Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

FY 2024 Addiction Technology Transfer Centers

Cooperative Agreements

(Short Title: ATTC)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. TI-24-011

Assistance Listing Number: 93.243

Key Information:

Application Deadline	**Applications are due by June 10, 2024.**
NOFO Application Guide	Throughout the NOFO, there will be references to the FY 2024 NOFO Application Guide (Application Guide). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments, and budget.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline. See *Section I of the Application Guide*.

Electronic Grant Application Submission Requirements	**You must complete three (3) registration processes:** 1. System for Award Management (SAM); a. Grants.gov; and 3. eRA Commons. See ***Section A of the Application Guide*:** Application and Submission Requirements to begin this process.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for the fiscal year (FY) 2024 Addiction Technology Transfer Centers Cooperative Agreements (Short Title: ATTC) program. The purpose of this program is to develop and strengthen the specialized behavioral health care and primary health care workforce that provides substance use disorder (SUD) treatment and recovery support services. Recipients will be expected to: accelerate the adoption and implementation of evidence-based, culturally informed, and promising SUD treatment and recovery-oriented practices and services; heighten the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other co-occurring health disorders; and foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community. With this program, SAMHSA aims to increase the capacity of specialized behavioral and primary health care providers to provide high-quality, effective services for clients with SUD and co-occurring disorders.

Funding Opportunity Title:	Addiction Technology Transfer Centers Cooperative Agreements (Short Title: ATTC)
Funding Opportunity Number:	TI-24-011
Due Date for Applications:	June 10, 2024
Estimated Total Available Funding:	Up to $8,956,357
Estimated Number of Awards:	Up to 11
Estimated Award Amount:	ATTC Regional Centers: Up to $777,850 per year ATTC National Coordinating Office: Up to $1,177,850 per year
Cost Sharing/Match Required:	No

Length of Project Period:	Up to 5 years
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024
Eligible Applicants:	Eligible applicants are States and Territories, including the District of Columbia, political subdivisions of States, Indian tribes, or tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private non-profit entities. [See Section III-1 for complete eligibility information.]
Authorizing Statute:	ATTC cooperative agreements are authorized under Section 509 of the Public Health Service Act (42 U.S.C. 290bb–2), as amended.

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to develop and strengthen the specialized behavioral health care and primary health care workforce that provides substance use disorder (SUD) treatment and recovery support services. This will be done by accelerating the adoption and implementation of evidence-based, culturally informed, and promising SUD treatment and recovery-oriented practices and services; heightening the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other co-occurring health disorders; and fostering regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.

Substance use continues to exact a serious toll on the U.S. population. The estimated cost of SUDs in the United States, including the use of illegal drugs, alcohol, and tobacco, is more than $740 billion a year and growing (National Institute on Drug Abuse, 2021).[1] SUD and mental disorders are among the leading causes of disability in the United States. Among people aged 12 or older, about 17% had an SUD in the past year; almost one in four adults aged 18 or older had any mental illness in the past year (SAMHSA, 2023).[2] Illicitly manufactured fentanyl continues to drive the majority of drug overdose deaths but mortality rates due to cocaine and other stimulants, such as methamphetamine, are also on the rise, both with and without the presence of fentanyl (Centers for Disease Control and Prevention [CDC], 2023).[3] In addition, alcohol continues to exact a serious toll on the U.S. population, and one that was exacerbated by the COVID-19 pandemic. Rates of substance use differ by race and ethnicity, with people of color often reporting higher rates of use than White individuals (SAMHSA, 2023).[4] Similar trends in racial and ethnic disparities are revealed in 2020 drug overdose deaths rates, in which it was found that that from 2019 to 2020, drug overdose death rates increased by 44% among non-Hispanic Black individuals and 39% among

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[1] Zhang, X., Wang, N., Hou, F., Ali, Y., Dora-Laskey, A., Dahlem, C. H., & McCabe, S. E. (2021). Emergency department visits by patients with substance use disorder in the United States. *Western Journal of Emergency Medicine, 22*(5):1076–1085. https://doi.org/10.5811%2Fwestjem.2021.3.50839

[2] Substance Abuse and Mental Health Services Administration. (n.d.). 2022 NSDUH Companion Infographic. https://www.samhsa.gov/data/report/2022-nsduh-infographic

[3] Centers for Disease Control and Prevention. (2023). Provisional Drug Overdose Death Counts. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

[4] Substance Abuse and Mental Health Services Administration. (n.d.). NSDUH 2021 Highlighted Population Slides. https://www.samhsa.gov/data/report/2021-nsduh-highlighted-population-slides

non-Hispanic American Indian or Alaska Native individuals and most people who died by drug overdose had no evidence of SUD treatment before their deaths (CDC, 2022).[5]

Despite the high prevalence of substance use and mental disorders, many people who require behavioral health services do not receive quality care, due in part to behavioral health workforce shortages, as well as deficiencies in knowledge, skills, and capacity across the behavioral health workforce to meet the unmet needs of diverse and underserved populations. The Health Resources and Services Administration (HRSA) projects substantial shortages of addiction and mental health counselors, psychologists, and psychiatrists in 2036. Further, HRSA reports that the majority of the behavioral health workforce identifies as female and non-Hispanic White and may not be representative of the communities they serve (HRSA, 2023).[6]

SAMHSA's Addiction Technology Transfer Centers Cooperative Agreements (ATTC) Cooperative Agreements program is a strategy to address these national crises. The ATTC Network is strategically developed to include 11 centers—one ATTC National Coordinating Office (NCO) and 10 ATTC Regional Centers localized within each Department of Health and Human Services (HHS) region of the United States. With the support and coordination from the ATTC NCO, the ATTC Regional Centers will work together to: (1) prepare tools and strategies needed to improve the quality of SUD and recovery support service delivery; and (2) provide training and technical assistance to improve processes and practices in the delivery of SUD treatment and recovery support services. Collectively, these efforts should result in an increased capacity of specialized behavioral health care and primary health care providers to provide high-quality, effective services to clients with SUDs and co-occurring disorders.

SAMHSA encourages grant recipients to address the diverse behavioral health needs of underserved communities as defined by Executive Order 13985. Recipients must also serve all individuals equitably and administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age, religion, and sex (including gender identity, sexual orientation, and pregnancy). Recipients must also agree to comply with federal conscience laws, where applicable.

The ATTC Cooperative Agreements are authorized under Section 509 of the Public Health Service Act, as amended.

