrypted, password protected or secured documents. The size of PDF attachments cannot be larger than 8.5 x 11 inches (horizontally or vertically). [Note: It is recommended that you limit the size of attachments to 35 MB.] PDF attachments must have a valid file name. Valid file names must include the following UTF-8 characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period.	The {attachment} attachment was empty. PDF attachments cannot be empty, password protected or encrypted. The <attachment> attachment contained formatting or features not currently supported by NIH: <condition returned>. Filename <file> cannot be larger than U.S. standard letter paper size of 8.5 x 11 inches. See the PDF guidelines at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm The <attachment> attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, or period. No special characters (including brackets) can be part of the filename.

eRA Validations	eRA Error Message
The email addresses for the Contact Person (SF-424 Section F) and the Authorized Representative (SF-424 below Section 21) must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; :	The submitted e-mail address for the person to be contacted {email address}, is invalid. Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.
Congressional district code of applicant (after truncating) must be valid. (SF-424, item 16 a and b)	Congressional district <Congressional District> is invalid. To locate your district, visit http://www.house.gov/
Budget Errors SF424-A: Section A – Budget Summary The total fields at the end of rows or at the bottom of columns must equal the sum of the elements for that row or column	Ensure that the sum of Grant Program Function or Activity (a) elements entered equals the total amounts in the Total field
SF424-A: Section B – Budget Categories *The Total in Section B (Column 5 - Row k) must equal the Total in Section A – Budget Summary: (Row 5, Column g).*	Ensure that the TOTALS Total (row k, column 5) equals the Budget Summary Totals in section A, row 5 column g.
SF424-A: Section D – Forecasted Cash Needs *The Federal Total for the 1st Year (Line 13) must equal the Total in Section A (Row 5, Column g)* The Non-Federal Total for 1st Year sum must equal Estimated Unobligated Funds Non-Federal Totals in Section A (d-5) + New or Revised Budget Non-Federal Totals (f-5) The Total for 1st Year TOTAL in Section D must equal the Totals Total (Column 5, Row G) in Section A	Ensure that the Federal Total for 1st year, in Section D- Forecasted Needs equals the Section A, New or Revised Budget Federal Totals (e-5) amount. Ensure that the Non-Federal Total for 1st year equals the sum of Estimated Unobligated Funds Non-Federal Totals (d-5) and New or Revised Budget Non-Federal Totals (f-5) on Section A. Ensure that the Forecasted Cash Needs: 15. TOTAL equals to SECTION A – Budget Summary: 5.Totals Total (g).

eRA Validations	eRA Error Message
SF424-A: Section E – Budget Estimates Of Federal Funds Needed For Balance of The project *The number of budget years/periods must match the span of the project. The number of years in the project period in Block 17 on the SF-424 must align with the future funding periods.*	Ensure that the project period years on the SF 424 block 17 matches the provided budget periods in the SF-424A. Enter data for the first budget period in Section D and enter future budget periods in Section E.

Appendix C – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*] _____, I assure SAMHSA that the applicant: (check one):

☐ Has been certified as a CCBHC by the state; OR

☐ Is an organization capable of becoming certified as a CCBHC within four months after award.

I also assure SAMHSA that all participating designated collaborating organizations (DCOs) 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.

- Official documentation that all DCOs on the project have been providing relevant services for a minimum of two 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 two years; and

- Official documentation that all DCOs: (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 DCO service provider organization 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 DCO 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 DCOs: (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.

_____ _____

Signature of Authorized Representative Date

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

Confidentiality and Participant Protection:

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 Institutional Review Board (IRB) approval) must address the elements below.** If some elements are not applicable to the proposed project, explain why the element(s) is not applicable. In addition to addressing these elements, you will need to determine if the section below titled "Protection of Human Subjects Regulations" applies to your project. If so, you must submit the required documentation as described below. There are no page limits for this section.

1. **Protect Clients and Staff from Potential Risks**

   - Identify and describe the foreseeable physical, medical, psychological, social and legal risks or potential adverse effects **participants** may be exposed to as a result of the project.

   - Identify and describe the foreseeable physical, medical, psychological, social and legal risks or potential adverse effects **staff** may be exposed to as a result, of the project.

   - Describe the procedures you will follow to minimize or protect participants and staff against potential risks, including risks to confidentiality.

   - Identify your plan to provide guidance and assistance in the event there are adverse effects to participants and staff.

2. **Fair Selection of Participants**

   - Explain how you will recruit and select participants.

   - Identify any individuals in the geographic catchment area where services will be delivered who will be excluded from participating in the project and explain the reasons for this exclusion.

3. **Absence of Coercion**

   - If you plan to compensate participants, state how participants will be awarded incentives (e.g., gift cards, bus passes, gifts, etc.) If you have included funding for incentives in your budget, you **must** address this item. (A recipient or treatment or prevention provider may provide up to $30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow up interview.)

- Provide justification that the use of incentives is appropriate, judicious and conservative and that incentives do not provide an “undue inducement” that removes the voluntary nature of participation.

- Describe how you will inform participants that they may receive services even if they chose to 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). Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the specimens will be used for purposes other than evaluation.

- In **Attachment 2**, “Data Collection Instruments/Interview Protocols,” you **must** provide 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. Describe:
  - Where data will be stored.
  - Who will have access to the data collected.
  - 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: Recipients must 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

- 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.

- Explain how you will obtain consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language. 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?

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.

7. **Risk/Benefit Discussion**

- Discuss why the risks you have identified in Element **1. (Protect Clients and Staff from Potential Risks)** are reasonable compared to the anticipated benefits to participants involved in the project.

Protection of Human Subjects Regulations

SAMHSA expects that most recipients 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 project may meet the regulation's criteria for research involving human subjects. Although IRB approval is not required at the time of award, you are required to provide the documentation below prior to enrolling participants into your project.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must:

- Describe the process for obtaining IRB approval for your project.
- Provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP).
- Provide documentation that IRB approval has been obtained for your project prior to enrolling participants.

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 E – Developing Goals and Measureable Objectives

To be able to effectively evaluate your project, it is critical that you develop realistic goals and measurable objectives. This appendix provides information on developing goals and objectives. It also provides examples of well-written goals and measurable objectives.

GOALS

Definition − a goal is a broad statement about the long-term expectation of what should happen as a result of your program (the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should only be one sentence.

The characteristics of effective goals include:

- Goals address outcomes, not how outcomes will be achieved;
- Goals describe the behavior or condition in the community expected to change;
- Goals describe who will be affected by the project;
- Goals lead clearly to one or more measurable results; and
- Goals are concise.

Examples

Unclear Goal	Critique	Improved Goal
Increase the substance abuse and HIV/AIDS prevention capacity of the local school district	This goal could be improved by *specifying an expected program effect in reducing a health problem*	Increase the capacity of the local school district to reduce high-risk behaviors of students that may contribute to substance abuse and/or HIV/AIDS
Decrease the prevalence of marijuana, alcohol, and prescription drug use among youth in the community by increasing the number of schools that implement effective policies, environmental change, intensive training of teachers, and educational approaches to address high-risk behaviors, peer pressure, and tobacco use.	This goal is not concise	Decrease youth substance use in the community by implementing evidence-based programs within the school district that address behaviors that may lead to the initiation of use.

OBJECTIVES

Definition – Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and

accountability. It is recommended that you avoid verbs that may have vague meanings to describe the intended outcomes, like “understand” or “know” because it may prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2019, 75% of program participants will be *placed* in permanent housing.”

In order to be effective, objectives should be clear and leave no room for interpretation. **SMART** is a helpful acronym for developing objectives that are ***specific, measurable, achievable, realistic, and time-bound*:**

Specific – Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”

Measurable – How much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. Example: By 9/20 increase by 10% the number of 8^{th,} 9th, and 10th grade students who disapprove of marijuana use as measured by the annual school youth survey.

Achievable – Objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”

Realistic – Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”

Time-bound – Provide a time frame indicating when the objective will be measured or a time by when the objective will be met. For example, “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”

Examples:

Non-SMART Objective	Critique	SMART Objective
Teachers will be trained on the selected evidence-based substance abuse prevention curriculum.	The objective is not SMART because it is not *specific, measurable*, or *time-bound*. It can be made SMART by *specifically* indicating who is responsible for training the teachers, how many will be trained, who they are, and by when the trainings will be conducted.	***By June 1, 2020***, ***LEA supervisory staff*** will have trained ***75% of health education*** teachers ***in the local school district*** on the selected, evidence-based substance abuse prevention curriculum.
90% of youth will participate in classes on assertive communication skills.	This objective is not SMART because it is not *specific* or *time-bound.* It can be made SMART by indicating *who* will conduct the activity, *by when*, and *who* will participate in the lessons on assertive communication skills.	By the ***end of the 2020 school year***, ***district health educators*** will have conducted classes on assertive communication skills for 90% of youth ***in the middle school*** receiving the ***substance abuse and HIV prevention curriculum.***
Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths.	This objective is not SMART as it is not *specific, measurable* or *time-bound.* It can be made SMART by specifically indicating *who* is responsible for the training, *how many* people will be trained, *who* they are, and by *when* the training will be conducted.	***By the end of year two of the project***, the ***Health Department*** will have trained ***75% of EMS staff in the County Government*** on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths.

Appendix F – Developing the Plan for Data Collection, Performance Assessment, and Quality Improvement

Information in this Appendix should be taken into consideration when developing a response for criteria in Section E.

