

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

**Cooperative Agreement to Benefit Homeless  
Individuals - States**

**(Short Title: CABHI-States)**

**(Initial Announcement)**

**Request for Applications (RFA) No. SM-14-010**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by April 14, 2014.</b>
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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment and Center for Mental Health Services is accepting applications for fiscal year (FY) 2014 Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States). The purpose of this jointly funded program is to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent housing; peer supports; and other critical services for the following: veterans who experience homelessness or chronic homelessness, and other individuals (non-veterans) who experience chronic homelessness. SAMHSA funds must be used to serve individuals with substance use disorders, serious mental illnesses (SMI), (e.g., diagnostic criteria including but not limited to schizophrenia, bipolar disorder, and SMI functional criteria), or co-occurring substance use and mental disorders. SAMHSA seeks to increase the number of program-enrolled individuals placed in permanent housing that supports recovery through comprehensive treatment and recovery-oriented services for behavioral health.

<b>Funding Opportunity Title:</b>	Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States)
<b>Funding Opportunity Number:</b>	<b>SM-14-010</b>
<b>Due Date for Applications:</b>	April 14, 2014
<b>Anticipated Total Available Funding:</b>	\$21.054 million (47.72 percent from CSAT's Treatment Systems for Homeless and 52.28 percent from CMHS' Homeless Prevention Program)
<b>Estimated Number of Awards:</b>	Up to 18 awards
<b>Estimated Award Amount:</b>	Up to \$1.2 million (47.72 percent from CSAT's Treatment Systems for Homeless and 52.28 percent from CMHS' Homeless Prevention Program). Each grant award will consist of 47.72 percent CSAT funds and 52.28 percent CMHS funds, even if an applicant requests less than the maximum award amount.
<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	Up to 3 years

<b>Eligible Applicants:</b>	Eligible applicants are States; the applicant agency should be either the State Mental Health Authority (SMHA) or the Single State Agency (SSA) for Substance Abuse.  [See <u>Section III-1</u> of this RFA for complete eligibility information.]
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# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment and Center for Mental Health Services is accepting applications for fiscal year (FY) 2014 Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States). The purpose of this jointly funded program is to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent housing; peer supports; and other critical services for the following: veterans who experience homelessness or chronic homelessness, and other individuals (non-veterans) who experience chronic homelessness. SAMHSA funds must be used to serve individuals with substance use disorders, serious mental illnesses (SMI), (e.g., diagnostic criteria including but not limited to schizophrenia, bipolar disorder, and SMI functional criteria), or co-occurring substance use and mental disorders. SAMHSA seeks to increase the number of program-enrolled individuals placed in permanent housing that supports recovery through comprehensive treatment and recovery-oriented services for behavioral health.

As a result of this program SAMHSA expects the following outcomes: 1) increased number of strategies associated with addressing the needs of veterans who experience homelessness, veterans who experience chronic homelessness and individuals who experience chronic homelessness who also have behavioral health disorder(s); 2) increased number of individuals who receive behavioral health and recovery support services in permanent housing; and 3) increased number of individuals placed in permanent housing and enrolled in Medicaid and other mainstream benefits (e.g., SSI/SSDI, TANF, SNAP).

The major goal of the CABHI-States program is to ensure, through state and local planning and service delivery, that veterans who experience homelessness or chronic homelessness, and other individuals (non-veterans) who experience chronic homelessness (hereinafter collectively referred to as “population of focus”) receive access to sustainable permanent housing, treatment, recovery supports, and Medicaid and other mainstream benefits. To achieve this goal, SAMHSA funds will support three primary types of activities:

1. Enhancement or development of a statewide plan to ensure sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support individuals (including veterans) who experience chronic homelessness and veterans who experience homelessness.
2. Delivery of behavioral health, housing support, peer, and other recovery-oriented services.

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

Grant funds may not be used when individuals have access to other resources that cover the same services (e.g., HUD-Veterans Affairs Supportive Housing [VASH]). Grantees must use SAMHSA funds in a way that is complementary to Medicaid, HUD, VA and other benefits.

In 2010, the U.S. Interagency Council on Homelessness (USICH) approved Opening Doors, a Federal Strategic Plan to Prevent and End Homelessness. One of the goals of this Strategic Plan is to achieve the goal of ending homelessness for veterans and chronic homelessness in general by 2015. SAMHSA is committed in the effort to achieve this and other goals in the Federal Strategic Plan. This program prioritizes veterans who experience homelessness or chronic homelessness and other individuals (non-veterans) who experience chronic homelessness with serious mental illness, substance use disorders or co-occurring substance use and mental disorders.

On a single night in January 2013, there were an estimated 610,042 sheltered and unsheltered people who are homeless nationwide. Of those, approximately 109,132 were experiencing chronic homelessness and approximately 57,849 were identified as veterans experiencing homelessness.

Persons experiencing homelessness have higher rates of substance use and problems with mental health, physical health, legal, and employment issues than those with permanent housing. Although the relationship between housing status and clinical treatment outcomes is a complex one, some studies suggest that associations exist between stable housing, lower utilization of hospital services, and more positive treatment outcomes among certain populations. Permanent housing that is offered following or concurrent with recovery oriented and treatment focused integrated care models can result in improved clinical outcomes.

The linkage between stable permanent housing and behavioral health services is critical for recovery. For many in recovery from substance use disorders, drug-free housing can assist with achieving long-term recovery. Such “recovery housing” can be provided through a variety of models ranging from peer-run, self-supported, drug-free homes to community-based housing that includes a range of supportive services.

SAMHSA has demonstrated that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental, substance use, and co-occurring mental and substance use disorders. To continue to improve the delivery and financing of prevention, treatment and recovery support services, SAMHSA has identified eight Strategic Initiatives to focus the Agency’s work on people and emerging

opportunities. More information is available at the SAMHSA Web site: <http://beta.samhsa.gov/about-us/strategic-initiatives>. This program specifically aligns with SAMHSA's Recovery Support Strategic Initiative and addresses, the expected impact on behavioral health disparities. See Appendix I: Addressing Behavioral Health Disparities).

CABHI-States is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4<sup>th</sup> month of the project at the latest.

CABHI-States grants are authorized under Sections 509 and 520A of the Public Health Service Act, as amended. This jointly funded program will allow enrollment of individuals with substance use disorders or serious mental illnesses and/or co-occurring substance use and mental disorders. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

## **Definitions**

For the purposes of this RFA, the term "behavioral health" refers to a state of mental/emotional health and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental and substance use disorders. The term is also used to describe the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders and related problems, treatments and services for mental and substance use disorders, and recovery support.

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

"Permanent Housing (PH)" means community-based housing without a designated length of stay (e.g., no limit on the length of stay). The phrase "permanent housing that supports recovery" refers to housing that is considered permanent (rather than temporary or short-term) and offers tenants a range of supportive services aimed at promoting recovery from mental and/or substance use disorders. There should not be any arbitrary limits for the length of stay for the tenant as long as the tenant complies with the lease requirements (consistent with local landlord-tenant law).

