

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

**National Consumer and Consumer Supporter Technical  
Assistance Centers**

**(Short Title: Consumer and Consumer Supporter TA Centers)**

**(Initial Announcement)**

**Request for Applications (RFA) No. SM-15-011**

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

**PART 1: Programmatic Guidance**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by April 27, 2015</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2015 National Consumer and Consumer Supporter Technical Assistance Centers (Short Title: Consumer and Consumer Supporter TA Centers) grants. The purpose of this program is to provide technical assistance to promote consumer-directed approaches for adults with serious mental illnesses. Such programs maximize consumer self-determination and recovery, promote access to treatment, and assist people with serious mental illness, by decreasing their dependence on expensive social services and avoiding psychiatric hospitalization. The entities responsible for providing technical assistance for this program may be either consumer or consumer supporter organizations. (See [Appendix III](#) for Definition of Consumer and Consumer Supporter Organizations.)

<b>Funding Opportunity Title:</b>	National Consumer and Consumer Supporter Technical Assistance Centers
<b>Funding Opportunity Number:</b>	SM-15-011
<b>Due Date for Applications:</b>	April 27, 2015
<b>Anticipated Total Available Funding:</b>	\$1,805,000
<b>Estimated Number of Awards:</b>	5 Awards – 3 Consumer Organizations and 2 Consumer Supporter Organizations
<b>Estimated Award Amount:</b>	Up to \$335,600 per year
<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	Up to 5 years
<b>Eligible Applicants:</b>	Domestic public and private entities that meet the the criteria for consumer or consumer supporter organizations. See Section III-1 of this RFA for complete eligibility information.

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

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2015 National Consumer and Consumer Supporter Technical Assistance Centers (Short Title: Consumer and Consumer Supporter TA Centers) grants. The purpose of this program is to provide technical assistance to promote consumer-directed approaches for adults with serious mental illnesses. Such programs maximize consumer self-determination and recovery, promote access to treatment, and assist people with serious mental illness by decreasing their dependence on expensive social services and avoiding psychiatric hospitalization. The entities responsible for providing technical assistance for this program may be either consumer or consumer supporter organizations. (See [Appendix III](#) for Definition of Consumer and Consumer Supporter Organizations.)

The primary recipients of the Consumer and Consumer Supporter TA Centers' technical assistance activities will be consumers, consumer organizations, or consumer supporter organizations. Additionally, Consumer and Consumer Supporter TA Centers will provide technical assistance in the Department of Health and Human Services (HHS) regions with a focus on those states where consumer organizations and leadership are underdeveloped. In addition, technical assistance may also be provided to state mental health systems serving adults with serious mental illnesses, service providers, and the general public.

The National Consumer and Consumer Supporter Technical Assistance Centers program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use and outcomes among the racial and ethnic minority populations served.

The National Consumer and Consumer Supporter Technical Assistance Centers grants are authorized under Section 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

### **2. EXPECTATIONS**

The Consumer and Consumer Supporter TA Centers will advance consumer-directed approaches in two HHS regions while also providing specialized technical assistance on a national level on a specific topic. Topics include, but are not limited to, peer specialists, youth leadership, wellness and integrated care, trauma and disparities. Grantees will be expected to provide technical assistance to consumer and consumer

supporter organizations in accordance with the tenets and program goals outlined below.

Grantees are expected to build and maintain collaborative relationships with key stakeholders in the two selected HHS regions (including state and local governments, behavioral health provider associations, family organizations, peer groups, recovery community organizations, and faith-based organizations).

### **Tenets of Mental Health Consumer Self-Help**

The values and philosophies that guide the development and operation of consumer self-help organizations are the driving forces behind their success. SAMHSA expects these values and philosophies to be integrated into the technical assistance activities funded under this announcement. These include:

- Empowerment – grantees must promote the ability of consumers to make decisions that directly affect their own lives;
- Independence – grantees must support consumers in striving for self-reliance and in pursuing opportunities to function as productive citizens;
- Responsibility – grantees must encourage individuals to take responsibility for themselves and others;
- Choice – grantees must promote an environment in which consumers can make informed choices about treatment, housing, and other services and supports; and
- Respect and Dignity – grantees must promote the idea that all individuals are valued and have skills and strengths to offer society.

In addition, grantees will be expected to adhere to SAMHSA’s “Guidelines for Assessing Consumer and Family Participation” (see [Appendix II](#)).

