Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances

Short Title: System of Care Expansion and Sustainability Cooperative Agreements

(Revised Announcement)

Funding Opportunity Announcement (FOA) No. SM-17-001

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.104

PART 1: Programmatic Requirements

Note to Applicants: This document MUST be used in conjunction with SAMHSA's "Funding Opportunity Announcement (FOA) PART II: Administrative and Application Submission Requirements 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:

Application Deadline	**Applications are due by January 3, 2017**
Intergovernmental Review **(E.O. 12372)**	**Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate state and local health agencies by the application deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2017 Cooperative Agreements for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (Short title: System of Care (SOC) Expansion and Sustainability Cooperative Agreements). The purpose of this program is to improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances (SED) and their families. This program will support the widescale operation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI).

Funding Opportunity Title:	Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances
Funding Opportunity Number:	SM-17-001
Due Date for Applications:	January 3, 2017
Anticipated Total Available Funding:	$15,045,000
Estimated Number of Awards:	5 - 15
Estimated Award Amount:	Up to $3 million per year for state applicants and up to $1 million for political subdivisions of states, territories, and Indian or tribal organizations.
Cost Sharing/Match Required	Yes. Grantees are required to provide the statutory match requirements ($3 federal to $1 non-federal in years 1-3; $1 federal to $1 non-federal in year 4). [See Section III-2 of this FOA for cost sharing/match requirements.]
Length of Project Period:	Four years

Eligible Applicants:	Eligibility for this program is statutorily limited to public entities. [See Section III-1 of this FOA for complete eligibility information.]

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

IMPORTANT: SAMHSA is transitioning to the National Institutes of Health (NIH)'s electronic Research Administration (eRA) grants system. Due to this transition, SAMHSA has made changes to the application registration, submission, and formatting requirements for all Funding Opportunity Announcements (FOAs). All applicants must register with NIH's **eRA Commons** in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-3 and Section II-2 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2017 Cooperative Agreements for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (Short title: System of Care (SOC) Expansion and Sustainability Cooperative Agreements). The purpose of this program is to improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances (SED) and their families. This program will support the widescale operation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI).

This cooperative agreement will support the provision of mental health and related recovery support services to children and youth with SED and those with early signs and symptoms of serious mental illness (SMI), including first episode psychosis (FEP), and their families.

The SOC Expansion and Sustainability Cooperative Agreements will build upon progress made in developing comprehensive SOC across the country by focusing on sustainable financing, cross-agency collaboration, the creation of policy and infrastructure, and the development and implementation of evidence-based and evidence-informed services and supports. Other activities supported will include the implementation of systemic changes, training, and workforce development.

The CMHI provides an excellent example of SAMHSA's Theory of Change (http://store.samhsa.gov/product/PEP14-LEADCHANGE2). Based on data demonstrating improved outcomes for children, youth, and families, service system

improvements, and a positive return on investment, CMHI has been successful in moving the SOC approach from a demonstration program towards a more widescale adoption of the SOC values and principles. The goal is to continue these efforts to ensure that this approach becomes the primary way in which mental health services for children and youth with SED are delivered throughout the nation.

The SOC Expansion and Sustainability Cooperative Agreements program closely aligns with SAMHSA's Recovery Support Strategic Initiative (http://www.samhsa.gov/about-us/strategic-initiatives).

The SOC Expansion and Sustainability Cooperative Agreements are authorized under Sections 561-565 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 SOC Expansion and Sustainability Cooperative Agreements program is one of SAMHSA's hybrid grant programs. SAMHSA intends that its hybrid grants result in the development of infrastructure and the delivery of services as soon as possible after award. Service delivery should begin by six months after the project award.

Applicants are expected to articulate their knowledge and vision for creating, expanding, and sustaining the family-driven and youth-guided SOC approach for addressing the needs of children and youth with serious emotional disturbances and their families. There are two levels of grant applications:

1. SOC expansion and sustainability for **states** focused on statewide implementation. Applicants must identify in their application at least two local jurisdictions that have not received an implementation expansion grant (see **Appendix C**) to implement service innovations, and demonstrate how they will systematically expand the approach in additional localities over time. Letters of Commitment from local jurisdictions must be included in **Attachment 1. State applicants that submits an application with a local jurisdiction that is a current grantee (**see **Appendix C), the application will be screened out and will not be reviewed.**

2. SOC expansion and sustainability for **political subdivisions of states, tribes, tribal organizations, or territories** focused on implementation within their jurisdiction. Applicants must demonstrate that they are working with their respective states (including State Medicaid Agencies) to achieve the broader systemic changes needed to expand and sustain SOC. In addition, applicants are required to demonstrate and/or create a linkage with the lead state agency for mental health services for youth, and specify how high-level systemic changes will be achieved that build on the work in their jurisdiction. Include in **Attachment 1** letters from the state, tribal, or territory leadership demonstrating

their commitment to broader system level changes to support the local level adoption of SOC.