Data Collection:

In describing your plan for data collection, consider addressing the following points:

- The electronic data collection software that will be used;
- How often data will be collected;
- The organizational processes that will be implemented to ensure the accurate and timely collection and input of data;
- The staff that will be responsible for collecting and recording the data;
- The data source/data collection instruments that will be used to collect the data;
- How well the data collection methods will take into consideration the language, norms and values of the population(s) of focus;
- How will the data be kept secure;
- If applicable, how will the data collection procedures ensure that confidentiality is protected and that informed consent is obtained; and
- If applicable, how data will be collected from partners, sub-awardees.

It is not necessary to provide information related to data collection and performance measurement in a table but the following samples may give you some ideas about how to display the information.

Table 1 provides an example of how information for the required performance measures could be displayed.

Table 1

Performance Measures	Data Source	Data Collection Frequency	Responsible Staff for Data Collection	Method of Data Analysis

Table 2 provides an example of how information could be displayed for the data that will be collected to measure the objectives that are included in B.1

Table 2

Objective	Data Source	Data Collection Frequency	Responsible Staff for Data Collection	Method of Data Analysis
Objective 1.a				
Objective 1.b				

Data Management, Tracking, Analysis, and Reporting:

Points to consider:

Data management:

- How data will be protected, including information about who will have access to data;
- How will data be stored.

Data tracking:

- The staff member who will be responsible for tracking the performance measures and measurable objectives.

Data analysis:

- Who will be responsible for conducting the data analysis, including the role of the Evaluator;
- What data analysis methods will be used.

Data reporting:

- Who will be responsible for completing the reports;
- How will the data be reported to staff, stakeholders, SAMHSA, Advisory Board, and other relevant project partners.

Performance Assessment:

Points to consider:

- How frequently performance data will be reviewed;
- How you will use this data to monitor and evaluate activities and processes and to assess the progress that has been made achieving the goals and objectives; and
- Who will be responsible for conducting the performance assessment.

Quality Improvement:

Points to consider:

- If applicable, the QI model that will be used;
- How will the QI process be used to track progress;
- The staff members who will be responsible for overseeing these processes;
- How you will implement any needed changes in project implementation and/or project management;
    - What decision-making processes will be used;
    - When and by whom will decisions be made concerning project improvement;
    - What are the thresholds for determining that changes need to be made;
- Will the Advisory Board have a role in the QI process; and
- How will the changes be communicated to staff and/or partners/sub-awardees.

Appendix G – Biographical Sketches and Position Descriptions

Include position descriptions for the Project Director and all key personnel. Position descriptions should be no longer than one page each.

For staff members who have been identified include a biographical sketch for the Project Director and other key positions. Each sketch should be two pages or less.

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

Position Description

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

Appendix H – Addressing Behavioral Health Disparities

SAMHSA expects recipients to utilize their data to: (1) identify the number of individuals to be served during the grant period and identify subpopulations (i.e., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities; (2) implement a quality improvement plan for the use of program data on access, use, and outcomes to support efforts to decrease the differences in access to, use, and outcomes of service activities; and (3) identify methods for the development of policies and procedures to ensure adherence to 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 recipient, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that recipients 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, recipients 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 populations)
- By sexual orientation (including lesbian, gay and bisexual populations)

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.

Examples of a Behavioral Health Disparity Impact Statement are available on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/disparity-impact-statement.

Appendix I – Standard Funding Restrictions

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

You may also reference the SAMHSA site for grantee guidelines on financial management requirements at https://www.samhsa.gov/grants/grants-management/policies-regulations/financial-management-requirements.

SAMHSA grant funds may not be used to:

- Directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.

- 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.)

- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

  Note: A recipient or treatment or prevention provider may provide up to $30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow-up interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed $3.00 per person per day.

- Consolidated Appropriations Action, 2017 (Public Law 115-31) Division H, Section 520, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.

- Pay for pharmaceuticals for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), tuberculosis (TB), and hepatitis B and C, or for psychotropic drugs.

Appendix J – Intergovernmental Review (E.O. 12372) Requirements

States with SPOCs

All SAMHSA grant programs are 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). Information on the SPOC for participating states can be found at: https://www.whitehouse.gov/wp-content/uploads/2019/02/SPOC-February-2019.pdf

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: Director, Division of Grants Management, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 17E18, 5600 Fishers Lane, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. SM-20-012.

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)[2] 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.

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

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 and the SSAs for mental health can be found on SAMHSA's website at http://www.samhsa.gov/grants/applying/forms-resources. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

Review the FOA: Section IV-1, carefully to determine if you must include an attachment with a copy of a letter transmitting the PHSIS 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: Thomas Graves, Director of Grants Management, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 17E20, 5600 Fishers Lane, Rockville, MD 20857. ATTN: SSA – Funding Announcement No. SM-20-012.

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.

Appendix K – Administrative and National Policy Requirements

If your application is funded, you must comply with all terms and conditions of the NoA. SAMHSA's standard terms and conditions are available on the SAMHSA website.

HHS Grants Policy Statement (GPS)

If your application is funded, you are subject to the requirements of the HHS Grants Policy Statement (GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.samhsa.gov/grants/grants-management/policies-regulations/hhs-grants-policy-statement. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

HHS Grant Regulations

If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 75. For more information see the SAMHSA website at http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles.

Additional Terms and Conditions

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.

Performance Goals and Objectives

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.

Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.
- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html; https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html; and https://www.eeoc.gov/eeoc/publications/upload/fs-sex.pdf.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at https://www.hhs.gov/ocr/about-us/contact-us/index.html or call 1-800-368-1019 or TDD 1-800-537-7697.

Cultural and Linguistic Competence

Recipients of federal financial assistance (FFA) from HHS serve culturally and linguistically diverse communities that are not just defined by race or ethnicity, but also socio-economic status, sexual orientation, gender identity, physical and mental ability, age, and other factors. Organizational behaviors, practices, attitudes, and policies across all SAMHSA-supported entities respect and respond to the cultural diversity of communities, clients and students served.

If your application is funded, you must ensure access to quality health care for all. Quality care means access to services, information, and materials delivered by trained providers in a manner that factor in the language needs, health literacy, culture, and diversity of the populations served. Quality also means that data collection instruments used should adhere to culturally and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) published by the U.S. Department of Health and Human Services at https://www.thinkculturalhealth.hhs.gov/. Additional cultural/linguistic competency and health literacy tools, and resources are available online at http://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence

Acknowledgement of Federal Funding

As required by HHS appropriations acts, all HHS recipients must acknowledge Federal funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with Federal funds. Recipients are required to state (1) the percentage and dollar amounts of the total program or project costs financed with Federal funds and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources

Supplement Not Supplant

Grant funds may be used to supplement existing activities. Grant funds may not 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.

Mandatory Disclosures

A term may be added to the NoA which states: Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub-recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

SAMHSA
Attention: Office of Financial Advisory Services
5600 Fishers Lane
Rockville, MD 20857

AND

U.S. Department of Health and Human
Services Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake
Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance; including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321)."

System for Award Management (SAM) Reporting

A term may be added to the NoA that states: "In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than $10,000,000, must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a federal award that reached final disposition within the most recent five-year period. The recipient also must make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75."

Drug-Free Workplace

A term may be added to the NoA that states: "You as the recipient must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of part 382, which adopts the Government-wide implementation (2 CFR part 182) of section 5152-5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701-707)."

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law (P.L.) 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Standards for Financial Management

Recipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR part 75 Subpart D. The financial systems must enable the recipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient to compare actual expenditures or outlays with the approved budget for the award.

SAMHSA funds must retain their award-specific identity − they may not be commingled with state funds or other federal funds. [“Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.]. Common mistakes related to comingling are outlined below:

- *Commingling of Cost Centers*. Every business activity constitutes a cost center. Examples of cost centers include: a federal grant, a state grant, a private grant, matching costs for a specific grant, a self-funded project, fundraising activities, membership activities, lines of business, unallowable costs, indirect costs, etc. Recipients must establish a unique account(s) in the accounting system to capture and accumulate expenditures of each cost center, apart from other cost centers.
- *Commingling of Cost Categories*. Recipients must avoid budget fluctuations that violate programmatic restrictions. They must also avoid applying indirect cost rates to prohibited cost categories, such as equipment, participant support costs and subcontracts/subawards in excess of $25,000. As a result, recipients must establish unique object codes in the accounting system to capture and accumulate costs by budget category (i.e., salaries, fringe benefits, consultants, travel, participant support costs, subcontracts, etc.).
- *Commingling of Time Worked and Not Worked.* Recipients may not directly charge a grant for employees’ time not spent working on the grant. Therefore, *Paid Time Off* (PTO), such as vacation, holiday, sick and other paid leave, is not recoverable directly from grants, but rather must be allocated to all grants, projects and cost centers over an entire cost accounting period through either an indirect cost or fringe benefit rate.
- *Unsupported Labor Costs.* To support charges for direct and indirect salaries and wages, recipients maintaining hourly timesheets must ensure that timesheets encompass all hours worked and not worked on a daily basis. The timesheet should identify the: (a) grant, project or cost center being worked on;

(b) number of hours worked on each; (c) description of work performed; and (d) Paid Time Off (PTO) hours. The total hours recorded each day should coincide with an individual's employment status in accordance with established policy (i.e., full-time employees work 8 hours each day, etc.).

