

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

**Statewide Consumer Network Program**

(Initial Announcement)

**Funding Opportunity Announcement (FOA) No. SM-16-002**

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 “Funding Opportunity Announcement (FOA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements”. PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You must use both documents in preparing your application.]

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by January 20, 2016.</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>

# Table of Contents

EXECUTIVE SUMMARY .....	3
I. FUNDING OPPORTUNITY DESCRIPTION .....	4
1. PURPOSE.....	4
II. AWARD INFORMATION.....	11
III. ELIGIBILITY INFORMATION .....	11
1. ELIGIBLE APPLICANTS.....	11
2. COST SHARING and MATCH REQUIREMENTS .....	12
IV. APPLICATION AND SUBMISSION INFORMATION .....	12
1. ADDITIONAL REQUIRED APPLICATION COMPONENTS.....	12
2. APPLICATION SUBMISSION REQUIREMENTS .....	13
3. FUNDING LIMITATIONS/RESTRICTIONS.....	13
V. APPLICATION REVIEW INFORMATION .....	14
1. EVALUATION CRITERIA.....	14
2. REVIEW AND SELECTION PROCESS.....	18
VI. ADMINISTRATION INFORMATION.....	19
1. REPORTING REQUIREMENTS .....	19
VII. AGENCY CONTACTS .....	20
Appendix I – Sample Budget and Justification (no match required) .....	21
Appendix II – Glossary .....	31
Appendix III – Certificate of Eligibility.....	33
Appendix IV – States with a Funded Consumer Network Organization.....	34
Appendix V – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines .....	35

## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services is accepting applications for fiscal year (FY) 2016 Statewide Consumer Network (SCN) grants. The purpose of this program is to improve mental health services for people with serious mental illness. In doing so, the program seeks to enhance statewide mental health consumer-run and –controlled organizations to promote service system capacity and infrastructure that is consumer-driven, recovery-focused, trauma-informed, culturally relevant, holistic, and resiliency-oriented. Program goals are to: (1) enhance consumer participation, voice, leadership, and empowerment statewide to effect systems change and improve the quality of mental health services; (2) facilitate access to evidence-based and promising practices; (3) enhance knowledge, skills, and abilities within mental health service and/or peer support providers related to recovery and trauma-informed approaches; (4) emphasize and build consumer leadership within organizations and in the community, as well as through partnerships and collaboration with allied stakeholders; and (5) promote activities related to the following: partnership development with families, young adults, and peers in addiction recovery; peer support values and standards; and trauma-informed peer support.

<b>Funding Opportunity Title:</b>	Statewide Consumer Network
<b>Funding Opportunity Number:</b>	SM-16-002
<b>Due Date for Applications:</b>	January 20, 2016
<b>Anticipated Total Available Funding:</b>	\$767,000
<b>Estimated Number of Awards:</b>	Up to 8
<b>Estimated Award Amount:</b>	Up to \$95,000 per year
<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	Domestic public and private nonprofit entities that meet the criteria for consumer-controlled organizations.  [See <a href="#">Section III-1</a> of this FOA 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 (SAMHSA), Center for Mental Health Services, is accepting applications for fiscal year (FY) 2016 Statewide Consumer Network (SCN) grants. The purpose of this program is to improve mental health services for people with serious mental illness. In doing so, the program seeks to enhance statewide mental health consumer-run and –controlled organizations to promote service system capacity and infrastructure that is consumer-driven, recovery-focused, trauma-informed, culturally relevant, holistic, and resiliency-oriented. Program goals are to: (1) enhance consumer participation, voice, leadership, and empowerment statewide to effect systems change and improve the quality of mental health services; (2) facilitate access to evidence-based and promising practices; (3) enhance knowledge, skills, and abilities within mental health service and/or peer support providers related to recovery and trauma-informed approaches; (4) emphasize and build consumer leadership within the organizations and in the community, as well as through partnerships and collaboration with allied stakeholders; and (5) promote activities related to the following: partnership development with families, young adults and peers in addiction recovery; peer support values and standards; and trauma-informed peer support.