"Homeless" as characterized under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, and defined by the December 5, 2011, Final Rule Defining Homeless (76 FR 75994), establishes four categories of homelessness. These categories are: (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in

an emergency shelter or a place not meant for human habitation immediately before entering that institution; (2) Individuals and families who will imminently lose their primary nighttime residence; (3) Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or (4) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

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

“Chronic homelessness” as characterized under the McKinney-Vento Homeless Assistance Act, as amended by S. 896 of the “Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 means, with respect to an individual or family, that the individual or family— (i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.” In addition, a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days shall be considered chronically homeless if such person met all of the requirements described above prior to entering that facility.

## **2. EXPECTATIONS**

SAMHSA expects grantees to develop and implement an array of integrated services and supports designed to reduce homelessness and chronic homelessness among the population of focus and to provide treatment and recovery-oriented care for substance use and mental health disorders. This service array should involve collaboration across multiple organizations. Grantees must use SAMHSA’s services grant funds primarily to support allowable direct services to clients. Services may be provided by the grantee, purchased through sub-award to local governmental behavioral health entities who are responsible for administering behavioral health services directly or through contractual agreements.

The CABHI-States program involves both state infrastructure and direct services delivery components. All activities share a common goal of building a solid foundation

for sustaining an effective, integrated treatment and recovery support services system for the population of focus.

These cooperative agreements are designed to bring together stakeholders across the homeless-service system to develop and/or enhance a State Interagency Council on Homelessness. This is a coordinated network that will develop policies, expand workforce capacity, disseminate best practices, and implement mechanisms and other reforms to improve the integration and efficiency of recovery support systems for the population of focus. Concurrently, local governmental behavioral health entities will be funded to enhance and expand the delivery of evidence-based practices for treatment of substance use disorders, serious mental illnesses, or co-occurring substance use and mental disorders for the population of focus.

If your application is funded, you will be expected to develop a health disparities impact statement. This statement consists of three parts: (1) proposed number of individuals to be served by subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities; (2) proposed quality improvement plan to decrease the differences in **access, service use, and outcomes** among those subpopulations; and (3) the quality improvement plan should include alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See [Appendix I: Addressing Behavioral Health Disparities.](#))

Grantees must screen and assess clients for the presence of substance use disorders, serious mental illnesses, and co-occurring substance use and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having substance use, serious mental illness or co-occurring disorders. Grantees will be required to report aggregate diagnostic data utilizing (DSM-5) information for all enrolled clients.

### Funding Allocation

SAMHSA's Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) is jointly funding awards in this funding announcement to allow states to enhance both infrastructure development and their treatment service systems to increase capacity to provide comprehensive behavioral health treatment and recovery supports for veterans who experience homelessness or chronic homelessness, and other individuals (non-veterans) who experience chronic homelessness. Joint funding allows grantees to use funds to provide services for individuals that have behavioral health needs including SMI, substance use, and co-occurring substance use and mental disorders.

Although CSAT and CMHS funds are jointly funding a spectrum of infrastructure, treatment and recovery support services, **applicants must track and report the use of funds separately.** Regardless of the total amount of grant funding requested by the applicant, the total project costs in the proposed budget must reflect a split of 47.72 percent CSAT funds and 52.28 percent CMHS funds. Applicants must submit one

budget that includes a column for CMHS requested funds and a column for CSAT requested funds. ([See Appendix G – Sample Budget and Justification](#)).

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

Only CMHS funds can be used to pay for treatment and recovery support services for individuals who have a serious mental illness. CMHS funds **cannot** be used to pay for treatment and recovery support services for individuals with **only** a substance use disorder.

Only CSAT funds can be used to pay for treatment and recovery support services for individuals who have a substance use disorder. CSAT funds **cannot** be used to pay for treatment and recovery support service for individuals with **only** a mental disorder.

Grantees may receive up to \$572,638 (47.72 percent) per year from CSAT and up to \$627,362 (52.28 percent) per year from CMHS for a total of \$1.2 million per year.

Grantees may use **up to 15% (i.e., \$180,000) of the total grant award** for infrastructure development/improvements at the state level; **up to 20% (i.e., \$36,000) of this amount** may be used for data collection and performance measurement, and performance assessment (see Sections I-[2.4](#) and [2.5](#)).

Grantees must also devote **not less than 85% (i.e., \$1,020,000) of the total grant award** to expand, enhance, and provide treatment and recovery services for the population of focus through sub-awards to local governmental behavioral health entities that are responsible for administering behavioral health services either directly or through contractual agreements; community-based treatment sites are not eligible for sub-awards. Each local governmental behavioral health entity may use **up to 10% of their funds** for data collection and performance measurement, and performance assessment (see Sections I-[2.4](#) and [2.5](#)).

Grantees and sub-awardees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Affairs or senior services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are secured first when available for that individual.

## 2.1 State Infrastructure Development

Grantees may use up to 15% (i.e., \$180,000) of the award to increase/improve their capacity statewide to provide effective, accessible treatment and recovery support services and to create a more integrated and collaborative system of care for the population of focus. Applicants are required to address the following areas of infrastructure development/improvements at the state level.

### Required Activities

The proposed project is **required** to include the following:

- Establishing a State Interagency Council on Homelessness, co-led by the grantee and partnering behavioral health authority, to meet the goals outlined in this RFA. If an existing State Interagency Council on Homelessness exists, the grantee may use the existing Council if the membership requirements are met and if the existing Council agrees to focus a portion of activities on the population of focus. In addition to the co-leads, the State Interagency Council on Homelessness members must be comprised of, at a minimum, representatives from the state Medicaid Agency, State Interagency Council on Homelessness (if applicable in state), health department, veterans affairs, public housing authorities, local governmental behavioral health entities, individuals (veteran and non-veteran) who are experiencing homelessness or have experienced homelessness and are recovering from serious mental illnesses, substance use disorders, or co-occurring substance use and mental disorders, state SSI/SSDI Outreach, Access, and Recovery (SOAR), community-based CABHI grantee (if applicable in state), and the SAMHSA government project officer. Membership requires standardized signed contracts or signed MOUs. The State Interagency Council on Homelessness should meet at least quarterly per year.

Additional membership based on the goals, objectives, or specific population of focus is encouraged (e.g., criminal justice, governor's office of criminal justice/crime control, state Health Information Technology (HIT) coordinator, other service providers, etc.).

- Enhancement or development of a statewide plan to ensure sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support the population of focus. These responsibilities include but are not limited to: identifying service gaps, participating in infrastructure reform, policy development, involving veterans or other individuals who experience homelessness or chronic homelessness at the policy and practice level. **Note: The draft statewide plan is due by the 2<sup>nd</sup> month of the grant project.** Examples of desired outcomes of the plan, include:

- Identify and develop, through partnership with the state Medicaid eligibility/determination office, a process that accelerates and streamlines Medicaid enrollment.
- Develop Medicaid provisions (e.g., Medicaid billable services) that are used to cover the various services needed for the population of focus served by this program.
- Assist substance abuse treatment, mental health service, and homeless providers in becoming Medicaid providers and developing Medicaid reimbursement mechanisms.
- Engage and provide enrollment assistance to the population of focus for Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP, etc.).
- Identify and promote referral of Medicaid-eligible persons to primary care providers as needed.
- Identify, develop, and train staff on SOAR and create partnerships with the SSA offices to address seamless processing for SSI/SSDI applications.
- Train case managers and other staff on medical documentation needs of individuals seeking mainstream benefits.