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[5] Kariisa, M., Davis, N. L., Kumar, S., Seth, P., Mattson, C. L., Chowdhury, F., & Jones, C. M. (2022). Vital Signs: Drug overdose deaths, by selected sociodemographic and social determinants of health characteristics — 25 states and the District of Columbia, 2019–2020. *MMWR Morbidity and Mortality Weekly Report, 71*:940–947. http://dx.doi.org/10.15585/mmwr.mm7129e2

[6] Health Resources and Services Administration. (2023). Behavioral health workforce, 2023. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf

2. KEY PERSONNEL

Key personnel are staff members who must be part of the project, whether or not they receive a salary from the project. These staff members must make a major contribution to the project. Key personnel and staff selected for the project should reflect the diversity in the catchment area.

Key personnel for this program are the Project Director, Project Coordinator, and Evaluator.

- The Project Director is responsible for overseeing, monitoring, and managing the project and must have a level of effort of at least **15 percent.**
- The Project Coordinator is responsible for handling the day-to-day operations of the project and must have a level of effort of at least **75 percent.**
- The Evaluator is responsible for evaluating the processes and outcomes of the project and must have a level of effort of at least **10 percent.**

If you receive an award, you will be notified if the individuals designated for these positions have been approved. If you need to replace a Key Personnel during the project period, SAMHSA will review the credentials and job description before approving the replacement.

3. REQUIRED ACTIVITIES

You must provide a description in B.2. of the Project Narrative of how you plan to implement all of the required activities listed below.

Recipients are required to carry out each of these activities.

ATTC National Coordinating Office

1. Conduct an annual **needs assessment** and develop and submit an annual **workplan,** which cites data from the needs assessment and discusses how the project will be implemented. The initial workplan is due within two months of award. In subsequent years, the annual workplan must be submitted for approval within two months of the beginning of each budget period.

2. Build and maintain a **comprehensive infrastructure** for the ATTC Network that promotes internal and external communication and collaboration for the purpose of supporting SAMHSA's workforce development and quality improvement mission, goals, and objectives. Required sub-activities include the following:
   a. Lead the creation and coordinate the implementation of an ATTC Network-wide **workforce strategy,** which, at a minimum, is focused on developing and strengthening the specialized behavioral health workforce and primary health care workforce who provide SUD treatment and recovery support services in the following areas:

- contingency management;
- HIV, hepatitis C elimination, and sexually transmitted infections;
- integration of primary and behavioral health care;
- recovery support;
- trauma-informed approaches; and
- behavioral health equity.

b. Ensure a coordinated approach to meeting **training and technical assistance needs** by:
    - Identifying and facilitating cross-regional and ATTC Network-wide activities;
    - Tracking products and projects to avoid duplication of time, funds, and effort;
    - Collecting data from all ATTC Regional Centers and developing reports to respond to ad hoc SAMHSA data calls on a variety of training and technical assistance topics (e.g., the number of contingency management trainings convened across the ATTC network in a grant year);
    - Offering resources to enhance collaboration (e.g., project management software, telephone and web conferencing services, meeting planning and logistics services, electronic distribution networks, technical writing, editing and graphic design services); and
    - Devoting staff and financial resources to developing and implementing national projects and products.
c. Identify and facilitate cross-regional and/or ATTC Network-wide activities to promote the **adoption** of evidence-based, culturally informed, and promising SUD treatment and recovery practices, recovery-oriented systems of care, and other topics important to the SUD treatment/recovery field.
d. Provide a **platform** for intra-Network cooperation, which allows more staff and resources to be brought to bear on issues, leverages resources to focus on multiple issues at the same time, focuses the strengths of each ATTC Regional Center on appropriate projects, and enhances the overall quality of each project.
e. Coordinate **workgroups** across the ATTC Network and Technology Transfer Center (TTC) program to address technology transfer and workforce development activities focusing on SAMHSA's priority areas and guiding principles and evidence-based interventions for underserved populations as defined in Executive Order 13985.
f. Bring awareness of and support **collaboration** with other SAMHSA initiatives by communicating information about SAMHSA's initiatives to all ATTC Regional Centers and disseminating information of national significance to the Centers through regular communication and intra-Network training and technical assistance efforts.
g. Identify opportunities and organize **external partnerships** for strategic collaborations to collectively advance the field by retaining a global perspective of the role of the ATTC Network as one of SAMHSA's flagship programs; maintaining familiarity with the strengths, interests, needs, skills, and activities of

each ATTC Regional Center; and establishing working relationships with the leadership of national organizations.

h. Coordinate ATTC **linkages** with national professional organizations to provide presentations, workshops, etc., and/or exhibit and present at meetings, on behalf of the ATTC Network, at meetings with a national audience or an audience from multiple Regional Centers.

i. Establish an **ATTC Steering Committee** to develop ATTC Network-wide strategic priorities, in collaboration with SAMHSA, to set direction and policy for the overall ATTC Network, and review progress in meeting goals and objectives.
    - The ATTC Steering Committee will be comprised of representation from the ATTC National Coordinating Office, 10 ATTC Regional Centers, and SAMHSA Government Project Officer(s).
    - The Project Director of the ATTC National Coordinating Office will be the Chair of the ATTC Steering Committee.
    - At a minimum, the ATTC Steering Committee must include the key personnel (i.e., Project Directors, Project Coordinators, and Evaluators from the ATTC Regional Centers) and should include SUD treatment and recovery experts, community leaders, end-users, and recipients of SUD and recovery support services, including representatives from underserved communities and people with lived experience with SUD and recovery.
    - The ATTC Steering Committee will meet at least three times per year. One of these three meetings will coincide with ATTC Network Meetings convened in years 1, 2, 3, and 4, which are usually held in the Washington, D.C., metropolitan area.
    - The Steering Committee will follow the guidelines specified in 45 CFR Part 74.36 on data sharing, access to data and materials, and publications.
    - Publications will be written and authorship decided upon using procedures adopted by the Steering Committee. The quality of publications will be the responsibility of the authors, although a draft must be provided to CSAT prior to publication.

j. Provide **conceptual and logistical support** for the ATTC Steering Committee, ATTC Network Meetings, and other meetings as required, including developing agendas, meeting materials, and meeting summaries; securing hotel sleeping rooms and meeting space according to U.S. Federal Government cost norms and regulations; arranging for speakers/presenters; and coordinating and facilitating meeting follow-up activities.

k. Increase the **accessibility** of ATTC resources by:
    - Serving as a central point of entry to connect with ATTC experts;
    - Coordinating and maintaining the ATTC Network website in collaboration with all ATTC Regional Centers;
    - Maintaining a robust online learning management system for all ATTC distance education courses; and

        - Maintaining an up-to-date listing of all upcoming ATTC events in a centralized location.

    l. Maintain an inventory of and serve as a **clearinghouse** for ATTC products (e.g., toolkits, webinars, podcasts, publications, newsletters, blogs, curricula, trainings, distance learning programs, interactive resources, mobile apps, presentation slides). This includes resources and products to address behavioral health disparities or to increase access to, or appropriateness of, training activities, and disseminate these products to stakeholders in the field. All products must be shared with SAMHSA, on a monthly basis, for archiving in a SAMHSA-designated repository.