Toward that end, the program promotes activities such as training, leadership, and skills development; trauma-informed and gender responsive peer support and peer certification standards; consumer involvement in the development and delivery of evidence-based and promising practices; peer participation in crisis planning, early intervention and crisis response; diversity and cultural responsiveness; partnership development, and integrated care and wellness. It also seeks to address the needs of underserved and under-represented consumers, including those from ethnic, racial, or cultural minority groups; sexual orientation and gender minority individuals; those with histories of chronic homelessness or involvement with the criminal justice system; and those with co-occurring mental health, trauma-related, and/or substance use disorders.

The SCN program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served. **(See PART II: Appendix F – Addressing Behavioral Health Disparities.)**

SAMHSA has demonstrated that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental health and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of

prevention, treatment, and recovery support services provides a cost-effective opportunity to advance and protect the nation's health. To continue to improve the delivery and financing of prevention, treatment, and recovery support services, SAMHSA has identified six Strategic Initiatives to focus the agency's work to improve lives and capitalize on emerging opportunities. The SCN program closely aligns with the Recovery Support and Trauma and Justice Strategic Initiatives.

SCN 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 goals of the SCN grants are to (1) enhance consumer participation, voice, leadership, and empowerment statewide to effect systems change and improve the quality of mental health services so they are recovery-focused, trauma-informed, culturally relevant, holistic, and resiliency-oriented; (2) facilitate access to evidence-based and promising practices; (3) enhance knowledge, skills, and abilities within mental health service and/or peer support providers related to recovery and trauma-informed approaches; (4) emphasize and build consumer leadership within the organization (with an emphasis on business management) and in the community, as well as through partnerships and collaboration with allied stakeholders; and (5) promote activities related to the following: partnership development with families, young adults, and peers in addiction recovery; peer support values and standards; and trauma-informed peer support.

To achieve these goals, the program assists consumer organizations with statewide reach in their respective states to work with policy makers; service providers; consumers, recovery, and other peer and family communities; and allied stakeholders to expand access to peer support, enhance consumer empowerment and leadership, promote trauma-informed approaches, and improve services for people diagnosed with serious mental illness, who often have histories of trauma and co-occurring substance use disorders.

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 reached/trained 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 grant 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 F – 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).

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

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

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

## **2.1 Required Activities**

Statewide Consumer Network grant funds must be used primarily to support infrastructure development including the following types of activities: training; network and leadership development; organizational and community readiness; policy development; implementation of evidence-based and/or promising practices; organizational infrastructure; business development strategies to promote effective, quality behavioral health services and peer supports; increase consumer participation and empowerment; build and/or enhance effective organizational business practices and strategies designed to sustain the organizational infrastructure and facilitate legacy planning, and, ultimately, achieve program goals. Applicants must choose at least three activities that are suited to your project's goals and objectives from the following list:

- Enhance consumer voice, empowerment, and participation in behavioral health policy, planning, and implementation across your state. Activities may include:
  - Increase the number of consumers across your state in workgroups, advisory councils, and committees to effect systems change that is recovery-focused, trauma-informed, culturally relevant, holistic, and resilience-oriented;
  - Provide leadership development, training, outreach, and education for consumers to facilitate and expand their participation; and/or
  - Partner with state and community agencies in policy development to support needed consumer direction and participation in treatment and service systems improvements.
  
- Increase participation and peer leadership within under-represented populations in systems change activities by developing models or implementing specific approaches for outreach and engagement that are culturally relevant and empowering. This may include developing Culturally and Linguistically Appropriate Services (CLAS) standards and improvements (e.g., responsiveness to diverse needs of racial and ethnic minorities, outreach to rural and frontier communities, and older adult populations). Under-represented populations may include:
  - Communities of color and/or ethnic minorities;
  - Criminal justice-involved consumers;
  - Tribal communities;
  - Sexual orientation and gender identity minority individuals;
  - Individuals with co-occurring mental health and HIV/AIDS;
  - Individuals with mental illness and at risk for involvement in human trafficking and interpersonal violence;
  - Rural and frontier communities; and
  - Older adults.
  