In addition to required activities, other **allowable** infrastructure activities include the following types of activities:

- Assist providers in implementing HIT solutions to support effective coordination of care for the population of focus. Activities could include supporting adoption and/or enhancing of management information system (MIS), certified electronic health records (EHRs), telehealth systems, mobile apps, tablet based delivery of assessments, care coordination dashboards, etc., to document and manage client needs, to improve workflow, to provide clinical decision support to improve delivery of services, to enable integration and coordination with related support services, etc. (see Appendix J).
- Training/workforce development to help staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.

## 2.2 Local Governmental Behavioral Health Entities

Grantees must use not less than 85% (i.e., \$1,020,000) of the award for the provision of direct treatment and recovery support services for the population of focus who have attained permanent housing as part of this grant effort. Applicants must identify the local governmental behavioral health entities that will provide treatment and recovery

support services to the population of focus who have been newly placed in permanent housing; applicants may make one or more subawards. Each of the local governmental behavioral health entities may use up to 10% of their award for data collection and performance measurement, and performance assessment (see Sections I-2.4 and 2.5).

Local governmental behavioral health entities may provide services directly or through contractual agreements with providers such as: substance use or mental health treatment provider agencies, peer providers, health centers, housing entities, primary care, or other agencies that serve the population of focus that can meet the requirements specified in this RFA.

States must ensure that Local Governmental Behavioral Health Entities follow protocols for the tracking and reporting of funds in this jointly funded program as mentioned below:

Although CSAT and CMHS funds are jointly funding a spectrum of infrastructure, treatment and recovery support services, applicants must track and report the use of funds separately.

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

Only CMHS funds can be used to pay for treatment and recovery support services for individuals who have a serious mental illness. CMHS funds cannot be used to pay for treatment and recovery support services for individuals with only a substance use disorder.

Only CSAT funds can be used to pay for treatment and recovery support services for individuals who have a substance use disorder. CSAT funds cannot be used to pay for treatment and recovery support service for individuals with only a mental disorder.

More information can be found in the Monitoring and Reporting Program Performance section of 45 CFR Part 92 Section 9240.

**Note: Service delivery should begin by the 4th month of the grant project at the latest.**

Applicants must explain the rationale for the selection of the local governmental behavioral health entities, how the applicant plans to partner with local governmental behavioral health entities, how services will be delivered, how services will be evaluated, and a plan for process improvement.

Applicants must ensure that local governmental behavioral health entities will have the capacity to permanently house and provide services to the population of focus (either

directly or through contractual agreements). The applicant is responsible to ensure Government Performance and Results Modernization Act of 2010 (GPRA) data are collected and entered within the prescribed time periods.

The grantee will determine the evidence-based assessment and treatment intervention(s) to be used. [Note: The grantee is responsible for overseeing all aspects of the evidence-based practice (EBP) (see Section I-2.3) and implementation including but not limited to: training, certification, monitoring, use of assessment tools, implementation of new technologies, etc.]

### **Required Activities**

Grantees must ensure that local governmental behavioral health entities include the following **required** activities:

- Outreach and direct treatment (inclusive of documenting the screening, assessment, and treatment) for substance use disorders, serious mental illnesses, and co-occurring substance use and mental disorders. Treatment must be provided in outpatient (including outreach-based services), day treatment or intensive outpatient, or short-term residential programs (90 days or less in duration and at a cost not to exceed 6.5% of total grant funds).
- Permanent housing for enrolled individuals.
- Case management or other strategies to link with and retain clients in housing and other necessary services, including but not limited to primary care services, and to coordinate these services with other services provided to the client.
- Organize and make available an array of integrated services and supports for individuals with substance use disorders, serious mental illnesses, or co-occurring substance use and mental disorders.
- Identification and referral of Medicaid-eligible persons to primary care providers as needed (primary care providers can connect persons with multiple chronic conditions to health homes, medical homes, or provide other care coordination services).
- Identification and provision of enrollment assistance to person who are likely to need or be served by Medicaid and other mainstream benefits (e.g., SSI/SSDI, TANF, SNAP, etc.).
- Recovery support services designed to improve access to and retention in services and to continue treatment gains, which may include some or all of the following as appropriate for each client:

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

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

**The applicant must sign the Statement of Assurance (See [Appendix D](#), Statement of Assurance) documenting the availability of permanent housing units that match the number of clients targeted to be enrolled in the grant project for each year of the grant and that the housing units qualify as permanent housing, as outlined in the RFA, I. Funding Opportunity Description, 2.2 Local Governmental Behavioral Health Entities. The Statement of Assurance must be included in Attachment 1 of the application. If funded, prior to award, the Grantee is required to provide the following documentation for the housing component:**

- For a U.S. Department of Housing and Urban Development (HUD) funded applicant, a copy of the current executed grant agreement from HUD for permanent housing (Shelter Plus Care, Section 8 Moderate Rehabilitation Program for Single-Room Occupancy [SRO] Dwellings for Homeless Individuals, Supportive Housing Program [SHP] Permanent Housing for Persons with Disabilities, Housing Opportunities for Persons with AIDS [HOPWA], HOME or Community Development Block Grants [CDBG] funding that develops and/or lease permanent housing for tenants who have substance use disorders or co-occurring substance use and mental disorders); OR
- From a non-HUD funded applicant, a letter from a comparable housing program funding source verifying a current, executed grant or contract agreement. The letter must include the following information:
  - Brief summary describing the funding source, including any funding requirements and/or restrictions;
  - Amount of funding provided per year for the applicant's permanent housing program;

- Type of permanent housing (scattered-site or facility-based) and number of housing units already secured (annually, must be equivalent to the number of individuals to be enrolled in grant project);
- Amount program participants pay toward housing; and
- Information about clients:
  - choice in housing;
  - option in level and type of services received;
  - tenancy rights (e.g., privacy in unit, leasing); and
  - eligibility to be considered for permanent housing despite substantially greater vulnerability (i.e., multiple severe physical and behavioral health disabilities, history of criminal justice involvement, serious mental illness, severe substance use disorder, and co-occurring substance use and mental disorders).

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

### **Allowable Activities**

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

- Tenant case management that help program participants maintain housing and are not covered by a State's Medicaid plan.
- Training in evidence-based practices for service providers, such as motivational interviewing or critical time intervention (See [Appendix C](#) for additional information about using EBPs).
- Limited outreach and screening, to identify incarcerated individuals who may experience chronic homelessness upon release from a jail or detention facility;

and to provide those identified with a post-release housing and behavioral health services plan.