- *Inconsistent Treatment of Costs.* Recipients must treat costs consistently across all federal and non-federal grants, projects and cost centers. For example, recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. Examples of indirect costs include: administrative salaries, rent, accounting fees, utilities, etc. Additionally, in most cases, the cost to develop an accounting system adequate to justify direct-charging of the aforementioned items outweighs the benefits. As a result, use of an indirect cost rate is the most effective mechanism to recover these costs and not violate federal financial requirements of consistency, allocability and allowability. See the appendix titled "*Sample Budget and Justification*," for additional indirect cost guidance.

Trafficking in Persons

Awards issued by SAMHSA are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions.

NOTE: The signature of the AOR on the application serves as the required certification of compliance for your organization regarding the administrative and national policy requirements.

Publications

Recipients are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication. In addition, SAMHSA requests that recipients:

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

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

Appendix L – Sample Budget and Justification (no match required)

All applications must have a detailed budget justification and narrative that explains the federal and the non-federal expenditures broken out by the object class cost categories listed on SF-424A − Section B (Budget Category) for non-construction awards.

- The budget narrative must match the costs identified on the SF-424A form and the total costs on the SF-424.
- The Budget Narrative and justification must be consistent with and support the Project Narrative.
- The Budget Narrative and justification must be concrete and specific. It must provide a justification for the basis of each proposed cost in the budget and how that cost was calculated. Examples to consider when justifying the basis of your estimates can be ongoing activities, market rates, quotations received from vendors, or historical records. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.

Refer to the program specific Funding Restrictions/Limitations and the Standard Funding Restrictions in the FOA, as well as to 45 CFR Part 75 (https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75, for applicable administrative requirements and cost principles.

A SAMPLE BUDGET AND NARRATIVE JUSTIFICATION ARE PROVIDED AS WELL AS INSTRUCTIONS FOR COMPLETING THE SF-424A. YOU ARE STRONGLY ENCOURAGED TO USE THE SAMPLE BUDGET NARRATIVE STRUCTURE AS APPLICABLE. A SAMPLE OF A COMPLETED SF-424A IS PROVIDED AT THE END OF THIS APPENDIX.

A. Personnel

Provide the following information for the budget narrative and justification:

1. **Position** – Provide the title of the position and an explanation of the roles and responsibilities of the position as it relates to the objectives of the award supported project.
   a. The position must be relevant and allowable under the project.
   b. The salaries of facilities and administrative (F&A) administrative and clerical staff are normally treated as indirect costs (45 CFR §75.413c). Direct charging of these costs may be appropriate only if all of the following conditions are met:
      i. administrative/clerical services are directly integral to a project or activity;
      ii. individuals involved can be specifically identified with the project or activity; and

iii. the costs are not also claimed as indirect costs.

2. **Name** – The name of the individual to serve in the position. If the position is vacant, identify the anticipated hire date.

   a. If the position is being performed by someone other than a full-time, part-time, or temporary employee of the applicant organization (e.g., consultant or contractor), the grant-supported position should be listed under the contracts category.

3. **Key Personnel** – Identify if the position is key personnel required by the FOA:

   a. Key staff positions require prior approval by SAMHSA after review of credentials and job descriptions.

4. **Salary/Rate** – The estimated annual salary or rate. If providing a rate, specify the time basis (e.g., hourly, weekly).

   a. Salaries should be comparable to those within your organization.
   b. If the position is not being charged to the Federal award, but the individual is working on the project identify the salary/rate as an “in-kind” cost.

5. **Level of Effort (LOE)** − The level of effort (percentage of time) that the position contributes to the project.

   a. Personnel cannot exceed 100% of their time on all active projects (including other Federal awards).
   b. You should ensure the cost of living increase is built into the budget and justified.

6. **Total Salary** – The total salary/amount each position is paid based on their contribution to the project.

   a. If the position is not being charged to the Federal award, identify the cost as $0.

The key staff positions identified in Section I-2 must be included in the Personnel section and/or the Contractual Section (F). In addition, the Project Director must be the same as the Project Director listed on the HHS Checklist.

FEDERAL REQUEST – Sample Personnel Narrative

Position (1)	Name (2)	Key Staff (3)	Annual Salary/Rate (4)	Level of Effort (5)	Total Salary Charge to Award (6)
(1) Project Director	Alice Doe	Yes	$64,890	10%	$6,489
(2) Program Coordinator	Vacant, to be hired within 60 days of anticipated award date	No	$46,276	100%	$46,276
(3) Clinical Director	Jane Doe	No	In-kind cost	20%	0
FEDERAL REQUEST (enter in Section B column 1, line 6a of SF-424A)					**$52,765**

FEDERAL REQUEST – Sample Justification for Personnel

1. The Project Director will provide daily oversight of the grant. This position is responsible for overseeing the implementation of the project activities, internal and external coordination, developing materials, and conducting meetings.
2. The Program Coordinator will coordinate project service and activities, including training, communication and information dissemination.

B. Fringe Benefits

Fringe benefits are allowances and services provided to employees as compensation in addition to regular salaries and wages. Fringe benefits charged to an award must comply with HHS regulations at 45 CFR §75.431 (https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75).

Provide the following information for the narrative and justification:

1. **Position** – The title of the position being charged to the award to which the fringe rate is being applied.
2. **Name** – The name of the individual associated with the position (note if the position is vacant.)
3. **Rate** – The total fringe benefit rate used and a clear description of how the computation of fringe benefits was done.

    a. The justification must detail the elements that comprise the fringe benefits, e.g., FICA, worker's compensation. If a fringe benefit rate is not used, you should explain how the fringe benefits were computed for each position.

4. **Total Salary Charged to Award** – Use the amount provided under section A. Personnel (6).

5. **Total Fringe Charged to Award –** Provide total fringe amount based on the rate applied to the total salary charted to the award.

    a. Fringe benefits charged to the award can only reflect the percentage of time devoted to the project.
    b. Do not combine the fringe benefit costs with direct salaries and wages in the personnel category.

FEDERAL REQUEST - Sample Fringe Benefits Narrative

Position (1)	**Name (2)**	**Rate (3)**	**Total Salary Charged to Award (4)**	**Total Fringe Charged to Award (5)**
Project Director	Alice Doe	29.65%	$6,489	$1,924
Program Coordinator	Vacant, to be hired within 60 days of anticipated award date.	29.65%	$46,276	$13,720
FEDERAL REQUEST (enter in Section B column 1, line 6b of SF-424A)				**$15,644**

FEDERAL REQUEST – Sample Justification for Fringe Benefits

XYZ organization's Fringe benefits are comprised of:

Fringe Category	Rate
Retirement	10%
FICA	7.65%
Insurance	6%
Social Security	6%
Total	29.65%

The fringe benefit rate for full-time employees for years one and two is calculated at 29.65%. For years three, four, and five it is anticipated to increase to 31%.

C. Travel

Travel costs charged to an award must comply with HHS regulations at 45 CFR §75.474. If your organization does not have documented travel policies, the federal GSA rates must be used (https://www.gsa.gov/portal/category/26429). If specific travel details are unknown, the basis for proposed costs should be explained (e.g., historical information).

Funds requested in the travel category should be only for project staff. Travel for consultants and contractors should be shown in the "Contract" cost category along with consultant/contractor fees. Because these costs are associated with contract-related work, they must be billed under the "Contract" cost category. Travel for training participants, advisory committees, and review panels should be itemized the same way as in this section but listed in the "Other" cost category.

Provide the following information for the narrative and justification:

1. **Purpose –** Briefly note the purpose of the travel, e.g., regional conference, training, site visit.
   a. The justification must identify the need for the travel if the travel is not specifically required by the FOA.
   b. The narrative description should include the purpose, why it is necessary and directly relates to the scope of work, number of trips planned, staff that will be making the trip, and approximate dates.
2. **Location** – specify the start and end locations of the trip
3. **Item –** specify the costs associated with travel, e.g., mode of transportation accommodations, per diem.
4. **Rate Calculation –** specify the basis for the travel costs.
   a. For mileage, specify the number of miles and the cost per mile. For air transportation, specify the cost. For per diem, specify the number of days and daily cost. For lodging, specify the number of nights and daily cost.
   b. Costs for contingencies and miscellaneous costs are not allowable.
5. **Travel Cost Charged to Award –** provide the total cost of the travel to be charged to the award during the budget period.

FEDERAL REQUEST – Sample Travel Narrative

Purpose (1)	Destination (2)	Item (3)	Calculation (4)	Travel Cost Charged to the Award (5)
Mandatory Grantee Meeting	Chicago, IL to Washington D.C.	Airfare	$200/flight x 2	$400
		Hotel	$180/night x 2 persons x 2 nights	$720
		Per Diem (meals and incidentals)	$46/day x 2 persons x 2 days	$184
Local Travel		Mileage	3,000 miles @.38/mile	$1,140

FEDERAL REQUEST - (enter in Section B column 1, line 6c of SF-424A	**$2,444**

FEDERAL REQUEST: Sample Justification for Travel

1. Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, D.C.
2. 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 reimbursement rate.

D. Equipment

Equipment is a single item of tangible, nonexpendable, personal property that has a useful life of more than one year and a value of $5,000 or more (or a cost capitalization threshold established by the applicant organization that is less). For example, an applicant may classify equipment at $1,500 with a useful life of a year.