- Increase consumer involvement and leadership in workforce and program development to enhance access to and availability of evidence-based and promising practices that are holistic, consumer-driven, and trauma informed. Areas of focus may include:
  - Trauma-informed peer support and systems change;
  - Peer support training, credentialing, supervision and certification;
  - Wellness, mindfulness, and/or whole health integrated care models and supports; and

- Suicide prevention and crisis response services and supports across a continuum of need (e.g., prevention, early intervention, stabilization, and post-crisis planning and follow-up).
- Provide education, training, and/or implementation of best or promising practices designed to strengthen your organization and increase staff skills to facilitate on-going consumer engagement across your state and to sustain the program's accomplishments and outcomes. Activities may include:
  - Leadership development;
  - Business and program development;
  - Board development;
  - Member recruitment;
  - Legacy planning; and/or
  - Program/organizational assessment, evaluation and performance/quality improvement.
- Develop and or enhance cross-sector collaborations and partnerships with consumers and state, local, and allied stakeholder organizations, including older adult organizations, community development groups, chambers of commerce, cross-disability groups, domestic violence advocacy groups, addictions recovery community organizations, family and young adult organizations, and others.

## 2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in [Section D: Data Collection and Performance Measurement](#) of your application. Grantees will be required to report performance on the following performance measures.

- The number of people in the mental health and related workforce trained in specific mental health-related practices/activities as a result of the grant.
- The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.
- The number and percentage of work group/advisory group/council members who are consumers.
- The number of consumers representing consumer organizations who are involved in on-going mental health-related planning and advocacy activities as a result of the grant.

- The number of consumers who are involved in mental health-related evaluation oversight, data collection, and/or analysis activities as a result of the grant.
- The number of individuals exposed to mental health awareness messages.
- The number of individuals who have received training in prevention or mental health promotion.

This information will be gathered using SAMHSA's data-entry reporting system; access will be provided upon award. More information on the data collection requirements can be accessed at: <https://www.cmhs-qpra.samhsa.gov/>. Data are to be collected quarterly after entry of goals.

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

### **2.3 Local Performance Assessment**

Grantees 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 at least annually. Reporting on the data above will be required as part of the biannual progress reports to be submitted within 30 days of the end of the second and fourth quarters.

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 intervention or activity on key outcome goals?
- What program/contextual/cultural factors were associated with outcomes?
- What policy/program discussions included criminal justice systems; issues related to behavioral health disparities and ethnic/racial minorities and/or tribal communities; sexual orientation and gender identity; addiction recovery; rural/frontier issues; older adults; and/or family and children's resiliency as a result of your efforts?

- What individual factors were associated with outcomes, including race/ethnicity/sexual orientation/gender identity?
- What organizational factors were associated with outcomes?
- How durable were the effects?

*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 behavioral health disparities, including the use of National CLAS Standards?
- What led to the changes in the original plan?
- How many state sponsored or facilitated events did you participate in?
- 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 15 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above. Be sure to include these costs in your proposed budget (see Appendix I).**

## **2.4 Grantee Meetings**

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in the second year of the grant. For this grant cohort, the grantee meeting will likely be held in 2018. You must include a detailed budget and narrative for this travel in your budget. At the meeting, grantees will present the results of their projects and federal staff will provide technical assistance. The grantee 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

<b>Funding Mechanism:</b>	Grant
<b>Anticipated Total Available Funding:</b>	\$767,000
<b>Estimated Number of Awards:</b>	8
<b>Estimated Award Amount:</b>	Up to \$95,000
<b>Length of Project Period:</b>	Up to 3 years

**Proposed budgets cannot exceed \$95,000 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.

**Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2016 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.**

## III. ELIGIBILITY INFORMATION

### 1. ELIGIBLE APPLICANTS

SAMHSA is limiting eligibility for this program to mental health consumer-controlled<sup>1</sup> organizations that are domestic public and private nonprofit entities, tribal and urban indian organizations, and/or community- and faith-based organizations. A primary goal of the program is to strengthen the capacity of consumers to act as agents of transformation in influencing the type and amount of services, so they must be an integral part of an organization that supports individuals with a serious mental illness or who have received public mental health services, and ensures that their mental health care is consumer-driven with access to recovery support services. Therefore, only organizations controlled and managed by mental health consumers are eligible to apply.

---

<sup>1</sup> Refers to an organization that is controlled and managed by mental health consumers and is dedicated to improving mental health and recovery support services to be consumer-driven by enhancing consumer participation and voice in systems change. A consumer-controlled organization must have a board of directors comprised of more than 50 percent consumers who are individuals with serious mental illness and/or have received services from the public mental health systems as a result of a diagnosis of mental illness.

Consumer-controlled organizations must meet the following requirements:

- An applicant organization must complete the Certificate of Eligibility (see [Appendix III](#)) indicating that the applicant meets all eligibility requirements.