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after receiving your award. In this statement, you must propose: (1) the number of individuals to be served during the grant period and identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use and outcomes of service activities; and (3) methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (see Part II: Appendix G – Addressing Behavioral Health Disparities)

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

According to the National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index,

and other sources indicate earlier mortality among individuals who have mental and substance use disorders than among other individuals. Due to the high prevalence rates of tobacco use and the early mortality of the target population for this grant program, grantees are encouraged to promote abstinence from tobacco products (except with regard to accepted tribal traditional practices) and to integrate tobacco cessation strategies and services in the grant program. Applicants are encouraged to set annual targets for the reduction of past 30-day tobacco use among individuals receiving direct client services under the grant.

Grantees are expected to help facilitate the health insurance application and enrollment process for eligible uninsured clients in their regions. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior services) if appropriate for and desired by that individual to meet his/her needs.

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 ten 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 where appropriate.

## **2.1 Required Activities**

The National Consumer and Consumer Supporter Technical Assistance Centers must support infrastructure development to support consumer direct approaches on the regional level. Up to 75 percent of the grant funds must be used to support the following regional activities:

- Each applicant will be required to prioritize the grouping of the regions from one to five (with one being the top priority) and provide a justification for each choice (See [Appendix IV](#)). All regions will be assigned to the five TACs (two regions each by group). National Consumer and Consumer Supporter Technical Assistant Centers (TACs) will be serving all states within the two regions; however, it is not necessary to have staff deployed in each state. Applicants must explain how they will maintain ongoing and effective communication with key stakeholders such as consumer networks and other providers, consumer leadership, regional administrators, behavioral health authorities, etc. in each state and how they will respond to needs equitably throughout the region. NOTE: Decisions related to the selection of the regional grouping for each TAC will be determined using the applicant's prioritization of the regional groupings, priority score, and coverage of all regions.
- All five of the Consumer and Consumer Supporter TA Centers will provide basic core services to the states within the selected two regions and will serve as the point of contact to the Regional Administrators in those regions. Grantees will be required to dedicate both resources and technical assistance center staff time (identified in the application) for two regions and states within the regions. In addition, each grantee will provide technical assistance to develop, support, and structure consumer organizations in states; develop the consumer voice to provide input; improve the lives of consumers; and impact the broad mental health system of states within two regions.
- Regional core activities that are required include technical assistance in business development, training, consultation and support regarding sound business practices for consumer-run programs. The proposed approach for technical assistance must be based on a theoretical framework. Applicants are expected to develop a best practice model that identifies the factors that will impact the technical assistance work and enables the program to anticipate the data and resources that will be needed to achieve goals of the program. Applicants should include the basis for observations, definitions of concepts, research designs, interpretations, and generalizations in their best practice model.

- Additional emphasis will be on those states within the selected two regions, the District of Columbia and the territories where statewide consumer network organizations are either non-existent or underdeveloped. After award, the grantee will collaborate with the SAMHSA GPO to identify states where consumer network organizations are either non-existent or underdeveloped.
- Each applicant will be required to coordinate with existing SAMHSA National TA efforts, such as Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) to ensure non-duplication of effort.

The National Consumer and Consumer Supporter Technical Assistance Centers must also provide technical assistance and knowledge transfer at the national level on one particular subject matter area. NOTE: Decisions related to the selection of the subject matter area for each TAC will be determined using the applicant's subject matter areas of preference, reviewer priority score, and justification for the priority subject matter area. Each applicant must submit two priority subject matter areas. Up to 25 percent of the grant funds must be used to support one of the following national activities:

- **Self-care/Self-management:** Developing materials on self-help best practices for consumers including those with trauma histories and military veterans; identifying effective prevention and mental health promotion activities; providing technical assistance in self-directed care, person-directed planning, brokerage programs, and creating support groups.
- **Peer Specialists:** Creating documents that summarize information on federal and state rules that impact peer specialists including guidance from CMS; developing trainings for peer specialist certifications and for maintaining certifications; establishing a database that identifies requirements by each state for certifying peer specialists; and maintaining a list of experts who can provide technical assistance on peer specialist programs.
- **Disparities including Cultural Outreach and Self-Help Adaptation:** Identifying models for serving diverse cultural and age groups and convening policy makers and consumer leaders to develop guidelines on how to serve diverse populations. This area focuses on specific groups, including American Indian and tribes; people with disabilities; lesbian, gay, bisexual, and transgender (LGBT) individuals; members of the military, veterans; family members, older adults and transition-aged youth.
- **Supported Education:** Identifying effective approaches to supported education programs such as coaching and accommodations; and establishing a national database of supported education programs including vocational rehabilitation.
- **Youth Leadership:** Providing TA and support to develop positive youth leadership skills, to include strategic sharing, policy advocacy, service advocacy, social, and knowledge and skills for sitting on boards and other advisory groups.