Provide the following information for the narrative and justification:

1. **Item(s) –** Describe the equipment item(s) being purchased. The justification must relate the use of each item to the scope of work and implementation of specific program objectives.
2. **Quantity –** Identify the number of items to be purchased.
3. **Amount** – The total cost of purchase or lease of the equipment.
   a. The justification should include the basis of how costs were estimated, e.g., fair market value, cost quotes.
   b. The justification should include a lease versus purchase analysis, or a statement addressing if it is feasible and/or cost effective to lease versus purchase.
4. **Percentage Charged to the Award –** The percentage of equipment's value to be charged to the award
5. **Total Charged to the Award –** The total cost of the equipment that will be charged to the award.

FEDERAL REQUEST – Sample Equipment Narrative

Item(s) (1)	Quantity (2)	Amount (3)	% Charged to the Award (4)	Total Cost Charged to the Award (5)
FEDERAL REQUEST – (enter in Section B column 1, line 6d of SF-424A)				**$0**

E. Supplies

Supplies are items costing less than $5,000 per unit (federal definition), often having one-time use.

Provide the following information for the narrative and justification:

1. **Items** – list supplies by type, e.g., office supplies, postage, laptop computers.
   a. The justification must include an explanation of the type of supplies to be purchased and how it relates back to meeting the project objectives.
2. **Calculation –** describe the basis for the cost, specifically the unit cost of each item, number needed and total amount.
3. **Supply Cost Charged to the Award −** provide the total cost of the supply items to be charged to the award during the budget period.

FEDERAL REQUEST – Sample Supplies Narrative

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Postage	$37/mo. x 8 mo.	$296
Laptop Computer	1 x $900	$900
Printer	1 x $300	$300
Projector	1 x $900	$900
Copies	8000 copies x .10/copy	$800
FEDERAL REQUEST − (enter in Section B column 1, line 6e of SF-424A)		**$3,796**

FEDERAL REQUEST – Sample Justification for Supplies

1. Office supplies, copies and postage are needed for general operation of the project.
2. The laptop computer and printer are needed for both project work and presentations for Project Director.
3. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

F. Contract

List the budgets for each sub-award, contract, consultant, or consortium agreement. Please note the differences between sub-awards, contracts, consultants, and consortium agreements:

- **Sub-recipient** means a non-Federal entity that receives a sub-award from a pass-through entity to carry out part of a Federal award, including a portion of the scope of work or objectives. Grant recipients are responsible for ensuring that all sub-recipients comply with the terms and conditions of the award, per 45 CFR §75.101.
- **Contracts** are a legal instrument by which the grant recipient purchases good and services needed to carry out the project or program under a Federal award. Contracts include vendors (dealer, distributor or other sellers) that provide, for example, supplies, expendable materials, or data processing services in support of the project activities. The grant recipient must have established 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. Per 45 CFR §75.2, when the substance of a contract meets the definition of sub-award, it must be treated as a sub-award.
- **Consortium Agreements** are between entities (which may or may not include the grant recipient) working collaboratively on an award supported project. They address the roles, responsibilities, implementation, and rights and responsibilities between entities collaborating on an award.
- **Consultants** are individuals retained to provide professional advice or services for a fee. Travel for consultants and contractors should be shown in this category along with consultant/contractor fees.

Provide the following information for the narrative and justification:

1. **Name** – Provide the name of the entity and identify if it is a sub-recipient, contractor, or consultant.
2. **Service** – Identify the products or services to be obtained.
   a. As part of the justification provide a summary of the scope of work, the specific tasks to be performed, the necessity of the task for each sub-award or contract as it relates to the Project Narrative. Include the dates/length for the performance period. NOTE: costs that are outside the period of performance of the award cannot be charged to the award.
3. **Rate** – provide an itemized line item breakdown.
   a. If applicable, include any indirect costs paid under a sub-award and the indirect cost rate used. Do not incorporate sub-recipient, contract, or consultant indirect costs under the indirect costs line item for the grantee/recipient on the SF-424A and Section J of the budget narrative/justification.
4. **Contract Costs Charged to the Award** − Provide the total of the sub-recipient, consultant, or contract costs to be charged to the award during the budget period.

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

FEDERAL REQUEST – Sample Contracts Narrative

Name (1)	Service (2)	Rate (3)	Other	Cost (4)
(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
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ $27,000 + Fringe Benefits of $6,750 = $33,750	*Travel at 3,126 @ .50 per mile = $1,563 *Training course $175 *Supplies @ $47.54 x 12 months or $570 *Telephone @ $60 x 12 months = $720 *Indirect costs = $9,390 (negotiated with contractor)	$46,168
(4) Jane Smith	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
FEDERAL REQUEST – (enter in Section B column 1, line 6f of-424A)				**$86,998**

***Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – Sample Justification for Contracts

1. 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.
2. Client treatment services to be provided are based on organizational history of expenses.
3. The Case Manager is vital to providing client services related to the program and leading to successful outcomes.
4. The Evaluator is an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will be responsible for all data collection and reporting.
5. The Marketing Coordinator will develop a plan for public education and outreach efforts to engage clients in the community about recipient activities; and provide presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

G. Construction

Construction or major alternation and renovation are not authorized under this program. Leave this section blank on line 6g of the SF-424A. Such activities are allowable only when program legislation includes specific authority for construction. If requesting consideration of minor alteration and renovation, provide those costs under the "Other" cost category (line 6h of the SF-424A and Section H of the budget narrative/justification).

H. Other

This category addresses any costs not included in of the other cost categories. Costs that fall under "Other" would include:

- Minor alteration and renovation (Minor A & R)
    - Minor A & R is defined as work that changes the interior arrangement or other physical characteristics of an existing facility or installed equipment so that it can be used more effectively for its currently designed purpose or adapted to an alternative use to meet a programmatic requirement. Alteration and renovation may include work referred to as improvements, conversion, rehabilitation, or remodeling, but is distinguished from new facility construction, facility expansion, or major alterations and renovation where the total Federal and non-Federal costs, excluding moveable equipment (equipment that is not permanently affixed), exceeds $500,000.

    - No more than $75,000 in Federal funds over the total period of performance may be used to support minor A&R activities, and such requests must be submitted to the GMS for formal prior approval. SAMHSA grant funds cannot be used to support the construction, expansion or major alternation and renovation of facilities. If the proposed project is part of a larger overall project that exceeds

$500,000, it may not be artificially segmented to achieve the cost threshold.

- Rent
- Client incentives
- Telephone
- Travel for training participants, advisory committees, and review panels
- Training activities (except costs for consultant and/or contractual).

Provide the following information for the narrative and justification:

1. **Item** − List items by type of material or nature of expense. In the justification, explain the necessity of each cost for successful implementation and completion of the project.
2. **Rate** − Break down costs by quantity and cost per unit as applicable.
   NOTE: Rent costs must be submitted with the following information:
   - The individual cost items that make up the total cost of the building
   - The methodology used to allocate the costs to the programs or activities operating in the building
   - Rent Questions Worksheet https://www.samhsa.gov/sites/default/files/rentquestionsworksheet.docx
   - Supporting documentation
3. **Costs Charged to the Award –** provide the costs charged to the award.

FEDERAL REQUEST – Sample Narrative for "Other"

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
(4) Brochures	.89/brochure X 1500 brochures	$1,335
FEDERAL REQUEST (enter in Section B column 1, line 6h of SF-424A)		**$15,815**

FEDERAL REQUEST – Sample Justification for Other

1. Costs related to office space are typically included in the indirect cost rate agreement. However, if other rental costs for service site(s) are necessary for the project, they 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. Additionally, the lease and floor plan (including common areas) are required for all projects allocating rent costs.**

2. The monthly telephone costs reflect the percent of effort for the personnel listed in this application for the SAMHSA project only.
3. The $10 incentive is needed to meet program goals in order to encourage attendance and follow-up with 278 clients.
   Brochures will be used at various community functions, such as health fairs and exhibits.

I. Total Direct Charges

FEDERAL REQUEST – TOTAL DIRECT CHARGES - Section B column 1, line 6i of SF-424A (The Total Direct Charges will sum automatically on the form)	**$177,462**

J. Indirect Cost Rate

Indirect costs (also referred to as facilities and administrative costs) are costs that cannot be specifically identified with a particular project or program or activity but are necessary to the operations of the organization (i.e. overhead). Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that are usually treated as indirect costs. The organization must not include costs associated with its indirect rate as direct costs.

Indirect costs may be charged to the award if:

- The applicant has a Federally approved indirect cost rate
- The applicant has never received a negotiated indirect cost rate and elects to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which can be used indefinitely for all awards until an indirect cost rate is approved. If the de minimis rate is proposed the applicant must clearly state in their justification that they have never received a negotiated IDC rate and are electing to charge a de minimis rate of 10% of modified total direct costs (MTDC).
  The MTDC indirect cost rate may be applied to:
  - All direct salaries and wages charged to the award;
  - Applicable fringe benefits;
  - Materials and supplies;
  - Services;
  - Travel; and
  - Sub-awards (first $25,000 of each sub-award)

  The MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition reimbursement, scholarships and fellowships, participant support costs, and the portion of each sub-award in excess of $25,000.

- If the FOA is for a training grant or cooperative agreement, the indirect cost rate is limited to **8 percent**. Please refer to 45 CFR §75.414 at https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_12, for more information about indirect costs and facilities and administrative costs.