- Education, screening, and counseling for hepatitis and other sexually transmitted infections;
- Active steps to reduce HIV/AIDS risk behaviors by their clients. Active steps include client screening and assessment, and either direct provision of appropriate services or referral to and close coordination with other providers of appropriate services. For information on homelessness and HIV, and on other HIV/AIDS topics relevant to this program, see the Health Resources and Services Administration Web page: <http://hab.hrsa.gov/publications.htm>.
- Trauma-informed services, including assessment and interventions for emotional, sexual, and physical abuse;
- Implementing or upgrading HIT systems to improve delivery of services and/or coordination of care for clients. This can include certified electronic health records (EHRs), management information system (MIS), telehealth systems, mobile apps, tablet based delivery of assessments, care coordination dashboards, or other tools to document and manage client needs, to improve workflow, to provide clinical decision support to improve delivery of services, to enable integration and coordination with related support services, etc. (see [Appendix J](#)),
- Use of an integrated primary/substance abuse/mental health care approach in developing the service delivery plan. This approach involves screening for health issues and delivery of client-centered substance abuse and mental health services in collaboration and consultation with medical care providers. The National Council for Community Behavioral Healthcare Web site describes what integrated primary care is like in practice by linking with descriptions of and resources from existing programs. For more information, visit <http://www.nccbh.org>. The following Web site, <http://www.centerforintegratedhealthsolutions.org> and <http://www.samhsa.gov/healthReform/healthHomes/index.aspx>, describes integrated primary care by linking applicants with existing programs. Special attention is paid to low-income and underserved populations.

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full*

*potential*. See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

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

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

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

### **2.3 Using Evidence-Based Practices**

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. In Section B of your project narrative, you will need to:

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

- If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

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

Grantees are encouraged to explore ways of using technology to improve the delivery of EBPs, including clinical decision support, reminders, alerts, clinical quality measurement, etc.

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See [Appendix C](#) for additional information about using EBPs.

## 2.4 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under GPRA. You must document your ability to collect and report the required data in "[Section E: Data Collection and Performance Measurement](#)" of your application.

All data described below will be required of the local governmental behavioral health entities (and/or provider sites) and be submitted to SAMHSA by the grantee. In addition to demographics (gender, age, race, and ethnicity) data on all clients served, grantees will be required to report performance on the following GPRA performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness. This information will be gathered using the Discretionary Services Client Level GPRA tool, which can be found at <http://www.samhsa-gpra.samhsa.gov> (click on 'Data Collection Tools/Instructions'), along with instructions for completing it. Hard copies are available in the application packages which are available by calling SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889.]

**Grantees and sub-awardees will be provided extensive training on the system and its requirements post-award.** Data will be collected at baseline (i.e., the client's entry into the project), discharge, and 6-months post-baseline. Grantees are expected to monitor and ensure that sub-awardees will obtain a 6-month follow-up rate of 80% (i.e., grantees will be expected to complete a face-to-face interview with 80% of all clients served at intake). Upon collection of the data, grantees will have 7 business days to submit the data to SAMHSA. All data will be submitted via the Services Accountability Improvement System, CSAT's online data-entry and reporting repository. The collection of these data will enable CSAT to report on the National Outcome

Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use. In addition to the NOMs, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide. If you have an EHR system to collect and manage most or all client-level clinical information, you should use the EHR to automate GPRA reporting. Grantees are encouraged to explore using HIT to improve data collection, including integrating EHR systems with Homeless Management Information Systems and/or GPRA reporting systems to minimize provider re-entry of data.

In addition to services GPRA measures, grantees will be required to report biannually on their progress and performance on achieving the goals and objectives of the grant project resulting from the three primary grant activities (see [Section I.I Purpose](#)).

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

## **2.5 Local Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

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

### *Outcome Questions:*

- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual identity (sexual orientation/gender identity)?
- How durable were the effects?
- How many individuals were reached through the program and how many were enrolled in Medicaid and other mainstream programs as a result of participation in this program?

- What program and contextual factors were associated with increased access to and enrollment in Medicaid and mainstream programs?
- What was the effect of the permanent housing, recovery support, or treatment on key outcome goals?
- Was the permanent housing and recovery support effective in maintaining the project outcomes at 6-month follow-up?
- What program and contextual factors were associated with positive clinical and housing outcomes?
- As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

*Process Questions:*

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, including the use of the National CLAS Standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What activities and actions taken by the State Interagency Council on Homelessness helped improve the clinical and housing outcomes of sub awardees?
- Are the targets and indicators linked and used to inform quality improvement activities for the state?
- What efforts have been taken to overcome administrative and clinical barriers in enrolling individuals in Medicaid and mainstream programs?

- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program?
- How has technology been used to improve the delivery of services and coordination of care for the population of focus?

The performance assessment should be completed annually and submitted to SAMHSA as a supplement to the continuation application.

**Grantees may use no more than 20% (i.e., \$36,000) of the up to 15% (i.e., \$180,000) for infrastructure development of their portion of the award, and local governmental behavioral health entities (and/or local community-based treatment provider sites) may use no more than 10% of their subawards for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-[2.4](#) and [2.5](#) above.**

## 2.6 Grantee Meetings

Grantees must plan to send a minimum of two people (including the project director and evaluator) to a grantee meeting in Year 2 of the grant project. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. The meeting will be up to 3 days. Grantee meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## II. AWARD INFORMATION

Proposed budgets cannot exceed \$1.2 million in total costs (direct and indirect) in any year of the proposed project. Each grant award will consist of 47.72 percent CSAT funds and 52.28 percent CMHS funds, even if an applicant requests less than the maximum award amount. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

These awards will be made as cooperative agreements.

### Cooperative Agreement

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

#### Role of Grantee:

- Comply with the terms and conditions of the cooperative agreement award.
- Monitor and ensure that sub-awardees collect and report GPRA data; and agree to provide SAMHSA with the data required for GPRA.
- Implement and assess the program in full cooperation with SAMHSA staff members and contractors.
- Ensure that individuals served by the grant project are veterans who experience homelessness or chronic homelessness, and other individuals (non-veterans) who experience chronic homelessness, with substance use disorders, serious mental illness, or co-occurring substance use and mental disorders.
- Establish a State Interagency Council on Homelessness to meet at least quarterly per year, co-led by the Grantee and partnering state behavioral health entity, to meet the goals outlined in this RFA.
- Develop a strategy for supporting provider sites in the adoption of HIT (if applicable).
- Prior to awarding sub-awards, the grantee must submit, for each proposed sub-award, required documentation indicated in this RFA (e.g., availability of housing units, evidence of credentials) and receive approval of sub-award(s).
- Submit the draft statewide plan by the 2<sup>nd</sup> month of the grant project for review and approval.
- Collect, evaluate, and report grantee infrastructure, process, and outcome data.
- Respond to requests for program-related data.
- Preparation of SAMHSA required reports.

#### Role of SAMHSA Staff:

- Review and approve the draft statewide plan and works collaboratively with the Grantee to adapt the statewide plan based on information gathered through the project.
- Participate on the State Interagency Council on Homelessness (for the purposes of this grant) and in the selection of members that will further enhance and develop the infrastructure, build capacity, and guide grant project implementation.