3. Provide **training and technical assistance** using innovative technology to work with providers and organizations to develop a quality improvement infrastructure that addresses the needs of SUD treatment and recovery service organizations and patients and families to assess program quality. Required sub-activities include the following:
    a. Apply a **systems-change approach** in providing technical assistance that differentiates among three types (i.e., basic/universal, targeted, and intensive) to assist in improving organizations and systems of care based on a continuous quality improvement framework and moves beyond basic/universal technical assistance to focus on targeted and intensive technical assistance.
        - Basic/universal technical assistance is typically delivered to large audiences and focused on building awareness and knowledge through conferences, brief consultation, webinars, fact sheets, web-based lectures, self-paced distance learning modules, etc.
        - Targeted technical assistance is customized for specific groups or organizations and focused on directed training, building skills, and promoting behavior change through didactic workshop trainings, learning communities, communities-of-practice, etc.
        - Intensive technical assistance is ongoing, customized consultation to specific sites, communities, or systems to support full incorporation of a new practice or innovation into real-world settings through site visits, ongoing consultation, live supervision, performance feedback, practice facilitation, etc.
    b. Use innovative **technology transfer strategies** to provide training and technical assistance in specific evidence-based practices (EBPs) in response to specific organizational goals, with an emphasis on self-paced online courses and distance learning paired with a hub and spoke network technology and mobile apps that support individuals in using newly learned skills.
    c. Help prepare the **workforce** to deliver services in a culturally informed and recovery-oriented system of care.
    d. Serve as a **resource** for provider organizations (specialized behavioral healthcare and primary health care workforce that provides SUD treatment and recovery support services) to prepare tools needed by practitioners to improve

the quality of service delivery and develop and test tools for patients and families to assess treatment quality, including those who experience greater disparities.

e. Enhance the **clinical and cultural competencies** of SUD treatment practitioners, including the capacity to deliver services in accordance with the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare (National CLAS Standards and CLAS Behavioral Health Implementation Guide).
f. Promote the use of **culturally and linguistically appropriate,** evidence-based, culturally adapted, and community-defined evidence practices. Use strategies to disseminate relevant research findings in the areas of treatment and recovery support for SUDs across the lifespan. Strategies must include, among other approaches, curricula, and other learning events, delivered face-to-face and/or via the internet. This also includes the development of new curricula as needed for the field (e.g., storytelling curriculum).
g. Provide and maintain **culturally and linguistically appropriate** internet-based information and resources to cover the developmental lifespan.
h. Provide **outreach** and serve as a **resource** for community-based and faith-based organizations, recovery community groups, consumers and family members, and other stakeholders, including racial/ethnic or Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex+ (LGBTQI+)-specific organizations, on treatment resources for SUDs, including Medications for Opioid Use Disorders (MOUD) and Medications for Alcohol Use Disorders (MAUD) and recovery-oriented systems of care.
i. Provide **oral interpretation** in trainings and technical assistance, as needed.
j. Provide **written translation** of critical center products.
k. Create an **engagement strategy** that will be periodically updated with engagement targets (e.g., who attends events, statistics tracking participation, who is not being reached). This strategy should include the following: segment the market users for the ATTC National Coordinating Office, use technology and data to tailor outreach and engagement to different segments of potential users, ensure that content development and engagement efforts are aligned, and create materials in plain language so they are easy to understand and readily applicable.
l. Adopt **continuous quality improvement methods** to improve the delivery of training and technical assistance, therefore improving participants' knowledge and skills outcomes.

4. Develop and submit a **communication and marketing plan** within 120 days of the award for the Government Project Officer's (GPO) approval. In subsequent years, update and submit the plan for the GPO's approval within two months of the beginning of each budget period.
   a. For year one, the plan must include coordinating with the other TTC networks to carry out and complete the renaming and rebranding of the TTC program while taking into consideration feedback from stakeholders (e.g., physical and

behavioral health professionals, states, communities, provider organizations). The revised TTC program name must be submitted to the GPO for approval.

b. For year one and beyond, the plan must, at a minimum, specify the strategies and timelines the ATTC network plans to use to reach diverse stakeholders and measure the results of those efforts; discuss outreach to stakeholders; and include working with the other TTC networks, other SAMHSA-funded training and technical assistance programs, particularly SAMHSA's Opioid Response Network (ORN), and similar programs funded by other HHS agencies or departments (e.g., U.S. Departments of Housing and Urban Development, Justice, Education).

5. **Collaborate** across HHS-funded training and technical assistance programs to carry out activities in the following areas:
   a. contingency management;
   b. HIV, hepatitis C elimination, and sexually transmitted infections;
   c. integration of primary and behavioral health care;
   d. recovery support;
   e. trauma-informed approaches; and
   f. behavioral health equity.

   As appropriate, these HHS-funded training and technical assistance program collaborations should include: ORN; Peer Recovery Center of Excellence (COE); other TTC networks; Provider Clinical Support System (PCSS)-Medications for Opioid Use Disorders (MOUD); PCSS-Medications for Alcohol Use Disorders (MAUD); special population-focused COEs (e.g., African American, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex+ [LGBTQI+], Asian American, Native Hawaiian, Pacific Islander, Hispanic/Latino, and older adults); and HRSA's Telehealth Resource Technical Assistance Program. Specific collaborative activity(ies) must be reflected in annual workplans, etc.

6. Collaborate across other TTC networks to develop a new or expand an existing **environmental scan** of SAMHSA-funded investments and psychosocial resources to assist states and SAMHSA in identifying and monitoring the availability and gaps in resources across the United States.

7. Develop a new or expand an existing **learning community** that integrates hepatitis C services into opioid treatment programs and expand its focus to include other disorders and conditions (e.g., HIV, syphilis).

8. Develop a new or expand an existing **professional growth and development program** (e.g., leadership academy, fellowship program) to assist in developing and sustaining a well-trained and knowledgeable cadre of SUD professionals who understand and exemplify the principles and best practices of SUD treatment and recovery support.