In order to strengthen and expand the impact of this program across the nation and ensure broad geographic distribution, SAMHSA will make only one award per state, territory, or tribe and is limiting eligibility to applicants in states, territories, and tribes that do not have a currently funded Statewide Consumer Network grant. Tribes, regardless of location, are eligible to apply providing they do not have a currently funded grant. See [Appendix IV](#) for a listing of states, territories, and tribes with a currently funded Statewide Consumer Network grant. Organizations located in these jurisdictions are **not** eligible to apply.

Tribal organization means the recognized body of any American Indian/Alaska Native tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

## 2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

## 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

- **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 I](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix I](#). This will expedite review of your application.**
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. Additional instructions for completing these sections and page limitations for Biographical Sketches/Job Descriptions are included in PART II – IV: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)
- **Attachments 1 through 3** – 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 combined. 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. Reviewers will not consider them if you do.)**
  - **Attachment 2:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).
  - **Attachment 3:** Certificate of Eligibility and supporting documentation. See [Appendix III](#).

## **2. APPLICATION SUBMISSION REQUIREMENTS**

Applications are due by **11:59 PM** (Eastern Time) on January 20, 2016.

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

- No more than 15 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, which are included in PART II: Appendix D – Funding Restrictions.**

## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or your application will be screened out, i.e., type “A-1”, “A-2”, etc., before your response to each question.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. Only information included in the appropriate numbered question will be considered by reviewers. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- 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 IV and Appendix E).
- 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 (15 points)**

1. Identify the proposed catchment area and provide demographic information on the population(s) to engage in activities through the targeted systems or agencies in terms of race, ethnicity, federally recognized tribe, language, sex, gender identity, sexual orientation, age, and socioeconomic status. Describe the stakeholders and resources in your state that can help implement the needed infrastructure development.
2. Describe the relationship of your population of focus to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided activities, citing relevant data.

Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the FOA.

3. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective mental health and recovery support services in the proposed catchment area that is consistent with the purpose of the program and intent of the FOA. Include the service gaps and other problems related to the need for infrastructure development. 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, 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 and Prevention (CDC) reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate, for your program.

### **Section B: Proposed Approach (35 points)**

1. Describe the purpose of the proposed project, including its goals and measurable objectives. These must relate to the intent of the FOA and performance measures you identify in Section D: Data Collection and Performance Measurement.
2. Describe how the achievement of project goals will increase system capacity to support access to and delivery of effective recovery-focused, trauma-informed, culturally relevant, and resiliency-oriented mental health and recovery support services.
3. Describe how the organization will leverage its identity in the state as a consumer-controlled and consumer-managed organization to increase consumer voice, participation, and leadership in accomplishing the project goals. For instance, provide documentation of organizational by-laws or mission statement; organizational talking points, public education or marketing materials; board of directors minutes or attestation that the organization is controlled and managed by consumers as defined in the Glossary of this FOA; and/or participation of senior organizational leadership on consumer advisory boards, membership outreach strategies, or other similar documentation.
4. Clearly state at least **three** activities on which the project will focus. Describe the proposed approach for implementing each of these activities, how they will meet your infrastructure needs, and how they relate to your goals and objectives.
5. Describe how the proposed project will be implemented to achieve a statewide reach. Provide clear plans to ensure that different areas within your state will be considered in your approach.

6. Provide a chart or graph depicting a realistic timeline for the entire three (3) years of the project period showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in [Section I-2: Expectations](#). [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]
7. Describe how the goals and objectives will address the overarching purpose of the SAMHSA Recovery Support Strategic Initiative, and, in particular, any of the Initiative's four elements: health, home, purpose, and community. Also, describe how the goals and objectives will address the Key Principles of and Guidance for a Trauma-informed Approach as articulated by the SAMHSA Trauma and Justice Strategic Initiative and in SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
8. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to <http://ThinkCulturalHealth.hhs.gov>). Select one element of each of the CLAS Standards: (1) Governance, Leadership and Workforce; (2) Communication and Language Assistance; and (3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.
9. If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.
10. Identify the 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 catchment area:
  - Demographics – race, ethnicity, religion, sexual orientation, gender identity, age, geography, and socioeconomic status;
  - Language and literacy; and
  - Disability.