Families and other supportive adults often require training on how best to coach young adults to use their voices and lived experience.

- **Trauma:** Identifying approaches and models for trauma-informed peer support, technical assistance to consumer organizations on becoming trauma informed, education and outreach on integrating knowledge about trauma in the recovery process, and identifying effective practices for integrating knowledge about trauma in wellness and holistic approaches of care.
- **Wellness and Integrated Care:** Providing technical assistance to consumer organizations on addressing consumers' primary health needs; developing self-care and prevention materials and conducting trainings; identifying effective practices to integrate physical health in consumer-operated programs, and promote holistic approaches of care.
- **Employment and Financial Self Sufficiency:** Providing technical assistance to consumers on job seeking and retention strategies; developing materials and other training approaches to assist employers in hiring and retaining consumers; providing technical assistance on consumer entrepreneurship, money management, individual development accounts, savings, financial literacy, asset development, cash and counseling, benefits planning, and employment.
- **Workforce Development:** Providing technical assistance to State and local organizations on recruiting and retaining self-help providers that includes peer specialists; identifying financing mechanisms for hiring peer employees; retraining of clinical and related service staff on recovery-based practices including shared decision making, person-centered planning, crisis alternatives, and peer support.
- **Crisis Response Services:** Providing technical assistance to state/local organizations on the development and operation of crisis respite programs, integrating peer staff in crisis response services, and identifying effective prevention approaches.
- **Information Technologies:** Providing technical assistance on internet-based communications strategies including web page development, the use of social media, and the development and operation of warm lines.
- **Rights Protection:** Creating documents that summarize information about laws, including the "Americans with Disabilities Act", that impact and/or protect people with psychiatric and physical disabilities; and developing guidance on job accommodations for work and school.

An annual work plan that identifies and addresses both planned regional and National specialty activities and includes travel time will be submitted to the GPO for approval prior to implementation.

Grantees must maintain a dedicated toll-free telephone number which must be answered by a person during normal business hours with an answering system for nights and weekends; establish an informational and referral network which is available to distribute important information and updates including those sent by SAMHSA GPO; create, develop, update and maintain a web site that links to other Consumer and Consumer Supporter TA Centers; and develop and distribute a quarterly newsletter.

Grantees will be required to participate on monthly calls with the other Consumer and Consumer Supporter TA Centers, including setting the agenda, arranging for conference call access and developing and implementing co-sponsored webinars, presentations and/or other forums for collaboration. Monthly calls will be led by the TA centers on a rotating basis.

## **2.2 Alternatives Conference**

The purpose of this conference is to provide a forum for consumers from across the nation to meet, exchange information and ideas, and provide and receive technical assistance on a variety of topics of interest, such as peer support, consumer-operated services, self-help, consultation/education issues, empowerment, and recovery. The conference also transfers knowledge on best practices in mental health treatment and support services. The information and knowledge gained through attending this conference enables consumers to promote treatments and services, as well as for broader service system improvements.

Each of the three Consumer TA Centers will rotate responsibility for convening the annual national consumer-run Alternatives Conference. Only Consumer TA Center applicants must submit an application for the core grant in order to receive funding under this section. Consumer organizations may not apply for only hosting the Alternatives Conference or for only administering a Consumer TA Center. NOTE: Consumer TA Center applicants must include the core TA Center and Alternatives Conference sections in their application or they will be screened out. See [Appendix V – Alternatives Conference](#).

## **2.3 Allowable Activities**

SAMHSA's Consumer and Consumer Supporter TA Centers grants may support the following types of activities related to the two regions and/or subject matter of expertise:

- Educating providers, community leaders, and others on the value of consumer directed approaches including consumer/peer-run programs.
- Providing technical assistance, training, and consultation regarding the development, administration, and evaluation of consumer directed and consumer/peer-run programs.