9. **Participate in a multi-site evaluation** in partnership with evaluation contractors and other SAMHSA-funded training and technical assistance recipients.

NOTE: Agencies must apply open licenses, in consultation with the best practices found in Project Open Data, to information as it is collected or created so that if data are made public, there are no restrictions on copying, publishing, distributing, transmitting, adapting, or otherwise using the information for non-commercial or for commercial purposes.

ATTC Regional Centers

1. Conduct an annual **needs assessment** and develop and submit an annual **workplan** that cites data from the needs assessment and discusses how the project will be implemented. The initial workplan is due within two months of the award. In subsequent years, the annual workplan must be submitted for approval within two months of the beginning of each budget period.

2. Provide **training and technical assistance** using innovative technology to work with providers and organizations to develop a quality improvement infrastructure, which addresses the needs of SUD treatment and recovery service organizations and patients and families to assess program quality. Required sub-activities include the following:
   a. Apply a **systems-change approach** in providing technical assistance that differentiates among three types (i.e., basic/universal, targeted, and intensive) to assist in improving organizations and systems of care based on a continuous quality improvement framework and moves beyond basic/universal technical assistance to focus on targeted and intensive technical assistance.
      - Basic/universal technical assistance is typically delivered to large audiences and focused on building awareness and knowledge through conferences, brief consultation, webinars, fact sheets, web-based lectures, self-paced distance learning modules, etc.
      - Targeted technical assistance is customized for specific groups or organizations and focused on directed training, building skills, and promoting behavior change through didactic workshop trainings, learning communities, communities of practice, etc.
      - Intensive technical assistance is ongoing, customized consultation to specific sites, communities, or systems to support full incorporation of a new practice or innovation into real-world settings through site visits, ongoing consultation, live supervision, performance feedback, practice facilitation, etc.
   b. Use innovative **technology transfer strategies** to provide training and technical assistance in specific EBPs in response to specific organizational goals, with an emphasis on self-paced online courses and distance learning paired with a hub and spoke network technology and mobile apps that support individuals in using newly learned skills.

c. Help **prepare the workforce** to deliver services in a culturally informed and recovery-oriented system of care.
d. Serve as a **resource** for provider organizations (specialized behavioral health care and primary health care workforce that provides SUD treatment and recovery support services) to prepare tools needed by practitioners to improve the quality of service delivery and develop and test tools for patients and families to assess treatment quality, including those who experience greater disparities.
e. Enhance the **clinical and cultural competencies** of SUD treatment practitioners, including the capacity to deliver services in accordance with the National CLAS Standards.
f. Promote the use of **culturally and linguistically appropriate**, evidence-based, culturally adapted, and community defined evidence practices. Use strategies to disseminate relevant research findings in the areas of treatment and recovery support for SUDs across the lifespan. Strategies must include, among other approaches, curricula, and other learning events, delivered face-to-face and/or via the internet. This also includes the development of new curricula as needed for the field (e.g., storytelling curriculum).
g. Provide and maintain **culturally and linguistically appropriate** internet-based information and resources to cover the developmental lifespan.
h. Provide **outreach** and serve as a **resource** for community-based and faith-based organizations, recovery community groups, consumers and family members, and other stakeholders, including racial/ethnic or LGBTQI+-specific organizations, on treatment resources for SUDs, including MOUD and MAUD and recovery-oriented systems of care.
i. Provide **oral interpretation** in trainings and technical assistance, as needed.
j. Provide **written translation** of critical center products.
k. Create an **engagement strategy** that will be periodically updated with engagement targets (e.g., who attends events, statistics tracking participation, who is not being reached). This strategy should include the following: segment the market users for the ATTC Regional Center, use technology and data to tailor outreach and engagement to different segments of potential users, ensure that content development and engagement efforts are aligned, and create materials in plain language so they are easy to understand, and readily applicable.
l. Adopt **continuous quality improvement methods** to improve the delivery of training and technical assistance therefore improving participants' knowledge and skills outcomes.

3. Build and maintain **collaborative relationships** within and outside of the ATTC Network. Required sub-activities include the following:
   a. Participate in **cross-regional** and/or **ATTC Network-wide activities** coordinated by the ATTC NCO to promote the adoption of evidence-based, culturally appropriate, and promising practices, recovery-oriented systems of care, educational standards, and other topics of importance to the SUD treatment/recovery field.

b. Collaborate and coordinate with the ATTC NCO in the creation and implementation of a **workforce strategy** across the ATTC Network, which at a minimum, is focused on developing and strengthening the diverse, specialized behavioral health workforce and primary healthcare workforce who provide SUD treatment and recovery support services in the following areas:
    - contingency management;
    - HIV, hepatitis C elimination, and sexually transmitted infections;
    - integration of primary and behavioral health care;
    - recovery support;
    - trauma-informed approaches; and
    - behavioral health equity.
c. **Partner** in the respective regions to advance the professional development of students and practitioners in the SUD treatment and recovery field (e.g., SAMHSA Regional Directors, other HHS and Federal staff, state and local governments, behavioral health provider associations, professional, recovery community, and faith-based organizations, academic institutions, counselor credentialing bodies, Regional Indian Health Boards, and others, as appropriate).
d. **Collaborate** across HHS-funded training and technical assistance programs to carry out efforts in the following areas:
    - contingency management;
    - HIV, hepatitis C elimination, and sexually transmitted infections;
    - integration of primary and behavioral health care;
    - recovery support;
    - trauma-informed approaches; and
    - behavioral health equity.

    As appropriate, these HHS-funded training and technical assistance programs should include ORN; Peer Recovery COE; other TTC networks; PCSS-MOUD; PCSS-MAUD; special population-focused COEs (e.g., African American, LGBTQI+, Asian American, Native Hawaiian, Pacific Islander, Hispanic/Latino, and older adult); and/or HRSA's Telehealth Resource Technical Assistance Program, etc. Specific collaborative activity(ies) should be reflected in annual workplans.
e. To the extent possible, **avoid duplications of effort** and maximize the impact of activities and services within the respective regions by coordinating within the ATTC Network and outside of it with relevant organizations (e.g., other HHS-funded training and technical assistance programs).

4. Develop a new or expand an existing **professional growth and development program** (e.g., leadership academy, fellowship program) to assist in developing and sustaining a well-trained and knowledgeable cadre of SUD professionals who understand and exemplify the principles and best practices of SUD treatment and recovery support.

5. Participate in a **multi-site evaluation** in partnership with evaluation contractors and other SAMHSA-funded training and technical assistance recipients.