- Review and approve HIT strategy, and provides related technical assistance (if applicable).
- Assist the grantee to meet quality improvement goals in an efficient manner.
- Provide advice and assistance in developing the performance assessment.
- Foster learning, collaboration, and coordination with other SAMHSA-funded and HUD-funded activities. Examples include facilitating communication and connection with Continuums of Care, SAMHSA regional offices, HUD regional offices, Addiction Technology Transfer Centers (ATTCs); and HRSA resources.
- Provide training, observation of practice, consultative services, peer monitoring, and other services envisioned under this program in collaboration with SAMHSA technical assistance resources.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Eligible applicants are the State Mental Health Authorities (SMHAs) or the Single State Agencies (SSAs) for Substance Abuse in partnership. In order to demonstrate a collaborative effort between the state behavioral health entities, applicants must provide a letter of commitment from the partnering entity in **Attachment 4** of the application. If the SMHA and the SSA are one entity, a letter of commitment is not required.

The purpose of this jointly funded program is to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent housing; peer supports; and other critical services for the following: veterans who experience homelessness or chronic homelessness, and other individuals (non-veterans) who experience chronic homelessness. As such, SAMHSA believes that limiting eligibility to states is the most efficient and effective way to facilitate a system approach (i.e. strengthen or develop infrastructure).

In addition, states are in a unique position to efficiently and effectively impact the goals of the U.S. Interagency Council on Homelessness (USICH) Strategic Plan.

In 2010, the USICH approved Opening Doors, a Federal Strategic Plan to prevent and end homelessness. One of the goals of this strategic plan is to achieve the goal of ending homelessness for veterans and chronic homelessness in general by 2015. SAMHSA is committed in the effort to achieve this and other goals in the Federal Strategic Plan. This program prioritizes veterans who experience homelessness or chronic homelessness and other individuals (non-veterans) who experience chronic

homelessness with serious mental illness, substance use disorders or co-occurring substance use and mental disorders.

**States that received an FY 2013 CABHI-States grant are not eligible to apply because they are already receiving funding for this program.**

The statutory authority for this program prohibits grants to for-profit agencies.

## **2. COST SHARING and MATCH REQUIREMENTS**

Cost sharing/match is not required in this program.

## **3. OTHER**

### **3.1 Additional Eligibility Requirements**

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

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

### **3.2 Evidence of Experience and Credentials**

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. Sub-awardees of grant funds must meet four additional requirements related to the provision of services. Services may be provided directly or through subcontract agreements.

The four requirements are:

1. An entity that provides direct client (e.g., mental health and substance abuse treatment) services must be involved in the proposed project. More than one provider organization may be involved;
2. Each entity must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years);

3. Each entity must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application; and
4. Each entity must either:
  - be qualified to receive Medicaid reimbursements and have an existing reimbursement system in place for services covered under the state Medicaid plan; OR
  - have established links to other behavioral health or primary care organizations with existing reimbursement systems for services covered under the state Medicaid plan.

**[Note: The above requirements apply to all service provider entities/ organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license See Appendix D, Statement of Assurance.]**

Following application review, if your application's score is within the funding range, and prior to making sub-awards to local governmental behavioral health entities, the GPO may contact you to request that the following documentation be sent by overnight mail, or to verify that the documentation you submitted is complete:

- a letter of commitment from every mental health/substance abuse treatment provider entity/organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider entity/organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided;
- official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable local (city, county) and state requirements for licensing, accreditation, and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist; and
- official documentation that mental health/substance abuse treatment provider organizations are qualified to receive Medicaid reimbursements and have an existing reimbursement system in place for services covered under the state Medicaid plan; **OR** official documentation that mental health/substance abuse treatment provider organizations have established links to other behavioral health or primary care organizations with existing reimbursement systems for services covered under the State Medicaid plan.

**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. CONTENT AND GRANT APPLICATION SUBMISSION**

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

#### **Grants.gov**

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

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

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

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

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

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

#### **SAMHSA's Grants Website**

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

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

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

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

### **1.1 Required Application Components**

Applications must include the following 12 required application components:

- **Application for Federal Assistance (SF-424)** – This form must be completed by applicants for all SAMHSA grants. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the federal government. SAMHSA applicants are required to provide their DUNS number on the first page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at <http://www.dnb.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. In addition, you must be registered in the new System for Award Management (SAM). The former Central Contractor Registration (CCR) transitioned to the SAM on July 30, 2012. **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-awardees).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations). The DUNS number you use on your application must be registered and active in the SAM. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.]**
- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write

a summary of your project that can be used, if your project is funded, in publications, reports to Congress, or press releases.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in Appendix G of this document. Applicants must submit a single budget with separate columns requesting CMHS and CSAT funds. Regardless of the total amount of grant funding requested by the applicant, the total project costs in the proposed budget must reflect a split of 47.72 percent CSAT funds and 52.28 percent CMHS funds.
- **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 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

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

- **Attachments 1 through 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.
  - **Attachment 1:** (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization (i.e., local governmental behavioral health entity or their contracted services provider); (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of commitment from these direct service provider organizations; (4) the Statement of Assurance (provided in Appendix D of this announcement) signed by the authorized representative of the applicant organization

- identified on the first page (SF-424) of the application. The Statement of Assurance assures SAMHSA that the availability of permanent housing units matches the number of clients targeted for enrollment, that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.
- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
  - **Attachment 3:** Sample Consent Forms
  - **Attachment 4:** Letter from the partnering SMHA and SSA (if applicable; see Section III-1 of this document)
  - **Attachment 5:** A copy of the state or county strategic plan, a state or county needs assessment, or a letter from the state or county indicating that the proposed project addresses a state- or county-identified priority.
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s website with the RFA.
  - **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the first page (SF-424) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s website with the RFA and provided in the application package.
  - **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the first page (SF-424) of the application.
  - **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or state legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or

opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.

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

## 1.2 Application Formatting Requirements

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

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on April 14, 2014.

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

## 3. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://www.samhsa.gov/grants/management.aspx>:

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State and Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- State and Local and Indian Tribal Governments: 45 CFR Part 92

In addition, SAMHSA’s **CABHI-States** grant recipients must comply with the following funding restrictions:

- Grantees may use **up to 15% (i.e., \$180,000) of the total grant award** for infrastructure development/improvements at the state level; **up to 20% (i.e., \$36,000) of this amount** may be used for data collection and performance measurement, and performance assessment (see Sections I-[2.4](#) and [2.5](#)).

- Grantees must devote **not less than 85% (i.e., \$1,020,000) of the total grant award** to expand and enhance treatment and recovery services for the population of focus through sub-awards to local governmental behavioral health entities that are responsible for administering behavioral health services either directly or through contractual agreements; community-based treatment sites are not eligible for sub-awards. Each local governmental behavioral health entity may use **up to 10% of their funds** for data collection and performance measurement, and performance assessment (see Sections I-[2.4](#) and [2.5](#)).
- Grantees must submit a budget that reflects a split of 47.72 percent CSAT funds and 52.28 percent CMHS funds.
- No more than 6.5% of the total grant award may be used for short-term residential treatment (90 days or less).