Provide the following information for the narrative and justification:

1. **Calculation** – Briefly summarize type of indirect cost rate.
   a. Attach a copy of the current fully executed, negotiated agreement indirect cost rate agreement. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a proposal (2 CFR §200.414). The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s).
2. **Indirect Cost Charged to the Award** – list the total indirect costs that will be charged to the award. Costs must be calculated using the correct indirect cost base award (the categories of costs to which the indirect cost rate is applied).

Calculation (1)	**Indirect Cost Charged to the Award (2)**
Organization's Indirect Cost Rate of 10% (**10%** of personnel and fringe - **.10 x $68,409)**	$6,841
FEDERAL REQUEST – (enter in Section B column 1, line 6j of-SF-424A)	**$6,841**

FEDERAL REQUEST − TOTALS (6k) will sum automatically on the SF-424A
ADDITIONAL INSTRUCTIONS ON COMPLETING THE SF- 424A In **Section A**, Use the first row only (Line 1) to report the total federal (e) funds and non-federal (f) funds requested for the **first year** of your project only. In **Section B,** Use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. This total amount in 6k should be the same as the Total Federal Request for Year 1 entered on Line 1, Column (e) of Section A. In **Section C**, if applicable, enter the funding/resources that your organization will contribute (Applicant) as well as support you expect to receive from the State or other sources**.** 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. [See Appendix I – Standard Funding Restrictions for information on allowable costs.]

In **Section D** Line 13, the funds needed for each quarter should be entered. The amount entered in "Total for First Year" should be the same as the amount entered in Column 1, Line 6k in Section B. Enter the amount for each quarter. The total in column 1 will sum automatically. Use the first row for federal funds and the second row for non-federal funds.

In **Section E**, the funds being requested for Year 2 should be entered. For example, Year 2 will be entered in column (b).

A sample of a completed SF-424A is included at the end of this appendix.

Provide the total proposed project period and federal funding as follows:

Proposed Project Period

a. Start Date: 08/30/2020 b. End Date: 08/29/2022

BUDGET SUMMARY (should include future years and projected total)

Category	**Year 1**	**Year 2***	**Year 3***	**Year 4***	**Year 5***	**Total Project Costs**
Personnel	$52,765	$54,348	$55,978	$57,658	$59,387	$280,136
Fringe	$15,644	$16,114	$17,353	$17,873	$18,409	$85,393
Travel	$2,444	$1,140	$2,444	$1,140	$1,375	$8,543
Equipment	0	0	0	0	0	0
Supplies	$3,796	$3,796	$3,796	$3,796	$3,796	$18,980
Contractual	$86,998	$86,998	$86,998	$86,998	$86,998	$434,990
Other	$15,815	$13,752	$11,629	$9,440	$7,187	$57,823
Total Direct Charges	$177,462	$176,148	$178,198	$176,905	$177,152	$885,865
Indirect Charges	$6,841	$7,046	$7,333	$7,553	$7,780	$36,553
Total Project Costs	**$184,303**	**$183,194**	**$185,531**	**$184,458**	**$184,932**	**$922,418**

*FOR REQUESTED FUTURE YEARS:

1. Justify and explain any changes to the budget that differ from the amounts reported in the Year 1 Budget Summary.
2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures which states that all employees within the organization will receive a COLA.

In Section IV-3 of the FOA, any funding limitations or restrictions for the project will be specified. If there are limitations, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used in the area where there is a limitation. For example, most FOAs include funding limitations for data collection and performance assessment. A sample budget for this area is shown below.

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	1$100	$500
Equipment	0	0	0	0	0	0
Supplies	$750	$750	$750	$750	$750	$3,750
Contractual	$24,000	$24,000	$24,000	$24,000	$24,000	$120,000
Other	0	0	0	0	0	0
Total Direct Charges	$33,950	$33,950	$33,950	$33,950	$33,950	$169,750
Indirect Charges	$910	$910	$910	$910	$910	$4,550

Data Collection & Performance Measurement	Year 1	Year 2	Year 3	Year 4	Year 5	Total Data Collection & Performance Measurement Costs
Total Data Collection & Performance Measurement Charges	**$34,860**	**$34,860**	**$34,860**	**$34,860**	**$34,860**	**$174,300**

The percentage of the budget that will be spent on data collection and performance measurement does not exceed 20% for any budget period. Maximum percentage for any budget period is 18.9% ($34,860/$184,303 – Year 1).

A sample budget for funding limitations related to infrastructure development is shown below.

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infra-structure Costs
Personnel	$2,250	$2,250	$2,250	$2,250	$2,250	$11,250
Fringe	$558	$558	$558	$558	$558	$2,790
Travel	0	0	0	0	0	0
Equipment	$15,000	0	0	0	0	$15,000
Supplies	$1,575	$1,575	$1,575	$1,575	$1,575	$7,875
Contractual	$5,000	$5,000	$5,000	$5,000	$5,000	$25,000
Other	$1,617	$2,375	$2,375	$2,375	$2,375	$11,117
Total Direct Charges	$26,000	$11,758	$11,758	$11,758	$11,758	**$73,032**
Indirect Charges	$280	$280	$280	$280	$280	**$1,400**
Total Infrastructure Costs	**$26,280**	**$12,038**	**$12,038**	**$12,038**	**$12,038**	**$74,432**

The maximum percentage of the budget that will be spent on infrastructure development for any budget period is 14.2% ($26,280/$184,303 – Year 1).

SAMPLE OF COMPLETED SF-424A

SECTION A – BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Title of FOA	93.243			$184,303		$184,303
2.						
3.						
4.						
5. Totals				$184,303		$184,303 **– <u>this total must match the total in Section B (k) and Section D (line 13)</u>**

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SECTION B – BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM FUNCTION OR ACTIVITY				Total (5)
	(1) Title of FOA	(2)	(3)	(4)	
a. Personnel	$52,765				$52,765
b. Fringe Benefits	$15,644				$15,644
c. Travel	$2,444				$2,444
d. Equipment	$0				$0
e. Supplies	$3,796				$3,796

6. Object Class Categories	GRANT PROGRAM FUNCTION OR ACTIVITY				Total
	(1) Title of FOA	(2)	(3)	(4)	(5)
f. Contractual	$86,998				$86,998
g. Construction	$0				$0
h. Other	$15,815				$15,815
i. Total Direct Charges (sum 6a-6h)	$177,462				$177,462
j. Indirect Charges	$6,841				$5,6,841
k. TOTALS (sum of 6i and 6j)	$184,303 – **this total must match the total in Section A (g) and Line 13 in Section D**				$184,303
7. Program Income					

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SECTION C – NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8. Title of FOA				
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	$	$	$	$

SECTION D – FORECASTED CASH NEEDS					
13. Federal	Totals for 1st Year $184,303 **– this total must match the total in Section A (g) and Section B (k)**	1st Quarter $46,075	2nd Quarter $46,076	3rd Quarter $46.076	4th Quarter $46,076

14. Non-Federal					
15.TOTAL (sum of lines 13 and 14)	$184,303	$46,075	$46,076	$46,076	$46,076

SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16. Title of FOA – make sure the number of future years aligns with the total years in Line 17 on the SF-424. This example shows a five-year project (4 out years).	$184,498	$185,531	$185,762	$186,001
17.				
18.				
19.				
20. TOTAL (Sum of lines 16-19)	$184,498	$185,531	$185,762	$186,001

SECTION F – OTHER BUDGET INFORMATION

21. Direct Charges:	**22. Indirect Charges:**
23. Remarks:	

Appendix M: CCBHC Criteria Compliance Checklist

This compliance checklist identifies the criteria required for a Certified Community Behavioral Health Clinic (CCBHC) and their designated collaborating organizations (DCOs), which together form the CCBHC.

Program Requirement 1: Staffing

Criteria 1.A. General Staffing Requirements

1.a.1 Needs Assessment and Staffing Plan

_____ The CCBHC has completed a needs assessment.

_____ The CCBHC needs assessment addresses cultural, linguistic, treatment and staffing needs and resources of the area to be served by the CCBHCs and addresses transportation, income, culture, and other barriers.

_____ The CCBHC needs assessment addresses workforce shortages.

_____ Consumers and family members and relevant communities (e.g., ethnic, tribal) were consulted in a meaningful way to complete the needs assessment.

_____ There is recognition of the CCBHC's obligation to update the assessment at least every 3 years.

_____ The staffing plan for the CCBHC reflects the findings of the needs assessment.

_____The CCBHC bases its requirements for services at the CCBHC, including care coordination, on the needs assessment findings.

1.a.2 Staff

_____ CCBHC staff (both clinical and non-clinical) is appropriate in size and composition for the population to be served by the CCBHC.

_____ If veterans are served by the CCBHC, staffing satisfies the requirements of criteria 4.K.

1.a.3 Management Staffing

_____CCBHC management staffing is adequate for the needs of CCBHC as determined by the needs assessment and staffing plan.

_____The CCBHC has a management team structure with key personnel identified by name, including a CEO or Executive Director/Project Director and a Medical Director (may be the same person and Medical Director need not be full time).

[NOTE: A CCBHC that is unable to employ or contract with a psychiatrist are located in Health Resources and Services Administration (HRSA) behavioral health professional shortage areas and have documented reasonable and consistent efforts to obtain a psychiatrist as Medical Director.]

_____For a CCBHC without a psychiatrist as Medical Director, provisions are made for psychiatric consultation and a medically trained behavioral health provider with appropriate education and licensure to independently prescribe as the Medical Director.