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4. ALLOWABLE ACTIVITIES

Allowable activities are not required. Applicants may propose to use funds for the following activities after ensuring that they can carry out all required activities:

ATTC National Coordinating Office

1. Develop and provide training and other resource materials for a variety of audiences and populations (e.g., clinical supervisors, peer support providers, human resource managers, administrators and state/territory agency staff, front-line counseling staff, consumers, parents and other caregivers).

2. Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for providers of mental and substance use disorders, and prevention, treatment, and recovery support services, including working with academic institutions that train and educate students for these professions.

3. Develop strategies and materials to enhance recruitment and retention of mental and substance use disorders treatment, prevention, and recovery support practitioners, including those who work with underserved and under-resourced populations.

4. Provide training to staff at multiple levels: system, community, clinical, etc., in the CLAS Standards.

ATTC Regional Centers

1. Develop and provide training and other resource materials for a variety of audiences and populations (e.g., clinical supervisors, peer support providers, human resource managers, administrators and state/territory agency staff, front-line counseling staff, consumers, parents and other caregivers).

2. Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for providers of mental and substance use disorders, and prevention, treatment, and recovery support services, including working with academic institutions that train and educate students for these professions.

3. Develop strategies and materials to enhance recruitment and retention of mental and substance use disorders treatment, prevention, and recovery support practitioners, including those who work with underserved and under-resourced populations.

4. Provide training to staff at multiple levels: system, community, clinical, etc. in the CLAS Standards.

5. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

You must collect and report data for SAMHSA to 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 D of the Project Narrative.

The following data will be entered in SAMHSA's Performance Accountability and Reporting System (SPARS) using the Training and Technical Assistance (TTA) Program Monitoring tool:

1. Event Description data on each project event (e.g., meeting, technical assistance, training event). The data must be collected and entered into SPARS within 7 days after each event using the event description form.
2. Voluntary survey data from participants after each event using the TTA Post Event form. Anonymous voluntary survey responses must be entered in SPARS within 7 days after the event.
3. Follow-up survey data for events that are longer than three hours. For participants who agree to be contacted, the TTA Follow-Up form will be used 60 days after the end of the event. The data must be entered into SPARS 120 days after the event.

Training and technical assistance on SPARS data collection and reporting will be provided after award.

The data you collect allows SAMHSA to report on key outcome measures. Performance measures are also used to show how programs reduce disparities in behavioral health access, increase client retention, expand service use, and improve outcomes. Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

You will also be expected to collect and report on the following data (must be disaggregated by types of activities, race and ethnicity and language when possible):

- The number of individuals trained in SUD treatment and recovery topics.
- The number of activities aimed at educating the SUD treatment and recovery workforce and community.

- The extent to which individuals were satisfied with the overall quality of the event.
- The extent to which individuals expected the event to benefit them or their community.
- The extent to which individuals expected the event to improve their ability to work effectively.
- The number of individuals who indicate intent to adopt a new strategy, resource, or approach into their SUD treatment and recovery work.
- The extent to which individuals would recommend the event to a friend or colleague.

If deemed necessary by SAMHSA, recipients are required to participate in a multi-site evaluation in partnership with evaluation contractors and other SAMHSA-funded training and technical assistance recipients. You will be provided with additional requirements on the scope and expectations of the evaluation upon award.

Project Performance Assessment

Recipients must periodically review their performance data to assess their progress and use this information to improve the management of the project. The project performance assessment allows recipients to determine whether their goals, objectives, and outcomes are being achieved and if changes need to be made to the project. This information is included in your Programmatic Progress Report (See Section VI.3 for a description of reporting requirements).

In addition, one key part of the performance assessment is determining if your project has or will have the intended impact on behavioral health disparities. You will be expected to collect data to evaluate whether the disparities you identified in your Disparity Impact Statement (DIS) are being effectively addressed.

For more information, see the *Application Guide, Section D - Developing Goals and Measurable Objectives and Section E - Developing the Plan for Data Collection and Performance Measurement.*

6. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

SAMHSA expects you to use funds to implement high quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to improve

behavioral health.[7] These are part of SAMHSA's core principles as documented in our strategic plan.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recipients promote partnerships with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster:

- *Health*—managing one's illnesses or symptoms and making informed, healthy choices that support physical and emotional well-being;
- *Home*—having a stable and safe place to live;
- *Purpose*—conducting meaningful daily activities such as a job or school; and
- *Community*—having supportive relationships with families, friends, and peers.

Recovery-oriented systems of care embrace recovery as:

- emerging from hope;
- person-driven, occurring via many pathways;
- holistic, supported by peers and allies;
- culturally-based and informed;
- supported through relationship and social networks;
- involving individual, family, and community strengths and responsibility;
- supported by addressing trauma; and based on respect.

Trauma-informed approaches recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events. A trauma-informed approach is defined through six key principles:

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer Support:* peer support and mutual self-help are vehicles for establishing safety and hope, building trust, enhancing collaboration, and using lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: organizational decisions are conducted to build and maintain trust with participants and staff;
- C*ollaboration and Mutuality:* importance is placed on partnering and leveling power differences between staff and service participants;
- *Cultural, Historical, & Gender Issues*: culture- and gender-responsive services are offered while moving beyond stereotypes/biases;

[7] "Behavioral health" means the promotion of mental health, resilience and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

- *Empowerment, Voice, and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.

It is critical for recipients to promote the linkage to recovery and resilience for those individuals and families affected by trauma.

Behavioral health equity is the right to access high-quality and affordable health care services and supports for all populations, regardless of the individual's race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual orientation, or geographical location. By improving access to behavioral health care, promoting quality behavioral health programs and practices, and reducing persistent disparities in mental health and substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with promoting access to high quality services, behavioral health disparities can be further mitigated by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

Behavioral Health Disparities

If your application is funded, you must submit a Behavioral Health Disparity Impact Statement (DIS) no later than 60 days after award. See *Section G of the Application Guide.* Progress and ev**al**uation of DIS activities must be reported in the annual progress reports (see Section VI.3, Reporting Requirements).

The DIS is a data-driven quality improvement approach to advance equity for all. It is used to identify underserved and historically under-resourced populations at the highest risk for experiencing behavioral health disparities. The purpose of the DIS is to create greater inclusion of underserved populations in SAMHSA's grants.

The DIS aligns with the expectations related to Executive Order 13985.