### **Section C: Staff, Management, and Relevant Experience (20 points)**

1. Describe your organization's mission as a consumer-controlled organization and how its activities (a) reflect a statewide focus on consumers diagnosed with serious mental illness, (b) promote the concepts of consumer voice and choice, recovery, and resiliency (See SAMHSA's Working Definition of Recovery (available at <http://www.samhsa.gov/recovery>)), (c) promote substantial

consumer participation in statewide system changes, and (d) are directed and managed by consumers as defined in [Appendix II](#) - Glossary.

2. Describe the organization's approach to ensuring consumers play a key role in the management and executive leadership of the organization, as well as in the implementation and performance assessment of the proposed project.
3. Describe the capability and experience of the applicant organization with similar projects and populations, including experience in providing culturally appropriate/competent services.
4. Describe the capability and experience of other partnering organizations with similar projects and populations, including experience in providing culturally appropriate/competent services. If you are not partnering with any other organizations, indicate so in your response.
5. 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. Demonstrate successful project implementation for the level of effort budgeted for the Project Director and key staff.
6. Describe how key staff have demonstrated experience and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

**Section D: Data Collection and Performance Measurement (30 points)**

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this FOA.
2. Describe your specific plan for:
  - data collection,
  - management,
  - analysis, and
  - reporting of data for the population served by your infrastructure program.

The data collection plan must specify the staff person(s) responsible for tracking the measureable objectives that are identified in your response to question B1.

3. Describe your plan for conducting the local performance assessment as specified in Section I-2.3 of this FOA and document your ability to conduct the assessment.
4. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

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

An illustration of a budget and narrative justification is included in [Appendix I- Sample Budget and Justification](#), of this document. **It is highly recommended that you use the Sample Budget format in [Appendix I](#). This will expedite review of your application.**

Be sure that your proposed budget reflects the funding limitations/restrictions specified in [Section IV-3](#). **Specifically identify the items associated with these costs in your budget.**

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

## **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 of your application. See [Appendix V](#) of this document for guidelines on these requirements.

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

SAMHSA will make only one award per state, territory, or tribe and is limiting eligibility to applications in states, territories, and tribes that do not have a currently funded Statewide Consumer Network grant. If multiple applications are received from the same

state, territory, or tribe, only the highest scoring application from that state, territory, or tribe will receive an award.

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 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. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in Section I-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. In addition, grantees will be required to submit biannual progress reports.

The Duncan Hunter National Defense Authorization Act of 2009 (Public Law 110-417) was enacted on October 14, 2008. Section 872 of this Act required the development and maintenance of an information system that contains specific information on the integrity and performance of covered federal agency contractors and grantees. The Federal Awardee Performance and Integrity Information System (FAPIIS) was developed to address these requirements. FAPIIS provides users access to integrity and performance information from the FAPIIS reporting module in the Contractor Performance Assessment Reporting System (CPARS), proceedings information from the Entity Management section of the SAM database, and suspension/debarment information from the Performance Information section of SAM. As of January 1, 2016, both recipients and federal agencies have new reporting requirements in FAPIIS. SAMHSA will provide additional information as it becomes available. Please refer to the FAPIIS website for additional information at <https://www.fapiis.gov/fapiis/index.action>.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Mary Blake  
Center for Mental Health Services, Division of Services and Systems  
Improvement  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 6-1020  
Rockville, Maryland 20857  
(240) 276-1747  
[Mary.Blake@samhsa.hhs.gov](mailto:Mary.Blake@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  
[FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@samhsa.hhs.gov)

## Appendix I – 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.

**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	Cost
(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
			<b>TOTAL</b>	<b>\$52,765</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.

**Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form S-424A) **\$52,765**

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

**FEDERAL REQUEST**

Component	Rate	Wage	Cost
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>

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF-424A) \$10,896

**C. Travel:** Explain need for all travel other than that required by this application. Applicants must use their own documented travel policies. If an organization does not have documented travel policies, the federal GSA rates must be used.