1.a.4 **Liability/Malpractice Insurance**

_____The CCBHC maintains adequate liability/malpractice insurance.

Criteria 1.B. Licensure and Credentialing of Providers

1.b.1 **Appropriate Licensure and Scope of Practice**

_____ CCBHC practitioners providing demonstration services will furnish these services within their scope of practice in accordance with all applicable federal, state, and local laws and regulations.

_____ The CCBHC has policies or procedures in place to ensure continuation of licensure (non-lapse).

_____ The CCBHC has formal agreements in place with their DCOs, ensuring the DCO staff members serving CCBHC consumers also have appropriate licensure and required state certifications.

1.b.2 **Required Staffing**

_____ The CCBHC staffing plan meets requirements of the state behavioral health authority and any accreditation or other standards required by the state and identifies specific staff disciplines that are required.

_____ The CCBHC staffing plan requires a medically trained behavioral health care provider, either employed or available through formal arrangement, who can prescribe and manage medications independently under state law, including buprenorphine products, naltrexone and other medications used to treat opioid and/or alcohol use disorders.

_____ The CCBHC staffing plan requires credentialed substance abuse specialists.

_____ The CCBHC staffing plan requires individuals with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness (SMI).

_____ The CCBHC staffing plan requires other disciplines that can address needs identified by the needs assessment.

_____The CCBHC has taken steps to alleviate workforce shortages where they exist.

Criteria 1.C. Cultural Competence and Other Training

1.c.1 **Training Plans**

_____The CCBHC training plans realistically address the need for culturally competent services given the needs identified in the needs assessment.

_____The CCBHC training plans require the following training at staff orientation and annually thereafter: (1) risk assessment, suicide prevention and suicide response; and (2) the roles of families and peers.

_____The CCBHC training plan requires the following training at staff orientation and thereafter as needed: cultural competence; person-centered and family-centered, recovery-oriented, evidence-based and trauma-informed care; integration of primary care and behavioral health care; and a continuity plan.

_____The CCBHC has policies or procedures in place to implement this training, ensure the competence of trainers and trainees, and keep track of training by employee.

_____ If active duty military and/or veterans are served, CCBHC cultural competency training includes information related to military culture.

1.c.2 **– 1.c.4 Skills and Competence**

_____The CCBHC has written policies and procedures that describe the methods used for assessing skills and competencies of providers.

_____The CCBHC provides in-service training and education programs.

_____The CCBHC maintains a list of in-service training and educational programs provided during the previous 12 months.

_____The CCBHC maintains documentation of completion of training and demonstration of competencies within staff personnel records.

_____Individuals providing training to CCBHC staff have the qualifications to do so as evidenced by their education, training, and experience.

Criteria 1. D. Linguistic Competence

1.d.1 – 1.d.4 Meaningful Access

_____ If the CCBHC serves consumers with Limited English Proficiency (LEP) or with language based disabilities, the CCBHC takes reasonable steps to provide meaningful access to their services for such consumers.

_____ The CCBHC's interpretation and translation service(s) (e.g., bilingual providers, onsite interpreter, and language telephone line) are appropriate and timely for the size and needs of the LEP CCBHC consumer population identified in the needs assessment.

_____ CCBHC interpreters are trained to function in a medical setting.

_____ CCBHC auxiliary aids and services are available and responsive to the needs of consumers with disabilities (e.g., sign language interpreters, teletype [TTY] lines).

_____ On the basis of the findings of the CCBHC needs assessment, documents or messages vital to a consumer's ability to access CCBHC services (e.g., registration forms, sliding-scale fee discount schedule, after-hours coverage, and signage) are available for consumers in languages common in the community served. The documents take into account the literacy levels of the community as well as the need for alternative formats (e.g., for consumers with disabilities), and they are provided in a timely manner.

_____ CCBHC consumers are made aware of resources designed to provide meaningful access.

1.d.5 Meaningful Access and Privacy

_____ CCBHC policies have explicit provisions for ensuring that all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider, including but not limited to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records), patient privacy requirements specific to care for minors, and other state and federal laws.

_____ CCBHC consumer consent documentation is regularly offered, explained, and updated.

_____ The CCBHC satisfies the requirements of privacy and confidentiality while encouraging communication between providers and family of the consumer.

Program Requirement 2: Availability and Accessibility of Services

Criteria 2.A. General Requirements of Access and Availability

2.a.1-2.a.8 Access and Availability Generally

_____ The CCBHC takes measures to ensure provision of a safe, functional, clean, and welcoming environment for consumers and staff.

_____ The CCBHC complies with all relevant federal, state, and local laws and regulations regarding client and staff safety, cleanliness, and accessibility.

_____ CCBHC outpatient clinic hours include some evening and weekend hours and meet the needs of the population served.

_____ The location of the CCBHC is accessible to the consumer population being served.

_____ The CCBHC provides transportation or transportation vouchers for consumers as resources allow.

_____ The CCBHC plans to use mobile in-home, telehealth/telemedicine, and/or online treatment services, where appropriate, and have either sufficient experience or preparation to do so effectively.

_____ The CCBHC engages in outreach and engagement activities to assist consumers and families to access benefits and services.

_____ CCBHC services are aligned with state or county/municipal court standards for the provision of court-ordered services.

_____ The CCBHC has adequate continuity of operations/disaster plans in place.

_____ The CCBHC provides available and accessible services that will accommodate the needs of the population to be served as identified in the needs assessment.

Criteria 2.B. Requirements for Timely Access to Services and Initial and Comprehensive Evaluation for New Consumers

2.b.1 Timing of Screening, Evaluation and Provision of Services to New CCBHC

Consumers[3]

_____ For new CCBHC consumers with an initial screening identifying an urgent need, the CCBHC complies with either: (1) the criteria requirement that clinical services and initial evaluation are to be provided/completed within one (1) business day of the time the request is made, or (2) a more stringent state standard of less than one day. .

_____ For new CCBHC consumers with an initial screening identifying routine needs, the CCBHC complies with either: (1) the criteria requirement that clinical services and initial evaluation are to be provided/completed within 10 business days, or (2) a more stringent state standard of less than 10 business days. .

_____ For new consumers, the CCBHC either: (1) uses the criteria requirement that a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation be completed within 60 calendar days of the first request for services, or (2) has a more stringent time standard of .

_____ The CCBHC has policies and/or procedures for new consumers that include administration of a preliminary screening and risk assessment to determine acuity of needs in accordance with state standards.

_____ The CCBHC has policies and/or procedures for conducting: (1) an initial evaluation, and (2) a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation in accordance with state standards.

_____ The CCBHC has policies and/or procedures to ensure immediate, appropriate action, including any necessary subsequent outpatient follow-up if the screening or other evaluation identifies an emergency or crisis need.

_____ The CCBHC has policies and/or procedures for initial evaluations that are conducted telephonically that require the initial evaluation to be reviewed and the consumer to be seen in person at the next encounter, once the emergency is resolved.

2.b.2 Updating Comprehensive Person-Centered and Family-Centered Diagnostic and Treatment Planning Evaluation[4]

_____ CCBHC treatment teams update the comprehensive person-centered and family-centered diagnostic and treatment planning evaluation, in agreement with and endorsed by the consumer and in consultation with the primary care

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[3] See also criterion 4.D related to the content of these evaluations.

[4] See criteria 3.D and 4.E for other requirements related to the treatment planning process.

provider (if any), when changes in the consumer's status, responses to treatment, or goal achievement have occurred.

_____ Assessment must be updated no less frequently than every (1) 90 calendar days; (2) has a more stringent time standard of less than 90 days; or (3) has an existing less stringent time standard that is acceptable. If the third option is chosen, the time standard and the justification for using it are described below.

2.b.3 Timing of Services for Established Consumers

_____ The CCBHC complies with the standards for established CCBHC consumers seeking an appointment for routine needs. The CCBHC may either: (1) use the criteria requirement that outpatient clinical services for established CCBHC consumers seeking an appointment for routine needs are provided within 10 business days of the requested date for service and, for those presenting with an urgent need, within 1 business day of the request, (2) has a more stringent time standard of days, or (3) has an existing less stringent time standard that is acceptable. If the third option is chosen, the time standard and the justification for using it are described below:

_____ The CCBHC has in place policies and/or procedures for established CCBHC consumers who present with an emergency/crisis need, that include options for appropriate and immediate action.

Criteria 2.C. Access to Crisis Management Services[5]

_____ The CCBHC provides crisis management services that are available and accessible 24 hours a day and required to be delivered within 3 hours.

_____ The CCBHC has policies or procedures in place requiring communication to the public of the availability of these services, as well as to consumers at intake, and that the latter is provided in a way that ensures meaningful access.

_____ The CCBHC has policies or procedures in place addressing: (1) coordination of services when consumers present to local emergency departments (EDs); (2) involvement of law enforcement when consumers are in psychiatric crisis; and (3) reducing delays in initiating services during and after a consumer has experienced a psychiatric crisis.

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[5] See criterion 4.C regarding content of crisis services and 3.a.4 regarding crisis planning gin the context of care coordination.

_____ The CCBHC works with consumers at intake and after a psychiatric emergency or crisis to create, maintain and follow a crisis plan.

Criteria 2.D. No Refusal of Services Due to Inability to Pay

_____ The CCBHC has a policy that services cannot be refused because of inability to pay.

_____ The CCBHC has policies or procedures that ensure (1) provision of services regardless of ability to pay; (2) waiver or reduction of fees for those unable to pay; (3) equitable use of a sliding fee discount schedule that conforms to the requirements in the criteria; and (4) provision of information to consumers related to the sliding fee discount schedule, available on the website, posted in the waiting room, and provided in a format that ensures meaningful access to the information.

