

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

**Assisted Outpatient Treatment Grant Program for Individuals  
with Serious Mental Illness**

**(Short Title: Assisted Outpatient Treatment [AOT])**

(Initial Announcement)

**Funding Opportunity Announcement (FOA) No. SM-16-011**

Catalogue of Federal Domestic Assistance (CFDA) No: 93.997

**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 June 16, 2016.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</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 (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2016 Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness (Short title: Assisted Outpatient Treatment [AOT]). This 4-year pilot program is intended to implement and evaluate new AOT programs and identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness (SMI). This program is designed to work with families and courts to allow these individuals to obtain treatment while continuing to live in the community and their homes.

<b>Funding Opportunity Title:</b>	Assisted Outpatient Treatment (AOT) Grant Program for Individuals with Serious Mental Illness
<b>Funding Opportunity Number:</b>	SM-16-011
<b>Due Date for Applications:</b>	June 16, 2016
<b>Anticipated Total Available Funding:</b>	\$13,250,000
<b>Estimated Number of Awards:</b>	Up to 15 awards
<b>Estimated Award Amount:</b>	Up to \$1 million per year
<b>Cost Sharing/Match Required</b>	No  [See <a href="#">Section III-2</a> of this FOA for cost sharing/match requirements.]
<b>Length of Project Period:</b>	Up to four years

<b>Eligible Applicants:</b>	<p>Eligible Applicants are: states, counties, cities, mental health systems (including state mental health authorities), mental health courts, or any other entity with authority under the law of the state in which the applicant is located to implement, monitor, and oversee AOT programs. Applicants must operate in jurisdictions that have in place an existing, sufficient array of services for individuals with serious mental illness (SMI), such as Assertive Community Treatment (ACT), mobile crisis teams, supportive housing, supported employment, peer supports, case management, outpatient psychotherapy services, medication management and trauma informed care.</p> <p>[See <u>Section III-1</u> of this FOA for complete eligibility information.]</p>
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**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 (CMHS) is accepting applications for fiscal year (FY) 2016 Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness (Short title: Assisted Outpatient Treatment [AOT]). This 4-year pilot program is intended to implement and evaluate new AOT programs and identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness (SMI). This program is designed to work with families and courts, to allow these individuals to obtain treatment while continuing to live in the community and their homes.

This pilot program was established by the Protecting Access to Medicare Act of 2014 (PAMA), Section 224, that was enacted into law on April 1, 2014. Within the Act, AOT is defined as “medically prescribed mental health treatment that a patient receives while living in a community under the terms of a law authorizing a state or local court to order such treatment.”

Grants will be awarded only to applicants that have **not** previously implemented an AOT program. “Not previously implemented” means that even though the state may have an AOT law, the eligible applicant has not fully implemented AOT approaches through the courts within the jurisdiction that they are operating in.

In addition, grants will be awarded only to applicants operating in jurisdictions that have in place an existing, sufficient array of services for individuals with SMI such as Assertive Community Treatment (ACT), mobile crisis teams, supportive housing, supported employment, peer supports, case management, outpatient psychotherapy services, medication management, and trauma informed care. A portion of the grant funding may be used to enhance the array of services.

AOT (also known as involuntary outpatient commitment, conditional release, and other terms) involves petitioning local courts to order individuals to enter and remain in treatment within the community for a specified period of time. AOT is intended to facilitate the delivery of community-based outpatient mental health treatment services to individuals with SMI that are under court order, as authorized by state mental health statute.

The AOT grant program aligns with SAMHSA's Strategic Initiatives on Trauma and Justice and Recovery Support. For more information on SAMHSA's six strategic initiatives, you can visit <http://www.samhsa.gov/about-us/strategic-initiatives>.

The AOT grant program is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the fourth month of the project at the latest.

AOT grants are authorized under Section 224 of PAMA. SAMHSA has consulted with the National Institute of Mental Health (NIMH), the Department of Justice (DOJ), the HHS Assistant Secretary of Planning and Evaluation (ASPE), and the Administration for Community Living (ACL) on the FOA. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

## **2. EXPECTATIONS**

Grantees will be expected to:

- Implement and evaluate new AOT programs.
- Form partnerships between the behavioral health entities that provide an array of evidence-based treatment and the criminal justice system, including the courts.
- Have in place an array of trauma informed, community-based services that will have been offered to the individual prior to petitioning the individual to AOT.