**FEDERAL REQUEST**

Purpose of Travel	Location	Item	Rate	Cost
(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>

**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 SF-424A) **\$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). Organizations should follow their documented capitalization policy thresholds.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6d of form SF-424A) **\$ 0**

**E. Supplies:** Materials costing less than \$5,000 per unit (federal definition) and often having one-time use

**FEDERAL REQUEST**

<b>Item(s)</b>	<b>Rate</b>	<b>Cost</b>
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>

**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 SF-424A) **\$ 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 SHOULD BE INCLUDED IN THE COSTS.**

**FEDERAL REQUEST**

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	\$250/individual x 3 staff	5 days	\$750
(2) Treatment Services	1040 Clients	\$27/client per year		\$28,080

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562  *Training course \$175  *Supplies @ \$47.54 x 12 months or \$570  *Telephone @ \$60 x 12 months = \$720  *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12 month period	\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000
			<b>TOTAL</b>	<b>\$86,997</b>

**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, 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 SF-424A) **\$86,997**

**G. Construction: NOT ALLOWED** – Leave Section B columns 1& 2 line 6g on SF-424A blank.

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

**FEDERAL REQUEST**

<b>Item</b>	<b>Rate</b>	<b>Cost</b>
(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>

**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, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA's fair share of the space.

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

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

(3) The \$10 incentive is 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 SF-424A) \$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>. **Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If an organization has a federally approved rate of 10%, the approved rate would prevail.**

**FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)**

**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 SF-424A) \$172,713**

**INDIRECT CHARGES:**

**FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) \$5,093**

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

**FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)**  
**\$177,806**

=====

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

**Proposed Project Period**

- a. Start Date: 09/30/2012                      b. End Date: 09/29/2017

**BUDGET SUMMARY (should include future years and projected total)**

<b>Category</b>	<b>Year 1</b>	<b>Year 2*</b>	<b>Year 3*</b>	<b>Year 4*</b>	<b>Year 5*</b>	<b>Total Project Costs</b>
Personnel	\$52,765	\$54,348	\$55,978	\$57,658	\$59,387	\$280,136
Fringe	\$10,896	\$11,223	\$11,559	\$11,906	\$12,263	\$57,847
Travel	\$2,444	\$2,444	\$2,444	\$2,444	\$2,444	\$12,220
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$3,796	\$3,796	\$18,980
Contractual	\$86,997	\$86,997	\$86,997	\$86,997	\$86,997	\$434,985
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
<b>Total Direct Charges</b>	<b>\$172,713</b>	<b>\$172,560</b>	<b>\$172,403</b>	<b>\$172,241</b>	<b>\$172,074</b>	<b>\$861,991</b>
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039
<b>Total Project Costs</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$889,030</b>

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

**FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) \$889,030**

**\*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 policy and procedures that state all employees within the organization will receive a COLA.

**IN THIS SECTION, REFLECT OTHER FEDERAL AND 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 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. [Note: Please see PART II: Appendix D, Funding Restrictions, regarding allowable costs.]

**IN THIS SECTION,** include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used for data collection, performance measurement and performance assessment. **Be sure the budget reflects the funding restrictions in Section IV-3 of the FOA Part I: Programmatic Guidance.**

<b>Infrastructure Development</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total Infrastructure Costs</b>
Personnel	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$11,250
Fringe	\$558	\$558	\$558	\$558	\$558	\$2,790
Travel	0	0	0	0	0	0
Equipment	\$15,000	0	0	0	0	\$15,000
Supplies	\$1,575	\$1,575	\$1,575	\$1,575	\$1,575	\$7,875
Contractual	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000
Other	\$1,617	\$2,375	\$2,375	\$2,375	\$2,375	\$11,117
<b>Total Direct Charges</b>	<b>\$6,000</b>	<b>\$11,758</b>	<b>\$11,758</b>	<b>\$11,758</b>	<b>\$11,758</b>	<b>\$53,072</b>

<b>Infrastructure Development</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total Infrastructure Costs</b>
Indirect Charges	\$750	\$750	\$750	\$750	\$750	\$3,750
<b>Total Infrastructure Costs</b>	<b>\$6750</b>	<b>\$12,508</b>	<b>\$12,508</b>	<b>\$12,508</b>	<b>\$12,508</b>	<b>\$56,782</b>

<b>Data Collection &amp; Performance Measurement</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total Data Collection &amp; Performance Measurement Costs</b>
Personnel	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$33,500
Fringe	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400	\$12,000
Travel	\$100	\$100	\$100	\$100	\$100	\$500
Equipment	0	0	0	0	0	0
Supplies	\$750	\$750	\$750	\$750	\$750	\$3,750
Contractual	\$24,950	\$24,950	\$24,950	\$24,950	\$24,950	\$124,750
Other	0	0	0	0	0	0
Total Direct Charges	\$34,300	\$34,300	\$34,300	\$34,300	\$34,300	\$171,500
Indirect Charges	\$698	\$698	\$698	\$698	\$698	\$3,490
<b>Data Collection &amp; Performance Measurement</b>	<b>\$34,900</b>	<b>\$34,900</b>	<b>\$34,900</b>	<b>\$34,900</b>	<b>\$34,900</b>	<b>\$174,500</b>

## Appendix II – Glossary

**Best Practice:** Best practices are practices that incorporate the best objective information currently available regarding effectiveness and acceptability.