- Partnering with providers, researchers, advocates and others to promote consumer directed and consumer/peer-run programs.
- Identifying, disseminating, and encouraging the adoption of evidence-based and best practices for consumer directed and consumer/peer-run programs.
- Facilitating referrals to consumer directed and consumer/peer-run programs.
- Collecting and disseminating research and evaluation findings related to consumer directed and consumer/peer-run programs.
- Developing, maintaining, and using websites, materials, and multimodal communication vehicles.
- Organizing and convening conference calls, webinars and meetings.
- Conducting on-site assessments, training, and consultation.

## 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 the Government Performance and Results Act (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in Section D: Performance Assessment and Data of your application. Grantees will be required to report performance on the following performance measures:

- The number of policy changes completed as a result of the grant.
- The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.
- The number of people credentialed/certified to provide mental health-related practices/activities that are consistent with the goals of the grant.
- The number of organizational changes made to support improvement of mental health-related practices/activities that are consistent with the goals of the grant.
- The amount of additional funding obtained for specific mental health-related practices/activities that are consistent with the goals of the grant.
- The number of consumer/family members representing consumer/family organizations who are involved in ongoing mental health-related planning and advocacy activities as a result of the grant.

This information will be gathered using a uniform data collection tool provided by SAMHSA. The current tool is being updated and will be provided upon award. An example of the type of data collection tool required can be found at: <http://www.samhsa.gov/grants/gpra-measurement-tools>. Data will be entered into the

Common Data Platform (CDP) web-based system at least quarterly. Training and technical assistance on the use of the CDP system will be provided.

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 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 should be used also 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 quarterly. The GPO will provide the format for submitting your quarterly report.

Grantee performance assessment includes the required performance measures identified above and the inclusion of outcome and process questions, such as the following:

### **Outcome Questions:**

- What was the effect of training and technical assistance on participants?
- Did training events lead to better, more effective practices?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity?
- How durable were the effects?

### **Process Questions:**

- How closely did implementation match the plan for delivery of training and technical?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?

- What effect did the changes have on the planned training and technical assistance and performance assessment? How were continuous quality findings implemented to achieve gains in performance from recipients of training and technical assistance and the performance of the applicant?
- 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)?

No more than 10% of the total grant award may be used 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) to at least one grantee meeting to be held every other year of the grant and annually to the Alternatives Conference. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. The Alternatives Conference is held in varying sites around the country. You must include a detailed budget and narrative for this travel for both of these meetings in your budget.

## II. AWARD INFORMATION

**Funding Mechanism:** Grant

**Anticipated Total Available Funding:** \$1,805,000

**Estimated Number of Awards:** 5 awards – 3 Consumer Organizations and 2 Consumer Supporter Organizations

**Estimated Award Amount:** \$335,600

**Length of Project Period:** Up to 5 years

**Proposed budgets cannot exceed \$335,600 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

## III. ELIGIBILITY INFORMATION

### 1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities, including faith-based organizations, which meet the criteria for consumer or consumer supporter organizations (See Appendix III for definition) and the following requirements:

- Applicant organizations must have been in operation for a minimum of thirteen (13) months prior to submission of application.
- An applicant must complete the Certification of Consumer and Consumer Supporter Organization Eligibility (see Appendix III), indicating that the applicant meets all eligibility requirements. Applicants must complete and sign a Certification of Eligibility and provide necessary supportive documentation.

SAMHSA is limiting eligibility to consumer/consumer supporter organizations due to the specialized expertise of these organizations and the requirements of the grant. These Technical Assistance Centers are based on the principle that individuals who have a serious mental illness and have shared similar experiences or those who support them, are uniquely qualified to help each other by providing an array of sustaining effective health services that promote recovery and person directed systems and supports by preventing and treating people with serious mental illness.

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

Cost sharing/match is not required in this program.

## **3. EVIDENCE OF EXPERIENCE AND CREDENTIALS**

# **IV. APPLICATION AND SUBMISSION INFORMATION**

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

## **1. ADDITIONAL REQUIRED APPLICATION COMPONENTS**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A – D for Consumer Supporter TA Center and Consumer TA Center applicants. Consumer TA Center applicants must answer the areas in Section B on the Alternatives Conference Planning. See Appendix V for additional information. 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. There are no page

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

- **Attachments 1 through 5 are required.**

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, 4 and 5 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

- **Attachment 1:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support – it will jeopardize the review of your application if you do.)**
- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- **Attachment 3:** Sample Consent Forms
- **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).
- **Attachment 5:** Certification Qualifying as a Consumer or Consumer Supporter Technical Assistance Center (See Appendix III for more information).