It is also expected that key staff will contribute to the programmatic development or execution of your project in a substantive, measurable way. The key staff for this program will be the Project Director and Evaluator.

### **Required Activities:**

Grantees will implement and operate new AOT programs in accord with the specifications of this FOA as well as all relevant federal, state, and local laws governing involuntary outpatient mental health treatment and the civil rights of individuals with disabilities, including the right to live and receive treatment and services in the most fully-integrated, least restrictive environment. AOT programs funded with this grant will be required to:

- Evaluate the medical and social needs of individuals participating in the program.
- Prepare and execute evidence-based, person-centered, treatment plans based on the Secretary's guidance on person-centered planning (see the Secretary's Guidance on Implementing Section 2402(a) of the Affordable Care Act [http://www.acl.gov/NewsRoom/blog/2014/2014\\_07\\_09.aspx](http://www.acl.gov/NewsRoom/blog/2014/2014_07_09.aspx)) that ensures access

to treatment (including medication and/or psychosocial services, as indicated) and includes criteria for completion of court ordered treatment, and provides for monitoring of the person's compliance with the person-centered treatment plan.

- Operate the AOT program using procedures, activities, and safeguards that protect and uphold individuals' civil and other legal rights, as stipulated by federal and state statutes, including the need for legal representation and adequate due process protections. Applicants are required to state in [Section C: Proposed Implementation Approach](#) of the FOA how they will ensure that due process and civil rights will be protected in the AOT program.
- Provide case management services that support the person-centered treatment plan.
- Ensure appropriate referrals to medical and home- and community-based social service providers.
- Participate in a cross-site evaluation including data collection, training, meetings, and on-going collaboration with the cross-site evaluation team.
- Collect and share data with SAMHSA and the cross-site evaluation team, including individual baseline characteristics, information about the nature and intensity of services received, and treatment outcomes collected before, during, and after an individual's enrollment in the program. These treatment outcomes include health and social outcomes, such as rates of arrests and incarceration, health care utilization (including hospitalizations of any duration), substance abuse, homelessness, employment, and education, as well as consumer and family satisfaction with program participation.
- Evaluate the process for implementing AOT to ensure consistency with the individual's needs and state law.
- Engage participants and family members in the development, implementation, and evaluation of the AOT program.

**Allowable Activities:**

- Engage families and natural supports in the support process, including by providing family psycho-education service.
- Provide age, gender, and culturally and linguistically appropriate services.
- Enhance the array of evidence-based treatment and support systems.

- Collaborate and coordinate with area hospitals to ensure appropriate discharge planning and follow-up for individuals participating in the AOT program.
- Ensure needed staff training and development.
- Provide “wrap-around”/recovery support services (e.g., child care, vocational, educational and transportation services) designed to improve access and participation in services. [Note: Grant funds may be used to purchase such services from another provider.]

If your application is funded, you will be expected to develop a behavioral health disparities statement no later than 60 days after your award. In this statement, you must describe 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.

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

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 of recovery 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.

## **2.1 Using Evidence-Based Practices**

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In [Section B](#) of your project narrative, you will need to:

- Identify the existing home- and community-based, evidence-based practice(s) available in your local area for the specific population(s) of focus.
- Identify any community-based, evidence-based practice(s) you propose to enhance for the specific population(s) of focus.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

[Note: See PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See Appendix I of this document for additional information about using EBPs.

## **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. In addition, section 224 of the Protecting Access to Medicare Act that authorized the demonstration program, calls for evaluations of the impact of these grants on cost savings, public health outcomes such as mortality, suicide, substance abuse, utilization of services (including hospitalization), rates of incarceration and homelessness among participants, and consumer and family satisfaction with the program. You must document your ability to collect and report the required data in Section E: Data Collection and Performance Measurement of your application.