Criteria 2.E. Provision of Services Regardless of Residence

_____ The CCBHC has a policy that services cannot be refused due to residence.

_____ The CCBHC has policies or protocols addressing services for those living out of state.

_____ The CCBHC has policies or procedures ensuring: (1) services will not be denied to those who do not live in the catchment area (if there is one), including provision of crisis services, provision of other services, and coordination and follow-up with providers in the individual's catchment area; and (2) services will be available for consumers living in the CCBHC catchment area but who are distant from the CCBHC.

Program Requirement 3: Care Coordination[6]

Criteria 3.A. General Requirements of Care Coordination

_____ The CCBHC coordinates care across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person.

_____ The CCBHC has procedures in place that comply with HIPAA, 42 CFR Part 2, requirements specific to minors, and other privacy and confidentiality

[6] In the answer to any question is "no", please provide a justification at the end of the program requirement checklist.

requirements of state or federal law addressing care coordination and in interactions with the DCOs,

_____ The CCBHC has policies and/or procedures in place to encourage participation by family members and others important to the consumer in care coordination, subject to privacy and confidentiality requirements and subject to consumer consent.

_____ The CCBHC has policies and procedures in to assist consumers and families of children and adolescents in obtaining appointments and keeping the appointment when there is a referral to an outside provider, subject to privacy and confidentiality requirements and consistent with consumer preference and need.

_____ The CCBHC has procedures for medication reconciliation with other providers.

Criteria 3.B. Care Coordination and Other Health Information Systems

_____ The CCBHC has health information technology (HIT) systems in place that (1) include EHRs; (2) can capture demographic information, diagnoses, and medication lists; (3) provide clinical decision support; and (4) can electronically transmit prescriptions to the pharmacy.

_____CCBHC HIT systems allow reporting on required data.

_____The CCBHC has plans in place to use the HIT system to conduct activities such as population health management, quality improvement, disparity reduction, outreach and research.

[NOTE: If a CCBHC HIT system is being newly established, it is certified to accomplish the activities above; to send and receive the full common data set for all summary of care records; to support capabilities including transitions of care, privacy, and security; and to meet the *Patient List Creation* criterion (45 CFR §170.314(a)(14)) established by the Office of the National Coordinator (ONC) for ONC's Health IT Certification Program.]

_____The CCBHC has a plan in place to improve care coordination between the CCBHC and DCOs using HIT. The plan should include how the CCBHC can support electronic health information exchange to improve care transitions to and from the CCBHC using the HIT system they have or are developing related to transitions of care.

Criteria 3.C. Care Coordination Agreements

CCBHCs are expected to work towards formal agreements (contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU)) during the 2 year grant period but should at least have some informal agreement (letter of support, letter of

agreement, or letter of commitment) with each entity at certification. The agreement must describe the parties' mutual expectations and responsibilities related to care coordination.

_____The CCBHC has an agreement in place with ***Federally Qualified Health Centers (FQHCs) and, where relevant, Rural Health Clinics (RHCs)***, unless health care services are provided by the CCBHC.

_____The CCBHC has protocols for care coordination with other primary care providers when they are the provider of health care for consumers.

_____The CCBHC has an agreement in place with ***Inpatient psychiatric treatment***, ***including substance use disorder services facilities to provide services at the clinically appropriate level, and residential programs***.

_____The CCBHC has provisions for tracking consumers admitted to and discharged from these facilities (unless there is a formal transfer of care).

_____The CCBHC has protocols for transitioning consumers from emergency departments and these other settings to a safe community setting, including transfer of medical records, prescriptions, active follow- up, and, where appropriate, a plan for suicide prevention and safety, and for provision of peer services.

_____The CCBHC has an agreement in place with c***ommunity or regional services, supports, and providers***. These include the following specified in the statute: schools; child welfare agencies; juvenile and criminal justice agencies and facilities, including drug, mental health, veterans and other specialty courts; Indian Health Service (IHS) youth regional treatment centers; state licensed and nationally accredited child placing agencies for therapeutic foster care service; and other social and human services. Also noted in the criteria as potentially relevant are the following: specialty providers of medications for treatment of opioid and alcohol dependence; suicide/crisis hotlines and warm lines; other IHS or tribal programs; homeless shelters; housing agencies; employment services systems; services for older adults, such as Aging and Disability Resource Centers; and other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs).

_____The CCBHC has an agreement in place with the nearest Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department

_____ The CCBHC explored agreements with each of the facilities of different types are nearby.

_____The CCBHC has an agreement in place with inpatient acute-care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, and substance use disorder treatment programs offering a continuum of care to include outpatient with induction services and maintenance treatment for MAT, intensive outpatient or partial hospital programs, or centers of excellence or those with a specialty in treating OUD and when clinically indicated inpatient and residential treatment programs.

_____ The CCBHC has provisions for tracking consumers admitted to and discharged from these facilities (unless there is a formal transfer of care from a CCBHC).

_____ The CCBHC has procedures and services for transitioning consumers from EDs and these other settings to CCBHC care, for shortened lag time between assessment and treatment, and for transfer of medical records, prescriptions, active follow-up.

_____ The CCBHC has care coordination agreements that require coordination of consent and follow-up within 24 hours, continuing until the consumer is linked to services or is assessed as being no longer at risk, for consumers presenting to the facility at risk for suicide.

_____ The CCBHC makes and documents reasonable attempts to contact all consumers discharged from these settings within 24 hours of discharge.

Criteria 3.D. Treatment Team, Treatment Planning and Care Coordination Activities[7]

_____CCBHC treatment planning includes the consumer, the family of child consumers, and, if the consumer chooses, the adult consumer's family or others designated by the consumer.

_____CCBHC treatment planning and care coordination are person-centered and family-centered.

_____CCBHC treatment planning and care coordination comply with HIPAA and other privacy and confidentiality requirements.

_____The CCBHC coordinates care provided by DCOs.

_____The CCBHC designates interdisciplinary treatment teams composed of individuals who work together to coordinate the medical, psychosocial,

[7] See criteria 2.b.2 and 4.E related to other aspects of treatment planning.

emotional, therapeutic, and recovery support needs of CCBHC consumers that may include traditional approaches to care for consumers who may be American Indian or Alaska Native as appropriate for the individual's needs.

_____ The CCBHC provides recovery support needs of CCBHC consumers, including, as appropriate, traditional approaches to care for consumers who may be American Indian or Alaska Native.

Program Requirement 4: Scope of Services[8]

Criteria 4.A. General Service Provisions

_____ The CCBHC directly provides, at a minimum, the four required services.

_____ CCBHC formal agreements with DCOs within the state make clear that the CCBHC retains ultimate clinical responsibility for CCBHC services provided by DCOs.

_____ All required CCBHC services, if not available directly through the CCBHC, are provided through a DCO.

_____ CCBHC consumers have freedom to choose providers within the CCBHC and its DCOs.

_____ CCBHC consumers have access to CCBHC grievance procedures, including for CCBHC services provided by a DCO.

_____ With regard to CCBHC or DCO services, the grievance process satisfies the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities.

_____CCBHC services provided by DCOs meet the same quality standards as those required of the CCBHC.

Criteria 4.B. Person-Centered and Family-Centered Care

_____ The CCBHC and its DCOs provide are person-centered and family-centered and recovery oriented, being respectful of the individual consumer's needs, preferences, and values, and ensuring both consumer involvement and self-direction of services received.

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[8] If the answer to any question is "no", please provide a justification at the end of the program requirement checklist.

_____The services that the CCBHC and its DCOs provide for children and adolescents are family-centered, youth-guided, and developmentally appropriate.

_____CCBHC services are culturally appropriate, as indicated in the needs assessment.

Criteria 4.C. Crisis Behavioral Health Services[9]

_____The following services are explicitly included among CCBHC services that are provided directly or through an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services: (1) 24 hour mobile crisis teams, (2) emergency crisis intervention services, (3) crisis stabilization services, (4) suicide crisis response; and (5) services for substance abuse crisis and intoxication, including ambulatory and medical detoxification services.

_____ Crisis services are provided by the CCBHC or by an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services. Please indicate how crisis services are provided:

- By the CCBHCs directly.
- By an existing system or network with which the CCBHCs have a formal agreement. Describe the existing system.

Criteria 4.D. Behavioral Health Screening, Assessment, and Diagnosis[10]

_____ The CCBHC directly provides behavioral health screening, assessment, and diagnosis, including risk assessment.

_____ The CCBHC ensures that all of the following occurs: (1) tobacco use: screening and cessation intervention; (2) unhealthy alcohol use: screening and brief counseling; (3) child and adolescent major depressive disorder suicide risk assessment; (4) adult major depressive disorder suicide risk assessment; and (5) screening for clinical depression and follow-up plan.

_____The CCBHC's initial evaluation of consumers includes the following: (1) preliminary diagnoses; (2) source of referral; (3) reason for seeking care, as stated by the consumer or other individuals who are significantly involved; (4) identification of the consumer's immediate clinical care needs related to the diagnoses for mental and substance use disorders; (5) a list of current

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[9] See criterion 2.C regarding access to crisis services.