In addition all state, local and tribal grantees must:

a. Create reporting and monitoring processes to ensure that resources are invested both at the state/tribal/territorial system level and at the local community level.

b. Demonstrate support for a sequential and continuous approach for the wide scale adoption of the SOC approach consistent with SAMHSA's Theory of Change **(See Appendix D).**

c. Demonstrate implementation progress during bi-annual reviews and that plans are dynamic documents that are refined based on assessments of progress, environmental changes, and emerging opportunities.

d. Fully involve families and youth in the development, implementation, and evaluation of the SOC at the state and local level.

e. Develop or enhance an existing Governance Structure/Board that is responsible for decision-making at the policy level. This governing entity should have the ability to provide legitimacy, authority, and accountability for the SOC. Governance bodies for SOCs can exist at the state level, tribal level, the local or neighborhood levels, and, in some places, at all levels for the same SOC. Government structures are interagency bodies that include family members, youth, and young adults. In addition, these bodies represent the cultural and ethnic diversity of the entity involved. Governance structures can be created by legislation or by community will, and may be governmental or quasi-governmental bodies, and some are 501(c) (3) (private, not-for-profit) entities.

f. Develop a statewide/tribal/territorial/community interagency coordination and collaboration process that clearly supports an infrastructure to increase the focus on expanding, implementing, and sustaining a SOC, including an organizational structure that identifies a locus of authority and responsibility, and ability to provide oversight of the SOC (e.g., letters of agreements, Memoranda of Understanding (MOUs), statewide/tribal/territorial Interagency SOC Expansion and Sustainability Board).

   Additionally, if there is a current SAMHSA-State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination (State Youth Treatment [SYT]) grant or State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Implementation (State Youth Treatment – Implementation [SYT-I]) grantee (see Appendix G), the applicant should establish a formal collaborative relationship. This will allow for the

leverage of federal resources and promote comprehensive, integrated services for adolescents and/or transitional aged youth with SED, substance use disorders, and co-occurring mental and substance use disorders.

Applicants that have already established formal collaborative relationships with a state-level SAMHSA-funded SYT or SYT-I grantee in the state/territory/tribe should submit those agreements in **Attachment 7** of your application. At a minimum, the agreement must identify the parties involved; describe the specific roles and responsibilities of each party; include a summary of the essential terms of the agreement; and be signed and dated by the parties involved.

g. Develop a culturally and linguistically competent social marketing/communication strategic plan by the end of year one of the grant award. The purpose of the plan is to aid in the promotion, development, and sustainability of service and systems change necessary to positively impact the lives of children and youth with serious emotional conditions and their families. The plan should:

    i. Outline the communication goals, strategies, and tactics that will support the goals of the program.
    ii. Be youth-guided and family-driven while promoting social inclusion of children, youth, and young adults with SED; develop partnerships and community outreach efforts that support capacity-building and sustainability efforts; and promote SOC values and principles.
    iii. Be developed by a social marketing committee comprised of families, youth, young adults, evaluators, and SOC staff and partners, and be approved by the governance board.
    iv. Identify a social marketing-communications Task Lead (.5FTE).

h. Develop a strategic financing plan to be completed by the end of year two of the grant award. The plan must be implemented no later than the beginning of year three of the grant program. In addition, the plan should demonstrate how the SOC will financially link and/or coordinate with other child serving systems, how Medicaid dollars will be used, how the SOC will be connected and integrated with Mental Health/Substance Abuse Block Grant activities, and how the SOC will be included and integrated in the implementation of the Affordable Care Act.

Applicants must focus on both infrastructure and service capacity, and demonstrate how the SOC approach will be expanded and sustained consistent with SAMHSA's Theory of Change. Applicants must clearly demonstrate the linkages between local governments and higher-level system change efforts at the state/tribal/territorial level. System change at only one of these levels is insufficient to expand and implement sustainable systems of care. Therefore, states must include service delivery in at least two local jurisdictions. Political subdivisions of states, tribes, tribal organizations, or

territories must identify how the locality will provide services and connect with broader governmental agencies (i.e., state/tribal/territorial) to expand and sustain the SOC approach.