Applicants must collect data on AOT program participants for multiple purposes, including addressing the GPRA requirements referenced above, informing the cross-site evaluation, and conducting local evaluations that will be submitted to SAMHSA and incorporated into the cross-site evaluation. Data that are required to be collected include, but are not limited to, baseline characteristics, information about the nature and intensity of services received, and treatment outcomes, including health and social outcomes, such as rates of arrests and incarceration, health care utilization (including hospitalizations of any duration), substance abuse, homelessness, employment and education outcomes before, during, and after an individual's enrollment in the program, and consumer and family satisfaction with program participation.

Client data for program participants will be collected via **face-to-face** interviews over the course of the treatment episode, for example at baseline (i.e., the client's entry into the project), every six months depending on the length of mandated treatment, upon discharge, and six months after discharge. The optimal interval for data collection will be determined by the cross-site evaluation team. This information will be gathered using a uniform data collection tool provided by SAMHSA, and other data collection tools that may be developed by the cross-site evaluation contractor. Grantees will be required to submit data via SAMHSA's data-entry and reporting system; access will be provided upon award. The collection tool is available at: <https://www.cmhs-gpra.samhsa.gov/>. All data must be entered into SAMHSA's data entry and reporting system within seven days of data collection. Grantees and sub-awardees will be provided extensive training on the system and its requirements as well as training on any additional data collection required for the cross-site evaluation, post award.

In addition to these measures, grantees will be expected to collect and report the following data:

- Recovery Measure Tool: This tool consists of twenty-one client-level questions in support of SAMHSA’s Strategic Initiative on Recovery Support. These questions were selected to be consistent with [SAMHSA’s working definition of recovery and four guiding principles of recovery](#). This tool is currently undergoing OMB clearance. More information will be provided upon award.

The collection of these data will enable SAMHSA to report on key outcome measures relating to the grant program.

Grantees will be expected to report to SAMHSA semi-annually on their progress and performance on achieving the goals and objectives of the grant project (see Section I.1 – Purpose). In addition, after grant operations have been established in FY 2016, annual reporting will be required for the cross-site evaluation to meet Congressional reporting requirements for FY’s 2017-19.

Performance data will be reported to the public as part of SAMHSA’s Congressional Justification and will be incorporated into the cross-site evaluation.

### **2.3 Local Performance Assessment and Evaluation**

Grantees must periodically review the performance data they report to SAMHSA (as required above), 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. 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 semi-annually. The assigned SAMHSA GPO and Grants Management Specialist will review the performance assessment report and provide feedback on the extent to which progress is consistent with the stated goals of the application and requirements of this FOA.

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

*Outcome Questions:*

- What was the effect of the intervention on key outcome goals?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual orientation/gender identity?

- What other factors were associated with outcomes, including diagnosis and clinical symptoms, appropriateness of the treatment plan, compliance with the treatment regimen, experience of care, length of court order, intensity of service provision, case management services, and family support?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes during each 6-month data collection interval?

*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 the use of the National CLAS Standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program?
- How was person-centered treatment planning achieved?
- What strategies have been developed for continuing the program after the grant program ends?

In addition, grantees are expected to collect and report the following data for a local evaluation:

- Cost savings and public health outcomes such as mortality, suicide, substance abuse, hospitalization, and use of services.
- Rates of incarceration by participants.

- Rates of homelessness experienced by participants.
- Rates of employment and education outcomes achieved by participants.
- Participant and family satisfaction with program participation.

### **Cross-Site Evaluation**

Grantees must participate in the AOT cross-site evaluation. The cross-site evaluation will evaluate the grant programs regarding desired public health outcomes and cost savings. Data to be collected and evaluated include the data described above that will be collected for the local evaluations, demographic data (e.g., age, race, gender), symptoms and clinical outcomes across time points, information about the locality where AOT is being introduced (i.e., availability and access to specific types of services), number of AOT petitions filed by category of filers, number of AOT petitions granted, and number of AOT petitions filed against an individual previously subject to an AOT order.

ASPE, in collaboration and consultation with partners from NIMH and SAMHSA, will manage cross-site data collection and analyses, determine data elements and design options, and develop cross-site evaluation products.

Grantee participation in the cross-site evaluation will entail activities such as, but not limited to, participating in technical assistance and training webinars or phone calls, data collection, sharing of existing information, and participating in systems assessments (this might include key grantee staff, key partners, individuals who receive services, and other appropriate individuals).