Language Access Provision

Per Title VI of the Civil Rights Act of 1964, recipients of federal financial assistance must take reasonable steps to make their programs, services, and activities accessible to eligible persons with limited English proficiency. Recipients must administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See the *Application Guide, Section J - Administrative and National Policy Requirements.*)

Tribal Behavioral Health Agenda

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board, developed the National Tribal Behavioral Health Agenda (TBHA). Tribal

applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies their application addresses.

Tobacco and Nicotine-free Policy

You are encouraged to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except accepted tribal traditions and practices).

Behavioral Health for Military Service Members and Veterans

Recipients are encouraged to address the behavioral health needs of active-duty military service members, national guard and reserve service members, returning veterans, and military families in designing and implementing their programs. You should consider prioritizing this population for services, where appropriate.

Inclusion of People with Lived Experience Policy

SAMHSA recognizes that people with lived experience are fundamental to improving mental health and substance use services and should be meaningfully involved in the planning, delivery, administration, evaluation, and policy development of services and supports to improve processes and outcomes.

Behavioral Health for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex (LGBTQI+) Individuals

In line with the Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals (E.O. 14075) and the behavioral health disparities that the LGBTQI+ population faces, you are encouraged to address the behavioral health needs of this population in designing and implementing your programs.

Behavioral Health Crisis and Suicide Prevention

Recipients encouraged to develop policies and procedures that identify individuals at risk of suicide/crisis; and utilize or promote SAMHSA national resources such as the 988 Suicide & Crisis Lifeline, the SAMHSA Helpline/Treatment Locator, and FindSupport.gov.

7. RECIPIENT MEETINGS

SAMHSA, in collaboration with the ATTC National Coordinating Office, will hold an in-person meeting in year 1. Recipients must send a maximum of three people, including the Project Director, Project Coordinator, and Evaluator to these recipient meetings. For this cohort, ATTC Network Meetings will be held in years 1, 2, 3, and 4 of the award, in conjunction with one out of 3 of the annual ATTC Steering Committee Meetings.

Recipients must submit a detailed budget and narrative for this travel. These meetings are usually held in the Washington, D.C., metropolitan area for two and a half days. If SAMHSA elects to hold a virtual meeting, budget revisions may be permitted.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Cooperative Agreement
Estimated Total Available Funding:	Up to $8,956,357
Estimated Number of Awards:	Up to 11
Estimated Award Amount:	ATTC Regional Centers: Up to $777,850 per year, inclusive of indirect costs ATTC National Coordinating Office: Up to $1,177,850 per year, inclusive of direct costs
Length of Project Period:	Up to 5 years
Anticipated State Date:	September 30, 2024

Proposed budgets for ATTC Regional Centers cannot exceed $777,850 in total costs (direct and indirect) in any year of the proposed project. Proposed budgets for the ATTC National Coordinating Office cannot exceed $1,177,850 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

2. COOPERATIVE AGREEMENT REQUIREMENTS

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

Role of Recipient:

The Recipient must:

1) Comply with terms and conditions of the cooperative agreement award, and

2) Collaborate with SAMHSA staff in project implementation and monitoring.

3) Participate in ATTC topical work groups established to facilitate accomplishment of ATTC Network-wide activities.

4) Submit bi-monthly reports.

Role of SAMHSA Staff:

The GPO handles programmatic monitoring, including regular calls that may involve the Grants Management Specialist (GMS) and site visits. The GPO will work with you on implementing program and evaluation activities and will make recommendations about program continuance. Your GPOs will also oversee the publication of any project results and packaging and dissemination of products and materials to make the findings available to the field. SAMHSA staff will:

1) Review or approve one stage of a project before work may begin on a later stage during a current approved project period.
2) Participate on committees, such as policy and steering workgroups, which guide the course of long-term projects or activities.
3) Recommend outside consultants for training, site-specific evaluation, and data collection.
4) Maintain regular communication with recipients through routine conference calls and the provision of technical assistance and consultation.
5) Oversee development and implementation of a multi-site evaluation in partnership with evaluation contractors and recipients.
6) Review and approve all key personnel.
7) Review and approve performance data and progress reports.

The GMS is responsible for all business management aspects of negotiation, award, and financial and administrative aspects of the cooperative agreement. The GMS uses information from site visits, reviews of expenditure and audit reports, and other appropriate means to ensure the project operates in compliance with all applicable federal laws, regulations, guidelines, and the terms and conditions of award.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are States and Territories (Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia, political subdivisions of States, Indian tribes, or tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private non-profit entities.

All non-profit entities must provide documentation of their non-profit status in **Attachment 8** of your application.

An organization may apply for both an ATTC Regional Center and the ATTC National Coordinating Office; however, a separate application must be submitted for each Center. **You must specify in A.1 of the Project Narrative whether you are applying for the ATTC National Coordinating Office or an ATTC Regional Center. Organizations applying for an ATTC Regional Center must be located in one of the States that is part of the selected HHS Region.** If an applicant submits a high-scoring application for an ATTC Regional Center and the ATTC National Coordinating Office, both applications could be funded.

For general information on eligibility for federal awards, see https://www.grants.gov/applicants/applicant-eligibility.html.

2. COST SHARING and MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER REQUIREMENTS

There are no additional requirements for this program.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

The application forms package can be found at Grants.gov Workspace or eRA ASSIST. Due to potential difficulties with internet access, SAMHSA understands that applicants may need to request paper copies of materials, including forms and required documents. See *Section A of the Application Guide* for more information on obtaining an application package.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

REQUIRED APPLICATION COMPONENTS

You must submit the standard and supporting documents outlined below and in *Section A 2.2 of the Application Guide (Required Application Components)*. All files uploaded as part of the application must be in Adobe PDF file format. See *Section B of the Application Guide* for formatting and validation requirements.

SAMHSA will not accept paper applications except under special circumstances. If you need special consideration the waiver of this requirement must be approved in advance. See *Section A - 3.2 of the Application Guide (Waiver of Electronic Submission)*.

- **SF-424** – Fill out all Sections of the SF-424.
  - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the PD/PI.
  - In **Line 8f**, the name and contact information should reflect the Project Director identified in the budget and in Line 4 (eRA Commons Username).
  - In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2024; b. End Date: 9/29/2029.
  - In **Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
  - **Line 21** is the authorized official and should not be the same individual as the Project Director in Line 8f.

  New applicants should review the sample of a completed SF-424.

- **SF-424A BUDGET INFORMATION FORM –** Fill out all Sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**

  - **Section A –** Budget Summary: If cost sharing/match is **not required**, 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. If cost sharing/match **is required**, use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.

  - **Section B** – Budget Categories: If cost sharing/match is **not required**, 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. If cost sharing/match is required, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.