## **2. APPLICATION SUBMISSION REQUIREMENTS**

Applications are due by **11:59 PM** (Eastern Time) on **April 27, 2015**.

## **3. FUNDING LIMITATIONS/RESTRICTIONS**

- No more than 10 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

Be sure to identify these expenses in your proposed budget.

**SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, See Part II - Appendix D**

## **V. APPLICATION REVIEW INFORMATION**

### **1. EVALUATION CRITERIA**

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D may not be longer than 25 pages for Consumer Supporter TA Center Applicants and Sections A-D may not be longer than 27 pages for Consumer TA Center applicants. Consumer TA Center applicants must complete the section for the Alternatives Conference in Section B. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages for Consumer Supporter TA Centers. For Consumer TA Centers who must include information on the Alternatives Conference Sections A-D may be no longer than 27 pages.
- You must use the four sections/headings (A through D) listed below in developing your Project Narrative. If you are a Consumer TA Center who is applying for the Alternatives Conference you must include an additional heading for Alternatives Conference in Section B in developing your Project Narrative. **You must indicate the Section letter and number in your response or it will not be considered, i.e., type "A-1", "A-2", etc., before your response to each question.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See Part II: Section V and Appendix F).
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

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

1. Describe the importance of the proposed project as a collaborative effort both regionally and nationally and the needs that the project addresses.
2. Describe the proposed technical assistance recipients and methods used to engage them.
3. Document the need for enhanced technical assistance to increase the capacity to implement, sustain, and improve effective treatment and/or mental health services for the proposed population of focus. Documentation of need may come from local data or trend analyses, State data (e.g., from State Needs Assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
4. Describe the service gaps, barriers and other problems related to the need for technical assistance. Describe the stakeholders and resources that can help implement the needed infrastructure development.

## **Section B: Proposed Approach (45 points)**

1. Identify the five regional groupings in your priority order (with one being your top priority) and provide a justification for your selections including the reasons you are prioritizing the regional groupings in the order you are choosing, and why you are best qualified to serve the regions of choice. Provide detailed justification/information for your top three priority regional groupings and a brief discussion of your bottom two regional groupings. In addition, include how you will provide basic core services to each of the five regional groupings with an emphasis on your top three priority regional groupings. Describe how you will coordinate with the SAMHSA Regional Administrators within your selected regions.
2. Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section D: Data Collection and Performance Measurement.
3. Describe the stakeholders and resources in your five prioritized regional groupings with detailed information on your top three regional groupings that can help implement the needed infrastructure development and explain how you will maintain ongoing and effective communication with key stakeholders such as consumer networks and other providers, consumer leadership, regional

administrators, behavioral health authorities, etc. in each State and how they will respond to needs equitably throughout the region

4. Describe how you will provide technical assistance to develop, support, and structure consumer organizations in states; develop the consumer voice to help form policy; improve the lives of consumers; and impact the broad mental health system of states within the regional groupings.
5. Describe how achievement of goals will increase system capacity to support effective mental health and treatment services.
6. Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives.
7. Describe how the proposed activities will be implemented and how they will adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care. For additional information go to: <http://ThinkCulturalHealth.hhs.gov>.
8. 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 I-2: Expectations](#). [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
9. If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.
10. 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.
11. Describe how the proposed project will address the following issues in your selected regional groupings:
  - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
  - Language and literacy;
  - Sexual identity – sexual orientation, gender identity; and
  - Disability.
12. Describe your approach for providing technical assistance in business development, training, consultation and support for consumer run programs.

13. Describe how you will coordinate with existing SAMHSA national TA efforts, such as the Bringing Recovery Supports to Scale Technical Assistance Strategy Center (BRSS TACS) to ensure non-duplication of effort.
14. Identify your top two subject matters areas, place them in priority order and provide justification for your choices. Describe how you will provide technical assistance and knowledge transfer at the national level on the two subject matter areas as outlined in [Section 2.1 – Required Activities](#). NOTE: Decisions related to the selection of the subject matter area for each TAC will be determined using the applicant’s subject matter areas of preference, priority score and the justification for the priority subject matter area.
15. Plan for the Alternatives Conference  
Applicants applying for funding for a National Consumer TA Center must include responses for this section.