No more than 20 percent of the total grant award may be used for data collection, performance measurement, performance assessment, and evaluation, e.g., activities required in Sections I-2.2 and 2.3 above.

### **2.4 Infrastructure Development (maximum 60 percent of total grant award)**

Infrastructure is critical to the AOT grant program. You may use up to 60 percent of the total grant award as necessary to support the AOT grant program. Describe your use of grant funds for these activities in [Section A](#) of the Project Narrative. Examples of infrastructure activities include:

- Developing partnerships with courts and other service providers for service delivery.
- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage

client needs, care process, integration with related support services, and outcomes.

- Training/ workforce development to help court staff or other providers in the community provide effective services consistent with the purpose of the grant program.
- Supporting staff positions to oversee and monitor the AOT participants.
- Supporting case management positions to ensure linkage to appropriate services based on the approved treatment plan.
- Providing for court costs, including legal representation.

## 2.5 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one grantee meeting in every other year of the grant. Grantee meetings will likely be held in 2017 and 2019. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to three days. These 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>	\$13,250,000
<b>Estimated Number of Awards:</b>	Up to 15 awards
<b>Estimated Award Amount:</b>	Up to \$1 million
<b>Length of Project Period:</b>	Up to four years

**Proposed budgets may not exceed the amount listed in the tier chart below in total costs (direct and indirect) in any year of the proposed project.** The amount of each grant will be determined based on the population of the area, including the estimated number of individuals to be served under the grant. 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.

**AOT Tiers Based on the Population of the Area and Estimated Number of Individuals to Be Served**

<b>Award Tiers</b>		<b>Maximum Annual Award Amount</b>
Tier 1	Population of service area is <u>less</u> than 500,000. Grantees will be expected to serve a minimum of 75 individuals annually.	\$700,000
Tier 2	Population of service area is <u>more</u> than 500,000. Grantees will be expected to serve a minimum of 100 individuals annually.	\$1,000,000

**III. ELIGIBILITY INFORMATION**

**1. ELIGIBLE APPLICANTS**

Consistent with authorizing language, eligible applicants are: states, counties, cities, mental health systems (including state mental health authorities), mental health courts, or any other entity with authority under the law of the state in which the applicant grantee is located to implement, monitor, and oversee AOT programs.

Applicants must operate in jurisdictions that have in place an existing, sufficient array of services for people with SMI such as ACT, mobile crisis teams, supportive housing, supported employment, peer supports, case management, outpatient psychotherapy services, medication management, and trauma-informed care.

**2. COST SHARING and MATCH REQUIREMENTS**

Cost sharing/match is not required in this program.

**3. EVIDENCE OF EXPERIENCE AND CREDENTIALS**

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client (e.g., substance abuse treatment, substance abuse prevention, mental health) home- and community-based services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each mental health/substance abuse treatment provider organization must have at least two years' experience (as of the due date of the application) providing relevant services, including mental health case management (official documents must establish that the organization has provided relevant services for the last two years); and
- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation and certification requirements, as of the due date of the application.

**[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Documentation of accreditation will not be accepted in lieu of an organization's license. Eligible tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. See [Appendix II](#), Statement of Assurance, in this document.]**

Following application review, if your application's score is within the funding range, the government project officer (GPO) may contact you to request that additional documentation (see [Appendix II](#), Statement of Assurance) be sent by email, or to verify that the documentation you submitted is complete.

**If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.**

## **IV. APPLICATION AND SUBMISSION INFORMATION**

**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 IV](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix IV](#). This will expedite review of your application.**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation section provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F and G. 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.)
- Applicants for this program are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form is posted on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms-resources>.
- **Attachments 1 through 5**– Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3, and 4 combined. There are no page limitations for Attachments 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
  - **Attachment 1:** (1) Identification of at least one experienced, licensed mental health/substance abuse home- and community-based treatment provider organization; (2) a list of all direct home- and community-based service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of commitment from these direct service provider organizations; **(Do not include any letters of support. Reviewers will not consider them if you do.)** (4) the Statement of Assurance (provided in [Appendix II](#) of this announcement) signed by the authorized representative of the applicant organization

identified on the first page (SF-424) of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.

- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- **Attachment 3:** Sample Consent Forms
- **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).
- **Attachment 5:** A letter from the state or county indicating that the proposed project addresses a state- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

## **2. APPLICATION SUBMISSION REQUIREMENTS**

Applications are due by **11:59 PM** (Eastern Time) on June 16, 2016.

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

- No more than 60 percent of the total grant award may be used for developing the infrastructure necessary for establishment and implementation of an AOT program.
- No more than 20 percent of the grant funds can be used for expansion of treatment and support services.
- No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. You must indicate the Section letter and number in your response or your application will be screened out, i.e., type “A-1”, “A-2”, etc. **The section letter and number must be inserted before the 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: Population of Focus and Statement of Need (15 points)**

1. Provide a comprehensive demographic profile of the population in your local area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, history of incarceration, homelessness, and socioeconomic status.
2. Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for AOT programming for the population identified in your response to question A.1. To the extent available, use local data to describe need and service gaps, supplemented with state and/or national data. Identify the source of the data.

3. If you plan to use grant funds for infrastructure development, describe the infrastructure changes you plan to implement and how they will enhance/improve access, service use, and outcomes for the population of focus. If you do not plan to use grant funds for infrastructure development, indicate so in your response.

**Section B: Proposed Evidence-Based Service/Practice (25 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 E: Data Collection and Performance Measurement](#).
2. Describe the evidence-based practice(s) (EBPs) that will be used to implement the proposed AOT program. Document how each EBP chosen is appropriate for the outcomes you want to achieve. Justify the use of each EBP for your population of focus. Explain how the chosen EBP(s) meet SAMHSA's goals for this program.
3. If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.
4. Explain how your choice of an EBP or practice will help you address disparities in service access, use, and outcomes for your population(s) of focus.
5. If applicable, describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary. If no modifications will be made to the EBP or practice, indicate so in your response.
6. Explain how you will monitor the delivery of the EBPs to ensure that they are implemented with fidelity according to the EBP guidelines.

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

1. Provide a chart or graph depicting a realistic timeline for the entire four 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](#). Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than four months after grant award. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
2. Describe how the key activities in your timeline will be implemented.

3. Describe the existing, sufficient array of services for individuals with SMI that you or others in your jurisdiction offer.
4. 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.
5. Describe the process for how you will screen and assess individuals with SMI for appropriateness for the AOT program in consultation with the court system, and use the information obtained from the screening and assessment to develop appropriate treatment approaches.
6. Describe how the AOT program has the potential to reduce hospitalization, homelessness, incarceration, and interaction with the criminal justice system, while improving the health and social outcomes of individuals participating in the program.
7. Describe how you will identify and assess the population(s) of focus. Discuss how the proposed approach to identify and assess the population(s) of focus considers the language, beliefs, norms, values, and socioeconomic factors of this/these population(s).
8. Describe how you will evaluate the medical and social needs of individuals participating in the program.
9. Describe how you will prepare and execute evidence-based, person-centered treatment plans that include criteria for completion of court ordered treatment (see [Section I-2: Expectations](#)) for individuals participating in the program.
10. Describe how you will monitor compliance with the treatment plan, including compliance with medication and other treatment regimes.
11. Describe how you will provide case management services that support the treatment plan.
12. Describe how you will ensure appropriate referrals to medical and social service providers.
13. Describe the activities and efforts your program will employ to protect and respect the due process and civil rights of participants, as stipulated by state and federal statutes.

14. Describe the allowable activities (see [Section I-2](#)) to be included in the project and provide a rationale as to how these activities were chosen and will be integrated.
15. Identify any other organization(s) that will partner in the proposed project in a significant way. Describe their specific roles and responsibilities. Demonstrate their commitment to the project by including Letters of Commitment from each partner in **Attachment 1** of your application.
16. Describe the population of the area and state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Explain how you arrived at this number and that it is reasonable given your budget request. You are required to include the numbers to be served by race, ethnicity, gender (including transgender populations), and sexual orientation.
17. Provide a per-unit cost for this program. Justify that this per-unit cost is reasonable and will provide high-quality services that are cost effective.

[NOTE: One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20 percent for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved.]