  - **Section C –** If cost sharing/match is **not required,** leave this section blank. If cost sharing/match **is required** use the second row (line 9) to report non-federal match for the **first year** only.

  - **Section D** – Forecasted Cash Needs: enter 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 (Line 14) for **non-federal** funds.

  - **Section E** – Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (e.g., Year 2, Year 3, Year 4, and Year 5). For example, if funds are being requested for five years in total, enter the requested budget amount for each budget period in columns b, c, d, and e (i.e., 4 out years). — (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period; (d) Third column is the budget for the fourth budget period; (e)

Fourth column is the budget for the fifth budget period. Use Line 16 for federal funds and Line 17 for non-federal funds.

See *Section B of the Application Guide* to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

See instructions on completing the SF-424A form at:

- Sample SF-424A (No Match Required)

It is highly recommended that you use the Budget Template on the SAMHSA website.

- **PROJECT NARRATIVE – (Maximum 10 pages total)**
  The Project Narrative describes your project. It consists of Sections A through D. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) Instructions for completing each section of the Project Narrative are provided in Section V.2 – Application Review Information.

- **BUDGET JUSTIFICATION AND NARRATIVE**
  You must submit the budget justification and narrative as a file entitled "BNF" (Budget Narrative Form). (See *Section A – 2.2 of the Application Guide - Required Application Components.*)

- **ATTACHMENTS 1 THROUGH 8**

  Except for Attachment 4 (Project Timeline), do not include any attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider these attachments.

  To upload the attachments, use the:
  - Other Attachment Form if applying with Grants.gov Workspace.
  - Other Narrative Attachments if applying with eRA ASSIST

  - ***Attachment 1: Letters of Commitment***
    Include Letters of Commitment from any organization(s) partnering in the project. (**Do not include any letters of support. Reviewers will not consider them.**)
  - ***Attachment 2: Data Collection Instruments/Interview Protocols***
    You do not need to include standardized data collection instruments/interview protocols in your application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, submit a copy. Provide a publicly available web link to the appropriate instrument/protocol.

- ***Attachment 3: Sample Consent Forms***
  Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in the training and (2) informed consent for participation in the data collection component of the project.

- ***Attachment 4: Project Timeline***
  Reviewers will assess this attachment when scoring Section B of your Project Narrative. The timeline cannot be more than two pages. See instructions in Section V, B.3.

- ***Attachment 5: Biographical Sketches and Position Descriptions***
  See *Section F of the Application Guide - Biographical Sketches and Position* Descriptions for information on completing biographical sketches and job descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages or less.

- ***Attachment 6: Letter to the State Point of Contact***
  Review information in Section IV.6 and see *Section I of the Application Guide - Intergovernmental Review* for detailed information on E.O. 12372 requirements to determine if this applies to you.

- ***Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines***
  This **required** attachment is in response to *Section C of the Application Guide* and reviewers will assess the response.

- ***Attachment 8: Documentation of Non-profit Status***
  Proof of non-profit status must be submitted by private non-profit organizations. Any of the following is acceptable evidence of non-profit status:
  - A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations as described in section 501(c)(3) of the IRS Code.
  - A copy of a current and valid Internal Revenue Service tax exemption certificate.
  - A statement from a State taxing body, State Attorney General, or other appropriate state official certifying the applicant organization has a non-profit status.
  - A certified copy of the applicant organization's certificate of incorporation or similar document that establishes non-profit status; or
  - Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

3. UNIQUE ENTITY IDENTIFIER/SYSTEM FOR AWARD MANAGEMENT

Section A of the Application Guide has information about the three registration processes you must complete including obtaining a Unique Entity Identifier and registering with the System for Award Management (SAM). You must maintain an active SAM registration throughout the time your organization has an active federal award or an application under consideration by an agency. This does not apply if you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110**.**

4. APPLICATION SUBMISSION REQUIREMENTS

Submit your applications no later than 11:59 PM (Eastern Time) on **June 10, 2024.** If an organization is submitting more than one application, the project title should be different for each application.

If you have been granted permission to submit a paper copy, the application must be received by the above date and time. Refer to *Section A of the Application Guide* for information on how to apply.

All applicants MUST be registered with NIH's eRA Commons, Grants.gov, and the System for Award Management (**SAM.gov**) **in order to submit this application.** The process could take up to six weeks**.** (See *Section A of the Application Guide* for all registration requirements).

If an applicant is not currently registered with the eRA Commons, Grants.gov, and/or SAM.gov, the registration process MUST be started immediately. If an applicant is already registered in these systems, confirm the SAM registration is still active and the Grants.gov and eRA Commons accounts can be accessed.

WARNING: BY THE DEADLINE FOR THIS NOFO THE FOLLOWING TASKS MUST BE COMPLETED 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.

DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT THE APPLICATION. Waiting until the last minute, may result in the application not being received without errors by the deadline.

5. FUNDING LIMITATIONS/RESTRICTIONS

The funding restrictions for this project must be identified in your proposed budget for the following:

- Food is an unallowable expense.
- The indirect cost rate may not exceed **8 percent** of the proposed budget. Even if an organization has an established indirect cost rate, under training awards, SAMHSA reimburses indirect costs at a fixed rate of **8 percent** of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of $25,000. (45 CFR Part 75.414)

Recipients must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in *Section H of the Application Guide.*

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

All SAMHSA programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) 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 the *Application Guide, Section I (Intergovernmental Review)* for additional information on these requirements as well as requirements for the Public Health System Impact Statement (PHSIS).

7. OTHER SUBMISSION REQUIREMENTS

See *Section A of the Application Guide* for specific information about submitting your application.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes your plan for implementing the project. It includes the Evaluation Criteria in Sections A–D below. Your application will be reviewed and scored according to your response to the evaluation criteria.

In developing the Project Narrative, use these instructions:

- The Project Narrative (Sections A–D) may be no longer than **10 pages.**
- You must use the four sections/headings listed below in developing your Project Narrative.

- **Before the response to each criterion, you must indicate the section letter and number**, **i.e., "A.1", "A.2", etc.** You do not need to type the full criterion in each section.

- Do not combine two or more criteria 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. **Reviewers will only consider information included in the appropriate numbered criterion.**

- Your application will be scored based on how well you address the criteria in each section.

- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining the overall section score.