- Describe your organization’s experience in organizing, planning, and conducting conferences and meetings with 500 or more attendees.
- Describe how you will recruit and select individuals for the planning committee.
- Describe how you will coordinate and collaborate with the SAMHSA GPO, planning committee to organize the conference (selecting venue, geographic location, developing themes, logos, agenda, identifying speakers, workshop sessions, etc.) which must be reviewed and approved by the SAMHSA GPO.

**Section C: Staff, Management, and Relevant Experience (35 points)**

1. Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.
2. Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. If the proposed project directors (PD) level of effort (LOE) is less than 95% time, please provide adequate justification. Include the Project Director and other key personnel and include commitments for extensive travel and time away from home.
3. Discuss how key staff has demonstrated experience and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with

their cultures(s) and language(s). In addition, describe how key staff are familiar with the culture and language in the prioritized regional groupings.

#### **Section D: Performance Assessment and Data (10 points)**

1. Document your ability to collect and report on the required performance measures as specified in Section 1-2.5 of this RFA. Describe your plan for data collection, management, analysis and reporting of data for the population served by your infrastructure program. If applicable, specify and justify any additional measures you plan to use for your grant project.
2. Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved. Goals and objectives of your infrastructure program should map onto any continuous quality improvement plan, including consideration of behavioral health disparities.
3. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders.
4. Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed and reduced.
5. Describe your plan for conducting the local performance assessment as specified in Section 1-2.5 of this RFA and document your ability to conduct the assessment.

#### **SUPPORTING DOCUMENTATION**

##### **Section E: Biographical Sketches and Job Descriptions**

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

##### **Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects**

You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section F of your application. See Appendix I of this document for guidelines on these requirements.

## **VI. ADMINISTRATION INFORMATION**

### **1. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in Section 1-2.5, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/applying/reporting-requirements>. Grantees will be required to submit quarterly reports.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Cynthia Kemp  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
1 Choke Cherry Road  
Room 6-1019  
Rockville, Maryland 20857  
(240) 276-1906  
[cynthia.kemp@samhsa.hhs.gov](mailto:cynthia.kemp@samhsa.hhs.gov)

For questions on grants management and budget issues contact:

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

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

## Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. 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 if an incentive paid for with SAMHSA discretionary grant funds exceed \$30.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

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

### 5. Privacy and Confidentiality

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

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

#### 6. Adequate Consent Procedures

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

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

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

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

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

#### 7. Risk/Benefit Discussion

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

### **Protection of Human Subjects Regulations**

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects.

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

## **Appendix II—Guidelines for Assessing Consumer and Family Participation**

Applicants must have experience or a track record of involving mental health consumers. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services. This involvement should be meaningful and span all aspects of the organization's activities as described below:

**Program Mission** - An organization's mission must reflect the value of involving consumers in order to improve outcomes.

**Program Planning** - Consumers must be involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in the development of the grant application for this program. Strategies must also incorporate consumer/peer-run program approaches.

**Training and Staffing** - The staff of the organization must have substantive training in and be familiar with consumer/peer-run program approaches and related issues. Attention must be placed on staffing the initiative with people who are themselves consumers. Such staff must be paid commensurate with their work and in parity with other staff.

**Rights Protection** - Consumers and family members must be fully informed of all their rights including those designated by the President's Healthcare Consumer Bill of Rights and Responsibilities: Respect and Non-Discrimination.

**Program Administration, Governance, and Policy Determination** - Consumers must be hired in key management roles to provide project oversight and guidance. Steering Committees must be established for this project, which are composed of a minimum of 75% consumers. Such committee members should be fully trained and compensated for their activities, including childcare.

## Appendix III— Definitions and Certificate of Consumer and Consumer Supporter Organization Eligibility

**A) Consumer Definition:** A consumer is defined as an individual 18 years of age or older with serious mental illness and/or who has received services form the public mental health system as a result of a diagnosis of mental illness.

The P.I. will be considered to be the authorized representative of the applicant organization (whose signature appears on the Application for Federal Assistance SF-424) and must complete and sign this Certificate. Attachment 4 of your application must include this Certificate and all supporting documentation specified within it.

This Certificate and all requested documentation below must be included in Attachment 5 or the application will not be reviewed.