**Section D: Staff and Organizational Experience (10 points)**

1. Discuss the capability and experience of the applicant organization with similar projects and populations.
2. Demonstrate that the applicant organization has linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
3. Discuss the capability and experience of other partnering organizations with similar projects and populations.
4. 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.

5. Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s). If key staff are to be hired, discuss the credentials and experience the new staff must possess to work effectively with the population of focus.

#### **Section E: Data Collection and Performance Measurement (20 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 how you will evaluate the process for implementing the program to ensure consistency with the patient's needs and state and federal laws.
3. Describe how you will measure treatment outcomes, including health and social outcomes, such as rates of arrest and incarceration, health care utilization, and homelessness.
4. Describe your specific plan for:
  - data collection,
  - management,
  - analysis, and
  - reporting.

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.

5. 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.
6. 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 of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

An illustration of a budget and narrative justification is included in [Appendix IV - Sample Budget and Justification](#), of this document. **It is highly recommended that you use the Sample Budget format in [Appendix IV](#). 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 F: Biographical Sketches and Job Descriptions**

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

### **Section G: 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 G of your application. See [Appendix III](#) of this document for guidelines on these requirements.

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

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Mental Health Services' National Advisory Council; and
- availability of funds.

## **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>. Grantees will be expected to submit progress reports semi-annually.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Mariam Chase  
Community Support Programs Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
240-276-1904  
[mariam.chase@samhsa.hhs.gov](mailto:mariam.chase@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  
(240) 276-1408  
[FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@samhsa.hhs.gov)

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

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

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

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

You will find information on evidence-based practices at <http://store.samhsa.gov/resources/term/Evidence-Based-Practice-Resource-Library>. SAMHSA has developed this website to provide a simple and direct connection to websites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Resource Library* provides a short description and a link to dozens of websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

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

[Note: Please see PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

## Appendix II – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]  
\_\_\_\_\_, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. I assure SAMHSA that my organization has the authority under the law of the state to implement, monitor, and oversee an Assisted Outpatient Treatment program. I assure SAMHSA that my organization has **not** previously fully implemented an AOT program. “Not previously implemented” means that even though the state may have an AOT law, the eligible applicant has not fully implemented the AOT approach through the courts within the jurisdiction that they are operating in. I assure that the AOT program is using procedures, activities, and safeguards that protect and respect individuals civil and other legal rights, as stipulated by federal and state statute including legal representation and adequate due process and protections.

I assure SAMHSA that there are an existing, sufficient array of services for individuals with SMI and that individuals considered for the AOT program were offered intensive, voluntary home- and community-based services – including via person-centered planning approaches - when permitted by state law, prior to their consideration for the AOT program.

If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- Official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of two years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last two years; and
- Official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>1</sup> (Official documentation is a copy of each service provider organization’s license,

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<sup>1</sup> Tribes and tribal organizations are exempt from these requirements.

accreditation and certification. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation, and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

- For tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation and certification requirements do not exist.

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Signature of Authorized Representative

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Date

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

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

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

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

- Identify and describe any foreseeable physical, medical, psychological, social and legal risks or potential adverse effects as a result of the project itself or any data collection activity, including specimen collection and examination results.
- 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. Selection of Individuals to receive AOT**

- Explain the reasons for including or excluding individuals to receive AOT
- Explain how you will identify and select individuals to receive AOT. Identify who will select individuals to receive AOT.

### 3. Absence of Coercion in Program Data Collection

- Explain if participation in the data collection 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 in the data collection. 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 in data collection efforts 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, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., interviews, psychological assessments, questionnaires, observation or other sources, Medicaid claims). 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, and explain why specimen collection is necessary. Also, if needed, describe how the material will be monitored to ensure the safety of participants, the process to be followed for specimen collection, and limitations on the use of examination results, including restrictions on sharing results with law enforcement agencies.
- 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:
  - The legal statute authorizing AOT and the basis of their assignment to AOT.
  - Criteria for discharge from AOT, as well as legal rights to appeal their assignment to AOT.
  - Possible risks from participation in the project. Plans to protect clients from these risks.

## 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 IV – 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**

Item(s)	Rate	Cost
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 arms 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**

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**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**

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**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>