**SAMHSA grantees also must comply with SAMHSA’s standard funding restrictions, which are included in [Appendix E](#).**

## **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 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The Budget Justification and Supporting Documentation you provide in Sections F-H and Attachments 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

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

- Identify your specific proposed population(s) of focus (i.e., veterans who experience homelessness; veterans who experience chronic homelessness; and/or other individuals [non-veterans] who experience chronic homelessness). Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics, sexual identity (sexual orientation, gender identity) and other relevant factors, such as literacy.
- Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.
- Describe the nature of the problem, including infrastructure and service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

## **Section B: Proposed Evidence-Based Service/Practice (25 points)**

- Describe the purpose of the proposed project, including its goals and objectives. These must relate to the intent of the RFA and performance measures you identify in Section E: Data Collection and Performance Measurement. Describe the Evidence-Based Practice(s) (EBP) that will be used and justify its use for your population(s) of focus, your proposed program, and the intent of this RFA. Describe how the proposed practice(s) will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status); language and literacy; sexual identity (sexual orientation, gender identity); and disability. [See Appendix C: Using Evidence-Based Practices (EBPs).]
- Identify ways in which the Grantee will work with their local governmental behavioral health entities in implementing the selected EBP(s) and assessment, including training, certification, and monitoring.

- Clearly describe how the provision of the evidence-based intervention by the sub-awardees will be monitored by the Grantee.
- Describe how you will identify and justify any modifications or adaptations you may need to make to practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.
- Explain how your choice of an EBP will help you address disparities in subpopulations.
- If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.

### **Section C: Proposed Implementation Approach (30 points)**

- Describe how the program aligns with SAMHSA’s Strategic Initiatives, specifically Recovery Support.
- Describe how achievement of the goals will produce meaningful and relevant recovery focused results for your community (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA’s goals for the program.
- Identify the local governmental behavioral health entities and the geographic areas/jurisdictions for which they provide oversight for behavioral health services. Describe the need in these areas, as well as the experience and ability of these entities to deliver evidence-based practice(s).
- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in Section 1-2: Expectations. Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- Clearly describe the process the state will use to establish and sustain a State Interagency Council on Homelessness that is minimally comprised of representatives specified in the RFA.
- Clearly describe how you will enhance or develop a statewide plan to ensure sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support the population of focus and that meets the required activities specified in the RFA.

- Describe how you will assist the state Medicaid eligibility agency in developing a streamlined application process for the population of focus.
- Where the state Medicaid agency is in the process of developing a single streamlined application, describe how you will provide technical assistance regarding the needs and challenges relevant to the population of focus.
- Assist providers (e.g., mental health providers, homeless services providers) seeking to become qualified Medicaid providers, and ensure that sub-awardees engage and enroll eligible persons in Medicaid and other mainstream benefit programs.
- Describe how the state will ensure that outreach, treatment (specify types), housing, case management, and recovery support services provided by the project meet the required activities specified in the RFA. If you are proposing activities in addition to those required, please specify and discuss.
- Describe how you will ensure that sub-awardees will screen, assess, and document for the presence of substance use disorders, serious mental illnesses, and co-occurring mental and substance use disorders, and use the information to develop appropriate treatment approaches for the population of focus.
- Describe how you will ensure that sub-awardees will identify, recruit and retain the population(s) of focus. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.
- Describe how you will ensure the input of consumers in assessing, planning and implementing your project.
- Identify any other organization(s) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from these organizations in **Attachment 1** of your application.
- State the unduplicated number of individuals you propose to serve, including sub-populations, (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. You are required to include the numbers to be served by race, ethnicity, gender, and sexual orientation.] Include:
  - Grant project enrollment by local governmental behavioral health entities;

- Individuals assisted with enrollment for 3<sup>rd</sup> party networks and mainstream benefits; and
- Provider organizations assisted with enrollment in 3<sup>rd</sup> party networks.
- Describe how you will ensure that sub-awardees will utilize 3<sup>rd</sup> party and other revenue realized from the provision of substance abuse treatment services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public 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 (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Also describe how you will ensure that sub-awardees facilitate the health insurance application and enrollment process for eligible uninsured clients.
- Describe how the state will support the provider sites in implementing or upgrading HIT tools to support the delivery of services and coordination of care (if applicable).
- Provide a per-unit cost for this program. One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved. Justify that this per-unit cost is providing high quality services that are cost effective. Describe your plan for maintaining and/or improving the provision of high quality services that are cost effective throughout the life of the grant.

**Section D: Staff and Organizational Experience (15 points)**

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.

- Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).

### **Section E: Data Collection and Performance Measurement (20 points)**

- Document your ability to collect and report on the required performance measures as specified in Section I-2.4 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe the data-driven quality improvement process (at both state systems level and direct service level) by which sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced.
- Describe your plan for conducting the local performance assessment as specified in Section I-2.5 of this RFA and document your ability to conduct the assessment.

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

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

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, (e.g., meals, sporting events, entertainment).

Be sure that **no more than 15%** (i.e., \$180,000) of the award is proposed for infrastructure development/improvements at the state level; **up to 20%** (i.e., \$36,000) of this amount may be used for data collection and performance measurement, and performance assessment (see Section I-[2.4](#) and [2.5](#)). **Specifically identify the items associated with these costs in your budget.** An illustration of a budget and narrative justification is included in [Appendix G](#), Sample Budget and Justification, of this document.

Regardless of the total amount of grant funding requested by the applicant, the total project costs in **the proposed budget must reflect a split of 47.72 percent CSAT funds and 52.28 percent CMHS funds.**

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

## **SUPPORTING DOCUMENTATION**

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

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

- Include position descriptions for the Project Director and all key personnel. Position descriptions should be no longer than 1 page each.
- For staff who have been identified, include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. Reviewers will not consider information past page 2.
- Information on what you should include in your biographical sketches and job descriptions can be found in Appendix F of this document.

**Section H:** Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of your application. See Appendix H for guidelines on these requirements.

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

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

Decisions to fund a grant are based on:

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

## VI. ADMINISTRATION INFORMATION

### 1. AWARD NOTICES

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

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

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

### 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA website at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA website (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
  - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation;
  - requirements to address problems identified in review of the application; or
  - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or

termination of the grant award, or in reduction or withholding of continuation awards.

- If your application is funded, you must comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. You may assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, available at <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>.
- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.

### **3. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in Section I-2.4, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://beta.samhsa.gov/grants/applying/reporting-requirements>. Further, CMHS and CSAT funds must be separately tracked in a formal accounting system and grantees must be able to differentiate the CMHS funds used exclusively for treatment and recovery support services for individuals who have a serious mental illness, CSAT funds used exclusively for treatment and recovery support services for individuals who have a substance use disorder, and CMHS and CSAT funds used for overlapping purposes (e.g. infrastructure development, evaluation, screening and assessment, treatment and recovery supports for individuals diagnosed with co-occurring substance use and mental disorders). Based on this information, grantees must report in annual and final Federal Financial Reports (SF 425) their total grant expenditures, CMHS expenditures, CSAT expenditures, CMHS expenditures for overlapping purposes and CSAT expenditures for overlapping purposes.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Carl Yonder  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
1 Choke Cherry Road  
Room 6-1012  
Rockville, MD 20857 (courier/overnight use 20850)  
(240) 276-1916  
[Carl.Yonder@samhsa.hhs.gov](mailto:Carl.Yonder@samhsa.hhs.gov)

For questions on grants management and budget issues contact:

Eileen Bermudez  
Grants Management Specialist  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1091  
Rockville, Maryland 20857 (courier/overnight use 20850)  
(240) 276-1412  
[Eileen.Bermudez@samhsa.hhs.gov](mailto:Eileen.Bermudez@samhsa.hhs.gov)

## Appendix A – Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications

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

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

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

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

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

## Appendix B – Guidance for Electronic Submission of Applications

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

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

1. DUNS Number registration:

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

2. System for Award Management (SAM) registration:

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

**SAM information must be updated at least every 12 months to remain active (for both grantees and sub-awardees).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes.