[10] See criterion 2.B regarding timing of evaluations and assessments.

prescriptions and over-the-counter medications, as well as other substances the consumer may be taking; (6) an assessment of whether the consumer is a risk to self or to others, including suicide risk factors; (7) an assessment of whether the consumer has other concerns for their safety; (8) assessment of need for medical care (with referral and follow-up as required); (9) a determination of whether the person presently is or ever has been a member of the U.S. Armed Services; and (10) such other assessment as the state may require as part of the initial evaluation.

- Describe additional requirements (if any) established by the state, based on the population served, for the initial evaluation.

_____ The CCBHC regularly obtains release of information consent forms as feasible as part of the initial evaluation.

_____ Licensed behavioral health professionals, performing within the state's scope of practice and working in conjunction with the consumer as members of the treatment team, complete a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation within 60 days of the first request for services by new CCBHC consumers.

_____The CCBHC meets applicable state, federal or applicable accreditation standards for comprehensive diagnostic and treatment planning evaluations

_____The CCBHC conducts screening, assessment and diagnostic services in a timely manner and in a time period responsive to consumers' needs.

_____CCBHC screening, assessment and diagnostic services are sufficient to assess the need for all services provided by the CCBHCs and their DCOs.

_____The CCBHC uses standardized and validated screening and assessment tools and, where appropriate, motivational interviewing techniques.

_____The CCBHC uses culturally and linguistically appropriate screening tools.

_____The CCBHC uses tools/approaches that accommodate disabilities (e.g., hearing disability, cognitive limitations), when appropriate.

_____The CCBHC conducts a brief intervention and provides or refers the consumer for full assessment and treatment if screening identifies unsafe substance use, including problematic alcohol or other substance use.

Criteria 4.E. Person-Centered and Family-Centered Treatment Planning[11]

_____ The CCBHC directly provides person-centered and family-centered treatment planning in the state.

_____ The CCBHC provides for collaboration with and endorsement by (1) consumers, (2) family members or caregivers of child and adolescent consumers, and (3) to the extent adult consumers wish, adult consumers' families.

_____ The CCBHC uses individualized treatment planning that includes shared decision-making; addresses all required services; is coordinated with the staff or programs needed to carry out the plan; includes provision for monitoring progress toward goals; is informed by consumer assessments; and considers consumers' needs, strengths, abilities, preferences, and goals, expressed in a manner capturing consumers' words or ideas and, when appropriate, those of consumers' families/caregivers.

_____The CCBHC seeks consultation for special emphasis problems and the results of such consultation are included in the treatment plan.

_____The CCBHC documents consumers' advance wishes related to treatment and crisis management or consumers' decisions not to discuss those preferences.

Criteria 4.F. Outpatient Mental Health and Substance Use Services

_____ The CCBHC directly provides outpatient mental health and substance use services.

_____ The CCBHC focuses as a priority service on providing necessary care to those living with serious mental illness (psychotic disorders, severe mental illnesses that result in danger to self/others and/or grave disability) including emergency assessment and treatment including use of appropriate psychotropic medications and psychotherapeutic interventions, ACT, and if so ordered, AOT services.

_____ The CCBHC provides identified evidence-based or best practices outpatient mental health and substance use services.

_____ The CCBHC makes available specialized services for purposes of outpatient mental and substance use disorder treatment, through referral or formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine services.

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[11] See criteria 2.B.2 and 3.D regarding other aspects of treatment planning.

_____The CCBHC provides evidenced-based services that are developmentally appropriate, youth-guided, and family or caregiver driven to children and adolescents.

_____ The CCBHC considers the individual consumer's phase of life, desires and functioning and appropriate evidence-based treatments.

_____The CCBHC considers the level of functioning and appropriate evidence-based treatments when treating individuals with developmental or other cognitive disabilities.

_____ The CCBHC delivers treatment by staff with specific training in treating the segment of the population being served.

_____ The CCBHC uses approaches when addressing the needs of children that comprehensively address family/caregiver, school, medical, mental health, substance abuse, psychosocial, and environmental issues.

Criteria 4.G. Outpatient Clinic Primary Care Screening and Monitoring

_____ The CCBHC is responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risks and that care is coordinated. If primary care screening and monitoring are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).

_____ The CCBHC collects and reports the following: (1) adult body mass index (BMI) screening and follow-up; (2) weight assessment and counseling for nutrition and physical activity for children and adolescents; (3) care for controlling high blood pressure; (4) diabetes screening for people who are using antipsychotic medications; (5) diabetes care for people with serious mental illness: Hemoglobin A1c (HbA1c); (6) metabolic monitoring for children and adolescents on antipsychotics; (7) cardiovascular health screening for people who are prescribed antipsychotic medications; and (8) cardiovascular health monitoring for people with cardiovascular disease and schizophrenia.

_____ The CCBHC ensures that children receive age appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities, and older adults receive age appropriate screening and preventive interventions

Criteria 4.H. Targeted Case Management Services

_____ The CCBHC is responsible for high quality targeted case management services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports. If targeted case management services are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).

_____The CCBHC has established requirements, based on the population served, as to what targeted case management services must be offered as part of the CCBHC care system, including identifying target populations. The population(s) targeted is (are) _____

Criteria 4.I. Psychiatric Rehabilitation Services

_____ The CCBHC is responsible for evidence-based and other psychiatric rehabilitation services. If psychiatric rehabilitation services are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).

Criteria 4.J. Peer Supports, Peer Counseling and Family/Caregiver Supports

_____ The CCBHC is responsible for peer specialist and recovery coaches, peer counseling, and family/caregiver supports. If peer support, peer counseling and family/caregiver support services are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).

Criteria 4.K. Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans

____ The CCBHC is responsible for intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one hour's drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law. The CCBHC has demonstrated efforts to facilitate the provision of intensive community-based behavioral health services to veterans and active duty military personnel.

_____ CCBHC care provided to veterans is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

_____ The CCBHC asks and documents asking all individuals inquiring about services, whether they have ever served in the U.S. military. For those affirming current or former service in the U.S. military, CCBHCs either direct them to care or provide care through the CCBHC as required by criterion 4.k.2.

_____The CCBHC offers assistance with enrollment in the VHA for the delivery of health and behavioral health services to persons affirming former military service.

_____ The CCBHC provides coordination between the care of substance use disorders and other mental health conditions for veterans and active duty military personnel who experience both, to the extent those services are

appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.

_____The CCBHC provides for integration and coordination of care for behavioral health conditions and other components of health care for all veterans and active duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.

_____ The CCBHC assigns a Principal Behavioral Health Provider to every veteran seen, unless the VHA has already assigned a Principal Behavioral Health Provider.

_____ The CCBHC provides care and services for veterans that are recovery-oriented, adhere to the guiding principles of recovery, VHA recovery, and other VHA guidelines.

_____ CCBHC staff who work with military or veteran consumers are trained in cultural competence, and specifically military and veterans' culture.

_____ The CCBHC develops a behavioral health treatment plan for all veterans receiving behavioral health services compliant with provisions of Criteria 4.K.

Program Requirement 5: Quality and Other Reporting[12]

Criteria 5.A. Data Collection, Reporting, and Tracking

_____ The CCBHC has the ability (for, at a minimum, all Medicaid enrollees) to collect, track, and report data and quality metrics as required by the statute and criteria.

_____ The CCBHC has formal arrangements with the DCOs to obtain access to data needed to fulfill their reporting obligations and to obtain appropriate consents necessary to satisfy HIPAA, 42 CFR Part 2, and other requirements.

Criteria 5.B. Continuous Quality Improvement (CQI) Plan

_____ The CCBHC has written CQI plans that satisfy the requirements of the criteria.

_____ The CCBHC's CQI plans specifically address (1) consumer suicide attempts and deaths, (2) 30-day hospital readmissions, and (3) quality of care issues

[12] If the answer to any question is "no", please provide a justification at the end of the program requirement checklist.

including monitoring for metabolic syndrome, movement disorders, and other medical side effects of psychotropic medications.

Program Requirement 6: Organizational Authority, Governance, and Accreditation[13]

Criteria 6.A. General Requirements of Organizational Authority and Finances

_____The CCBHC's organizational authority is among those listed in the statute and criteria.

_____ The CCBHC not operated under or in collaboration with the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization, has reached out to these entities within their geographic service area and entered into arrangements with them to assist in the provision of services to and to inform the provision of services to AI/AN consumers.

_____ The CCHBC has a procedure for an annual financial audit and correction plan, when the latter is necessary.

Criteria 6.B. Governance

_____ The CCBHC board members are representative of the individuals being served by the CCBHC in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, and sexual orientation, and in terms of types of disorders. The CCBHC incorporates meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of CCBHC consumers through the options listed below. Identify which method was used to certify the CCBHC.

- 51 percent of the board are families, consumers or people in recovery from behavioral health conditions. The CCBHC has described how it meets this requirement or developed a transition plan with timelines appropriate to its governing board size and target population to meet this requirement that is satisfactory to the state.

- A substantial portion of the governing board members meet this criteria and other specifically described methods for consumers, people in recovery and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services,

[13] If the answer to any question is "no", please provide a justification at the end of the program requirement checklist.

- The CCBHC is comprised of a governmental or tribal entity or a subsidiary or part of a larger corporate organization that cannot meet these requirements for board membership. The CCBHC has specified and documented the reasons why the CCBHC cannot meet these requirements and the CCBHC has developed an advisory structure and other specifically described methods for consumers, persons in recovery, and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services.