All applicant organizations must meet the criteria of a consumer-controlled organization. A consumer-controlled organization is a private, non-profit, entity that meets the following criteria and has been operational for 13 months prior to the date of this RFA:

I certify that:

The applicant is an organization that is controlled and managed by consumers and dedicated to the improvement of mental health services. Please include minutes and all other pertinent material for a twelve-month period immediately prior to demonstrate that your organization is controlled and managed by consumers and dedicated to the improvement of mental health services.

The applicant organization has a Board of Directors comprised of more than 50 percent consumers and whose members are not on staff and will not be used to provide any type of services. Include the names and addresses of your Board of Directors and length of time each has served and how often they meet. Ensure that the consumers on the Board of Directors are individuals 18 years of age or older with serious mental illness and that the organization's Board of Directors has been in operation for at least 13 months and supports this project. Include a letter from the Board assuring its commitment for the project in Attachment 1.

The organization identifies as a consumer-controlled organization;

Consumers occupy leadership roles in the management of the organization; and

The organization is dedicated to empowering consumers to participate in activities to improve mental health services.

The United States Federal Government Internal Revenue Service (I.R.S.) has issued the applicant organization tax-exempt status. Supporting documentation of such status dated prior to January 2014 should be included in Attachment X of your application.

The consumer and consumer supporter Board of Directors has been in operation for at a minimum thirteen (13) months. Please send minutes and names and addresses of individuals who served on the Board of Directors prior to January 2014.

The applicant organization will take an active role in the fiscal management and oversight of the project and will be legally, fiscally, administratively, and programmatically responsible for the grant and has not submitted a "pass through," "umbrella," or "cover letter" application.

This form must be signed and dated by an authorized representative of the applicant organization certifying that the aforementioned statements are accurate.

Type or Print Name and Title

\_\_\_\_\_  
Signature of Individual Certifying Validity of

\_\_\_\_\_  
Date of Signature

All Information Contained in this Document

**B) Consumer Supporter Definition:** Consumer Supporter is defined as an individual involved with the support of a consumer (age 18 older), including parents, siblings, spouses and significant others, friends, co-workers and neighbors who provide support in a non-professional capacity.

Consumer Supporter Organization is an organization including volunteer mental health organizations, which is controlled and managed by consumer supporters and mental health consumers. The organization must be dedicated to the transformation of mental health service systems which are consumer and family driven and have a board of directors comprised of more than 50% consumer supporters.

Applicants for the Consumer Supporter TA Centers must certify and attest to the following:

I certify that:

The applicant is an organization that is controlled and managed by consumer supporters and dedicated to the improvement of mental health services. Include minutes of meetings for a twelve month period immediately prior to and all other pertinent material to demonstrate that your organization is controlled and managed by consumer supporters and dedicated to the improvement of mental health services.

The applicant organization has a Board of Directors age 18 or older comprised of more than 50 percent consumers and whose members are not on staff and will not be used to provide any type of services. Please include the names & addresses of your Board of Directors and length of time each has served and how often they meet.

The consumer supporters on the Board of Directors are individuals involved with the support of a consumer (age 18 or older) including parents, siblings, spouses and significant others, friends, co-workers, and neighbors who provide support in a non-professional capacity.

The applicant organization has been in operation as a legal entity for a minimum of thirteen (13) months. Please submit proof.

The United States Federal Government Internal Revenue Service (I.R.S.) has issued the applicant organization tax-exempt status. Supporting documentation of such status dated prior to January 2014 is included in this application.

The consumer and consumer supporter Board of Directors has been in operation for at a minimum thirteen (13) months. Please send minutes and names and addresses of individuals who served on the Board of Directors prior to January 2014.

The applicant organization will take an active role in the fiscal management and oversight of the project and will be legally, fiscally, administratively, and programmatically responsible for the grant and has not submitted a "pass through," "umbrella," or "cover letter" application.

This form must be signed and dated below by an authorized representative of the applicant organization certifying that the aforementioned statements are accurate.