**Grants.gov will reject electronic submissions from applicants with expired registrations. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.**

You will find a ***Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM*** at

[https://www.sam.gov/sam/transcript/Quick\\_Guide\\_for\\_Grants\\_Registrations.pdf](https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf).

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

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

You can find additional information on the registration process at <http://www.grants.gov/web/grants/outreach/grantsgov-training.html>.

To submit your application electronically, you may search <http://www.Grants.gov> for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of this funding announcement.

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

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

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

If you experience issues/problems with electronic submission of your application through Grants.gov, contact the Grants.gov helpdesk by email at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726 (1-800-518-GRANTS). **Make sure you get a case/ticket/reference number that documents the issues/problems with Grants.gov.** It is critical that you initiate electronic submission in sufficient time to resolve any issues/problems that may prevent the electronic submission of your application. Grants.gov will reject applications submitted after 11:59 PM on the application due date.

SAMHSA highly recommends that you submit your application 24-48 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM, and

DUNS registration at least 2 weeks prior to the submission deadline, it is highly unlikely that these issues will be resolved in time to successfully submit an electronic application.

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

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

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

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-E) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections F-H) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-5) in this order and numbered consecutively.

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

### **Other Grants.gov Requirements**

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

Valid file names may include only the following characters:

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

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

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

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

### **Waiver Request Process**

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

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

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

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

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

- SAMHSA RFA title and announcement number
- Name, address, and telephone number of the applicant organization as they will appear in the application
- Applicant organization's DUNS number
- Authorized Organization Representative (AOR) for the named applicant

- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

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

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

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

#### **Instructions for Submitting a Paper Application with a Waiver**

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

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

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

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

Send applications to the address below:

**For United States Postal Service:**

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

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "**CABHI-States RFA #SM-14-010**" in item number 12 on the first page (SF-424) of your paper application. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

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

- Application for Federal Assistance (SF-424)
- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)

- Checklist – the Checklist should be the last page of your application.
- Documentation of nonprofit status as required in the Checklist

Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments, such as posters, will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

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

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

## Appendix C – Using Evidence-Based Practices (EBPs)

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

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

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

### **Resources for Evidence-Based Practices:**

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

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

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

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

## Appendix D – Statement of Assurance

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

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

as outlined in the RFA, I. Funding Opportunity Description, 2.2 Local Governmental Behavioral Health Entities.

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Signature of Authorized Representative

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Date

## Appendix E – Funding Restrictions

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

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. Pay for housing.
- Provide inpatient treatment or hospital-based detoxification services. Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

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

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

## **Appendix F – Biographical Sketches and Job Descriptions**

### **Biographical Sketch**

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

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

### **Job Description**

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

## Appendix G – Sample Budget and Justification (no match required)

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

APPLICANTS' PROPOSED BUDGETS FOR EACH YEAR OF THE GRANT CAN BE UP TO A TOTAL OF \$1.2 MILLION. REGARDLESS OF THE TOTAL AMOUNT REQUESTED BY THE APPLICANT, THE BUDGET MUST REFLECT A SPLIT OF 47.72 PERCENT CSAT FUNDS AND 52.28 PERCENT CMHS FUNDS.

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

### FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	CSAT Costs	CMHS Costs	Grand Total
(1) Project Director	John Doe	\$64,890	10%	\$6,489		
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276		
(3) Clinical Director	Jane Doe	In-kind cost	20%	\$0		
(4) Peer Navigator	Jane Doe	\$25,000	100%		\$25,000	
(5) Peer Navigator	Jane Doe	\$25,000	100%		\$25,000	
			<b>TOTAL</b>	<b>\$52,765</b>	<b>\$50,000</b>	<b>\$102,765</b>

**JUSTIFICATION:** Describe the role and responsibilities of each position.

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.

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

(4) & (5) The Peer Navigator(s) will assist individuals with Co-Occurring substance use disorders with serious mental illness who are chronically homeless.

Key staff positions require prior approval by the Grants Management Officer, after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) \$102,765

**B. Fringe Benefits: List all components that make up the fringe benefits rate**

FEDERAL REQUEST

Component	Rate	Wage	CSAT Costs	CMHS Costs	Grand Total
FICA	7.65%	\$52,765	\$4,037		
Workers Compensation	2.5%	\$52,765	\$1,319		
Insurance	10.5%	\$52,765	\$5,540		
		<b>TOTAL</b>	<b>\$10,896</b>		<b>\$10,896</b>

**JUSTIFICATION:** Fringe reflects current rate for agency.

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

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

**FEDERAL REQUEST**

Purpose of Travel	Location	Item	Rate	CSAT Costs	CMHS Costs	Grand Total
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$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		
(2) Local travel		Mileage	3,000 miles @ .38/mile	\$1,140		
			<b>TOTAL</b>	<b>\$2,444</b>		<b>\$2,444</b>

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

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

(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. If policy does not have a rate use GSA.

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

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

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

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

**FEDERAL REQUEST**

Item(s)	Rate	CSAT Costs	CMHS Costs	Grand Total
General office supplies	\$50/mo. x 12 mo.	\$600		
Postage	\$37/mo. x 8 mo.	\$296		
Laptop Computer	\$900	\$900		
Printer	\$300	\$300		
Projector	\$900	\$900		
Copies	8000 copies x .10/copy	\$800		
	<b>TOTAL</b>	<b>\$3,796</b>		<b>\$3,796</b>

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

(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.

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

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

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

**FEDERAL REQUEST**

<b>Name</b>	<b>Service</b>	<b>Rate</b>	<b>Other</b>	<b>CSAT Costs</b>	<b>CMHS Costs</b>	<b>Grand Total</b>
<b>(1) State Department of Human Services</b>	<b>Training</b>	<b>\$250/individual x 3 staff</b>	<b>5 days</b>	<b>\$750</b>		
<b>(2) Treatment Services</b>	<b>1040 Clients</b>	<b>\$27/client per year</b>		<b>\$28,080</b>		
<b>(3) John Smith (Case Manager)</b>	<b>Treatment Client Services</b>	<b>1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750</b>	<b>*Travel at 3,124 @ .50 per mile = \$1,562</b> <b>*Training course \$175</b> <b>*Supplies @ \$47.54 x 12 months or \$570</b> <b>*Telephone @ \$60 x 12 months = \$720</b> <b>*Indirect costs = \$9,390 (negotiated with contractor)</b>	<b>\$46,167</b>		
<b>(4) Jane Payne</b>	<b>Evaluator</b>	<b>\$40 per hour x 225 hours</b>	<b>12 month period</b>	<b>\$9,000</b>		