**Consumer:** For the purposes of this RFA, consumer is defined as an individual 18 years of age or older with serious mental illness and/or who has received services from the public mental health system as a result of a diagnosis of mental illness.

**Consumer-centered:** Refers to mental health services that focus on consumer-driven care.

**Consumer-controlled:** Refers to an organization that is controlled and managed by mental health consumers and is dedicated to improving mental health and recovery support services to be consumer and family driven. A consumer-controlled organization must have a board of directors comprised of more than 50% consumers.

**Consumer-driven:** Refers to mental health treatment and related services in which consumers are the primary decision-makers about the care offered and received. Consumer-driven care reflects both the individual and collective consumer voice in all aspects of mental health service delivery including choice of supports, program planning, service implementation, evaluation, and research.

**Fidelity:** Fidelity is the degree to which a specific implementation of a program or practice resembles, adheres to, or is faithful to the evidence-based model on which it is based. Fidelity is formally assessed using rating scales of the major elements of the evidence-based model.

**Grant:** A grant is the funding mechanism used by the Federal Government when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

**Infrastructure:** Infrastructure is the foundation of the system to provide services and support to people with serious mental illness.

**Practice:** A practice is any activity, or collective set of activities, intended to improve outcomes for people with or at risk for substance abuse and/or mental illness. Such activities may include direct service provision, or they may be supportive activities, such as efforts to improve access to and retention in services, organizational efficiency or effectiveness, community readiness, collaboration among stakeholder groups, education, awareness, training, or any other activity that is designed to improve outcomes for people with or at risk for substance abuse or mental illness.

**Practice Support System:** This term refers to contextual factors that affect practice delivery and effectiveness in the pre-adoption phase, delivery phase, and post-delivery phase, such as a) community collaboration and consensus building, b) training and overall readiness of those implementing the practice, and c) sufficient ongoing supervision for those implementing the practice.

**Stakeholder:** A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

**Sustainability:** Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.

**Population of Focus:** The target population is the specific population of people whom a particular program or practice is designed to serve or reach.

**Wraparound Service:** Wraparound services are non-clinical supportive services—such as child care, vocational, educational, and transportation services—that are designed to improve the individual’s access to and retention in the proposed project.

## Appendix III – Certificate of Eligibility

An authorized representative of the applicant organization (whose signature appears on the Face Page of the application, SF-424) must complete and sign this Certificate.

**This Certificate and all requested documentation below must be included in Attachment 3 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:

I certify that:

- The applicant is an organization that is controlled and managed by consumers, and is dedicated to empowerment of consumers to participate in the improvement of mental health services across the state. **Please include in Attachment 3 Board Minutes and all other pertinent material (i.e., organization’s mission statement, management job descriptions, strategic vision, organizational goals and objectives, etc.) to demonstrate that:**
  - (a) **your organization identifies as a consumer-controlled organization;**
  - (b) **consumers occupy leadership roles in the management of the organization; and**
  - (c) **the organization is** dedicated to empowering consumers to participate in activities to improve mental health services.
  
- The applicant organization has a Board of Directors comprised of more than 50 percent consumers who are individuals 18 years of age or older with serious mental illness. **Please include a list of the current members of your Board of Directors and length of time each has served in Attachment 3.**
  
- The organization’s Board of Directors has been in operation for at least 6 months and supports this project. **Please include a letter from the Board assuring its support for the project is included in Attachment 3.**

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  
All Information Contained in this Document

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

## **Appendix IV – States with a Funded Consumer Network Organization**

States with a SAMHSA-funded Statewide Consumer Network grant. Organizations within these states are not eligible to apply:

Alaska

Colorado

Florida

Maine

Pennsylvania

South Carolina

Tennessee

Washington

Wisconsin

## **Appendix V – 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 four 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 four 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, LGBT people 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. 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.**