\_\_\_\_\_  
Type or print name and title

\_\_\_\_\_  
Signature of Applicant certifying validity of

\_\_\_\_\_  
Date of Signature

All information contained in this document

\_\_\_\_\_  
Type: Consumer or Consumer Supporter TA Center

## Appendix IV - HHS Regions and Groupings within Regions Based on Population and Geographic Area

Regional Groupings	States
<b>Regions 1 and 5</b>	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont  Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
<b>Regions 2 and 6</b>	New Jersey, New York, Puerto Rico, and the Virgin Island  Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
<b>Region 3 and 7</b>	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia  Iowa, Kansas, Missouri, and Nebraska
<b>Regions 4 and 8</b>	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee  Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming
<b>Regions 9 and 10</b>	Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau  Alaska, Idaho, Oregon, and Washington

## Appendix V – Alternatives Conference

The purpose of this conference is to provide a forum for consumers from across the nation to meet, exchange information and ideas, and provide and receive technical assistance on a variety of topics of interest, such as peer support, consumer-operated services, self-help, consultation/education issues, empowerment, and recovery. The conference also transfers knowledge on best practices in mental health treatment and support services. The information and knowledge gained through attending this conference enables consumers to promote treatments and services, as well as for broader service system improvements.

Each of the three Consumer TA Centers will rotate responsibility for convening the annual national consumer-run Alternatives Conference. Applicants must submit an application for the core grant in order to receive funding under this section. Consumer organizations may not apply for only hosting the Alternatives Conference or for only administering a Consumer TA Center. NOTE: Consumer TA Center applicants must include the core TA Center and Alternatives Conference sections in their application or they will be screened out.

The selection of the conference host for year 1 of the grant will be determined by the priority score the applicant receives on Section B: that includes the Plan for Alternatives Conference. In subsequent years, the selection of the host will be based on the next highest scores on Section B. Each grantee will host the conference at least once during the five-year project period.

Each Consumer TA Center will receive an additional \$127,000 during the project period to host one Alternatives Conference (dependent on the availability of funds). Applicants must include a separate section in their budget for the conference not to exceed \$127,000 (direct and indirect costs). Activities that shall be covered with the \$127,000 budget, include, but are not limited to, securing meeting space/venue, creating registration website, audio/visual rental, and other miscellaneous (e.g., materials, shipping, supplies, postage, and reproduction). Funding is intended to support just the conference and does not include scholarship support.

The grantee responsible for convening the conference will select a site that is accessible and affordable and, to the extent possible, different from previous sites for this national conference. The grantee also will be responsible for the logistics of the conference, including moderating the Planning Committee meetings and teleconference calls; developing and disseminating materials; handling publicity; and arranging for lodging, meals, registration, meeting rooms, emergency procedures, transportation, and the conference evaluation. Within three months of the conference, the grantee is responsible for submitting a final report on the conference that details the expenditures, summarizes the evaluations, and provides recommendations for future Alternatives Conferences.

The GPO will approve the individual(s) who have a major role in coordinating the conference and will review and approve the composition of the Planning Committee, the proposed budget expenditures for the conference, and logistical plans. Furthermore, the location, agenda, and specific conference brochure providing presenters and workshop descriptions must be approved by the GPO prior to finalizing and sending to the field. The GPO will participate in Planning Committee meetings and teleconferences. The GPO must approve in writing all material programs including the conference workshops, sessions, keynotes, speakers, presenters, bios, caucuses, final conference program and all communications to the field prior to sending or release.

### **Conference Planning Committee**

The grantees must convene a planning committee approximately one year prior to the actual conference. Members of the committee will include duly appointed representatives of the national consumer organizations, SAMHSA staff (GPO, CMHS Office of Consumer Affairs staff), the Directors or designees of the CSP-funded Consumer and Consumer Supporter TA Centers and others. The Committee will reflect gender, ethnic/minority representation, and, to the extent possible, geographic distribution and involvement of individuals who have not participated on previous Alternatives Conference Planning Committees. The Planning Committee will develop a process for gathering information from consumers throughout the nation on topics of interest for the agenda and speakers. All final decisions will be made by the GPO. The Planning Committee is responsible for the programmatic aspects of the conference, including the theme and logo. Only members of the Planning Committee may vote on decisions regarding the agenda and speakers for the conference. The agenda and speakers must be submitted to the GPO for review and final approval, at least 45 days prior to the conference date. The Planning Committee should meet and handle continuing business through conference calls, mailings, and e-mail.

### **Involvement of National Consumer Organizations**

The conference agenda and official workshops are a forum for an exchange of information and ideas, technical assistance, educational opportunities and discussion. As such, the conference may not be used to further the development of national consumer organizations or for other purely parochial interests.