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000		
			TOTAL	\$86,997		\$86,997

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

- (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) Treatment services for clients to be served based on organizational history of expenses.
- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation and is knowledgeable about the population of focus and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

\*Represents separate/distinct requested funds by cost category

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

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

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

**FEDERAL REQUEST**

Item	Rate	CSAT Costs	CMHS Costs	Grand Total
(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		
	<b>TOTAL</b>	<b>\$15,815</b>		<b>\$15,815</b>

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

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

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

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

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

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

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

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <https://rates.psc.gov/fms/dca/map1.html>

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

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

=====

**TOTAL DIRECT CHARGES:**

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) \$222,713

**INDIRECT CHARGES:**

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

**TOTALS: (sum of 6i and 6j)**

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF424A) \$227,806

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**UNDER THIS SECTION REFLECT OTHER NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc. Other support is defined as all funds or resources, whether Federal, Non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, In-kind contributions or other Non-federal means.**

Provide the total proposed Project Period and Federal funding as follows:

Proposed Project Period

a. Start Date:	09/30/2014	b. End Date:	09/29/2017
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**BUDGET SUMMARY (should include future years and projected total)**

Category	Year 1	Year 2*	Year 3*	Total Project Costs
Personnel	\$102,765	\$104,348	\$105,978	\$313,091
Fringe	\$10,896	\$11,223	\$11,559	\$33,678
Travel	\$2,444	\$2,444	\$2,444	\$7,332
Equipment	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$11,388
Contractual	\$86,997	\$86,997	\$86,997	\$260,991
Other	\$15,815	\$13,752	\$11,629	\$41,196
<b>Total Direct Charges</b>	<b>\$172,713</b>	<b>\$172,560</b>	<b>\$172,403</b>	<b>\$517,676</b>
Indirect Charges	\$5,093	\$5,246	\$5,403	\$15,742
<b>Total Project Costs</b>	<b>\$400,519</b>	<b>\$400,366</b>	<b>\$400,209</b>	<b>\$1,201,094</b>

**APPLICANTS' PROPOSED BUDGETS FOR EACH YEAR OF THE GRANT CAN BE UP TO A TOTAL OF \$1.2 MILLION. REGARDLESS OF THE TOTAL AMOUNT REQUESTED BY THE APPLICANT, THE BUDGET MUST REFLECT A SPLIT OF 47.72 PERCENT CSAT FUNDS AND 52.28 PERCENT CMHS FUNDS.**

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

**FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) \$1,201,094**

**\*FOR REQUESTED FUTURE YEARS:**

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

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

## **Appendix H – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines**

### **Confidentiality and Participant Protection:**

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

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

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

#### **2. Fair Selection of Participants**

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

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

### 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$30.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

### 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

## 5. Privacy and Confidentiality

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

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

## 6. Adequate Consent Procedures

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

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms?

Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

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

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

## 7. Risk/Benefit Discussion

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

## **Protection of Human Subjects Regulations**

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

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of

Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or [ohrp@osophs.dhhs.gov](mailto:ohrp@osophs.dhhs.gov), or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

## Appendix I – Addressing Behavioral Health Disparities

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

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

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

### **Definition of Health Disparities:**

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

### **Subpopulations**

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

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

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

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

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

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

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

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

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

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

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

**Sample Health Disparities Impact Statement:**

1. Proposed number of individuals to be served by subpopulations in the geographic area

**Access:** The numbers in the chart below reflect the proposed number of individuals to be served during the grant period and all identified subpopulations in the geographic area. The disparate populations are highlighted in the narrative below.

	<b>FY 1</b>	<b>FY 2</b>	<b>FY 3</b>	<b>FY 4</b>	<b>Totals</b>
<b>Direct Services: Number to be served</b>	200	175	100	125	600
<b><i>By Race/Ethnicity</i></b>					
African American	10	9	5	6	30
American Indian/Alaska Native	1	1	0	1	3
Asian	2	2	1	1	6
White (non-Hispanic)	103	91	52	65	311
Hispanic or Latino (not including Salvadoran)	32	28	16	20	96
Salvadoran	44	37	22	28	130
Native Hawaiian/Other Pacific Islander	4	3	2	2	11
Two or more Races	4	4	2	3	13
<b><i>By Gender</i></b>					
Female	110	96	55	69	330
Male	89	79	44	56	268
Transgender	1	0	1	0	2
<b><i>By Sexual Orientation/Identity Status</i></b>					
Lesbian	2	2	1	1	6
Gay	8	6	4	5	23
Bisexual	1	1	0	1	3

The population of Middle Lake, Massachusetts is predominantly represented by first- and second-generation Latino immigrants, mainly from El Salvador. There has been a recent increase of the immigrant population in the city with individuals primarily

from Haiti and El Salvador. There is also a smaller Cambodian and African American population in the city. Nearly 40% of residents speak a language other than English in their homes, and a majority of those individuals are Spanish speakers. There is a high unemployment rate, low literacy rate and high level of poverty, in particular among the Salvadoran subpopulation, putting these individuals at greater risk for behavioral health issues when compared to national trends. However, our agency has served relatively low numbers of Salvadorans. Therefore, we have chosen to focus our efforts on the Salvadoran subpopulation.

## 2. A Quality Improvement Plan Using Our Data

**Use:** Services and activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. The project team will collaborate with the community enrichment program and the county health specialist consortium in planning the design and implementation of program activities to ensure the cultural and linguistic needs of grant participants are effectively addressed, particularly the disparate population.

A continuous quality improvement approach will be used to analyze, assess and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. Program data will be used to monitor and manage program outcomes by race, ethnicity, and LGBT status within a quality improvement process. Programmatic adjustments will be made as indicated to address identified issues, including behavioral health disparities, across program domains.

A primary objective of the data collection and reporting will be to monitor/measure project activities in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into program planning and management on an ongoing basis (a “self-correcting” model of evaluation). For example, referral to enrollment, treatment completion and discharge data will be reported to staff on an ongoing basis, including analyses and discussions of who may be more or less likely to enroll and complete the program (and possible interventions). The Evaluator will meet on a bi-weekly basis with staff, providing an opportunity for staff to identify successes and barriers encountered in the process of project implementation. These meetings will be a forum for discussion of evaluation findings, allowing staff to adjust or modify project services to maximize project success.

**Outcomes** for all services and supports will be monitored across race and ethnicity to determine the grant’s impact on behavioral health disparities.

## 3. Adherence to the CLAS Standards

Our quality improvement plan will ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to:

### Diverse cultural health beliefs and practices

Training and hiring protocols will be implemented to support the culture and language of all subpopulations, with a focus on the Salvadoran subpopulation.

### Preferred languages

Interpreters and translated materials will be used for non-English speaking clients as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish.

Health literacy and other communication needs of all sub-populations identified in your proposal

All services programs will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.

## Appendix J – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit:

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

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

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

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

For questions on EHRs and HIT, contact:

[SAMHSA.HIT@samhsa.hhs.gov](mailto:SAMHSA.HIT@samhsa.hhs.gov).