- Any cost-sharing proposed in your application will not be a factor in the evaluation

SECTION A: Population of Focus and Statement of Need
(20 points – approximately 2 pages)

1. Specify whether you are applying for the ATTC National Coordinating Office or an ATTC Regional Center. Describe the geographic area where the project will be implemented and the population(s) of focus (training and/or technical assistance [TA] recipients) that will be impacted by this project, including underserved and historically under-resourced populations to the extent possible.
2. Provide a demographic profile of the population(s) of focus in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
3. Describe the service gaps, barriers, and other problems related to the need for training and/or TA with the population(s) of focus in the proposed geographic area. Identify the source of the data (for example, the National Survey on Drug Use and Health (NSDUH), County Health Rankings & Roadmaps, Social Vulnerability Index, etc.).

SECTION B: Proposed Implementation Approach
(35 points – approximately 5 pages not including Attachment 4 - Project Timeline)

1. Describe the goals and measurable objectives of your project and align them with the Statement of Need described in A.2 (see the Application Guide, *Section D* - Developing Goals and Measurable Objectives) for information of

how to write SMART objectives – Specific, Measurable, Achievable, Relevant, and Time-bound). Provide the following table:

Number of Unduplicated Individuals to be Trained with Award Funds					
Year 1	Year 2	Year 3	Year 4	Year 5	Total

2. Describe how you will implement the Required Activities in Section I.

3. In **Attachment 4,** provide no more than a two-page chart or graph depicting a realistic timeline for the entire five (5) years of the project period showing dates, key activities, and responsible staff. **[NOTE: The timeline does not count towards the page limit for the Program Narrative.]**

SECTION C: Staff and Organizational Experience
(30 points – approximately 2 pages)

1. Describe the experience of your organization with similar projects and/or providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities, including providing training/TA to the population(s) of focus. Demonstrate the experience of your organization working with diverse populations, including underserved and historically under-resourced populations and how it is reflected in your staffing.

2. Identify any other organizations that will partner in the project. Describe their experience providing the required activities and their specific roles and responsibilities for this project. Describe the diversity of partnerships. If applicable, include Letters of Commitment from each partner in **Attachment 1.** If you are not partnering with any other organization(s), indicate so in your response.

3. Provide a complete list of staff positions for the project, including the Key Personnel (i.e., Project Director, Program Coordinator, and Evaluator) and other significant personnel. For each staff member describe their:
   - Role;
   - Level of effort; and
   - Qualifications, including their experience providing services to the population(s) of focus, familiarity with the culture(s) and language(s), and working with underserved and historically under resourced populations.

SECTION D: Data Collection and Performance Measurement (15 points – approximately 1 page)

1. Describe how you will collect the required data for this program and how such data will be used to manage, monitor, and enhance the program. (S*ee* the *Application Guide, Section E – Developing the Plan for Data Collection and Performance Measurement*).

2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT (Other federal and non-federal sources)

You must provide a narrative justification of the items included in your budget. In addition, if applicable, you must provide a description of existing resources and other support you expect to receive for the project as a result of cost matching. Other support is defined as funds or resources, 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., sporting events, entertainment.

See the *Application Guide, Section K – Budget and Justification* for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.** Your budget must reflect the funding limitations/restrictions noted in Section IV-5. I**dentify the items associated with these costs in your budget.**

3. REVIEW AND SELECTION PROCESS

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

Award decisions are based on the strengths and weaknesses of your application as identified by peer reviewers. Note the peer review results are advisory and there are other factors SAMHSA might consider when making awards.

The program office and approving official make the final decision for funding based on the following;

- Approval by the Center for Substance Abuse Treatment National Advisory Council (NAC) when the award is over $250,000.
- Availability of funds.
- Submission of any required documentation that must be received prior to making an award.
- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization in SAM.gov. 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). You may include in your proposal any comments on any information entered into the R/Q section in SAM.gov about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in R/Q, in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

VI. FEDERAL AWARD ADMINISTRATION INFORMATION

1. FEDERAL AWARD NOTICES

You will receive an email from eRA Commons that will describe how you can access the results of the review of your application, including the score that your application received.

If your application is approved for funding, a Notice of Award (NoA) will be emailed to the following: (1) the Signing Official identified on page 3 of the SF-424 (Authorized Representative section); and (2) the Project Director identified on page 1 of the SF-424 (8f). The NoA is the sole obligating document that allows recipients to receive federal funding for the project.

If your application is not funded, an email will be sent from eRA Commons.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

If your application is funded, you must comply with all terms and conditions of the NoA. See information on standard terms and conditions. See the *Application Guide, Section J - Administrative and National Policy Requirements* for specific information about these requirements. You must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS 690). To learn more, see the HHS Office for Civil Rights website.

In addition, if you receive an award, HHS may terminate it if any of the conditions in CFR § 200.340 (a)(1)-(4) are met. No other termination conditions apply.

3. REPORTING REQUIREMENTS

1. Recipients must conduct an annual needs assessment and develop an annual workplan. The annual workplan must be submitted to the GPO within two months of the beginning of each budget period.

2. Recipients must submit semi-annual Programmatic Progress Reports (at 6 months and at 12 months) in Year 1, then an annual report in the subsequent years. The progress report at six months is due within 30 days of the end of the second quarter. The report must discuss:

    - Updates on key personnel, budget, or project changes (as applicable)
    - Progress achieving goals and objectives and implementing evaluation activities
    - Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges
    - Problems encountered serving the populations of focus and efforts to overcome them
    - Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes, or adjustments as part of a quality improvement plan.

3. The ATTC National Coordinating Office must develop and submit a communication and marketing plan within 120 days of the award for the GPO's approval. In subsequent years, the plan must be updated and submitted for the GPO's approval within two months of the beginning of each budget period.

    - For year one, the plan must include coordinating with the other TTC networks to carry out and complete the renaming and rebranding of the TTC program while taking into consideration feedback from stakeholders (e.g., physical and behavioral health professionals, states, communities, provider organizations). The revised TTC program name must be submitted to the GPO for approval.
    - For year one and beyond, the plan must, at a minimum, specify the strategies and timelines the ATTC network plans to use to reach diverse stakeholders and measure the results of those efforts; discuss outreach to stakeholders; and include working with the other TTC networks, other SAMHSA-funded training and technical assistance programs, particularly SAMHSA's ORN, and similar programs funded by other HHS agencies or Departments (e.g., U.S. Departments of Housing and Urban Development, Justice, Education).

4. You must submit a final performance report within 120 days after the end of the project period. This report must be cumulative and report on all activities during the entire project period.

Management of Award: Recipients must also comply with standard award management reporting requirements unless otherwise noted in the NOFO or NoA.

VII. AGENCY CONTACTS

For program and eligibility questions, contact:

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For grant review process and application status questions, contact:

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