Lessons learned thus far from state-level grants and local-level grants support the conclusion that neither strategy alone is sufficient to implement, sustain, and expand SOCs. SOC implementation is a multi-level process that involves:

1) Making changes at the state/tribal/territorial system level in policies, financing mechanisms, workforce development, and other structures and processes to support SOCs;
2) Making changes at the local system level needed to plan, implement, manage, and evaluate the system; and
3) Making changes at the service delivery or practice level to provide a broad array of evidence-informed treatment and supports to achieve the ultimate goal of improving outcomes for children and families.

All of these changes are critical components of implementing, sustaining, and expanding SOCs.

The approach should include a focus on identifying youth who are early in the course of developing SMI, and providing the necessary services and supports. Early intervention for individuals experiencing a first episode of mental illness is important to reduce the burden of future disability. This includes developing and implementing effective outreach and engagement approaches.

It is expected that the 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 Principal Investigator, Project Director, and Lead Family Contact. Applicants must also identify a task lead to oversee and supervise required activities related to clinical service delivery, cultural and linguistic competence, evaluation, social marketing, and youth engagement. See Appendix F for a description of key staff and task leads.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. (See PART II-Appendix E, Addressing Behavioral Health Disparities.)

Although people with behavioral health conditions represent about 25 percent of the U.S. adult population, these individuals account for nearly 40 percent[1] of all cigarettes smoked and can experience serious health consequences[2]. A growing body of research shows that quitting smoking can improve mental health and addiction recovery outcomes. Research shows that many smokers with behavioral health conditions want to quit, can quit, and benefit from proven smoking cessation treatments. SAMHSA strongly encourages all grantees to adopt a tobacco-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Grantees must use 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 Veterans Health Administration 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 used first when available for that individual.

Recovery from mental 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

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[1] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). *The NSDUH Report: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked.* Rockville, MD. http://media.samhsa.gov/data/spotlight/spot104-cigarettes-mental-illness-substance-use-disorder.pdf

[2] U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

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 use and provide technical assistance regarding locally-customized web portals that assist veterans and their families with finding behavioral health treatment and support.

2.1 Population of Focus

The authority for the SOC Expansion and Sustainability Cooperative Agreements (Sections 561- 565 of the Public Health Service Act, as amended) requires that the population of focus for these implementation efforts be children and/or adolescents with a serious emotional disturbance as defined by the criteria listed below:

Age: Children and youth from birth to 21 years of age.

Diagnosis: The child or youth must have an emotional, socio-emotional, behavioral or mental disorder diagnosable under the *DSM-IV* or its *ICD-9-CM* equivalents**, or subsequent revisions** (with the exception of *DSM* V codes, substance use disorders and developmental disorders, unless they co-occur with another diagnosable serious emotional, behavioral, or mental disorder). For children 3 years of age or younger, the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC: 0-3R)* should be used as the diagnostic tool (or subsequent revisions). (See http://www.zerotothree.org for more information.) For children 4 years of age and older, the *Diagnostic Interview Schedule for Children* (*DISC)* may be used as an alternative to the *DSM*.

Disability: The child or youth is unable to function in the family, school or community, or in a combination of these settings; or the level of functioning is such that the child or adolescent requires multi-agency intervention involving two or more community service agencies providing services in the areas of mental health, education, child welfare,

juvenile justice, substance abuse, or primary health care. For children under 6 years of age, community service agencies include those providing services in the areas of childcare, early childhood education (e.g., Head Start), pediatric care, and family mental health. For youth ages 18 to 21 years, community service agencies include those providing services in the areas of adult mental health, social services, vocational counseling and rehabilitation, higher education, criminal justice, housing, and health.

Duration: The identified disability must have been present for at least 1-year or, on the basis of diagnosis, severity or multi-agency intervention, is expected to last more than 1year.

Applicants may select a population of focus within birth to 21. Applications that will address the following areas of focus are encouraged:

- Individuals that have, or are at serious risk of having, FEP;
- Youth involved in other child serving agencies including, but not limited to: Juvenile Justice, Primary Care, Child Welfare (including children who have been adopted), and Education;
- Youth with co-occurring substance use disorders;
- Early childhood (young children with SED); and
- Infrastructure and service activities to improve integration between mental health and primary physical health care.

2.2 Required Activities

During the four-year implementation period, grantees will be expected to realize goals and actions identified in their comprehensive strategic plans to expand and sustain SOCs. Activities must demonstrate the ability to improve, expand, and sustain required comprehensive services and supports throughout the geographic area that are consistent with SOC principles and philosophy. These funds must be used to create infrastructure, facilitate access to required services and supports (including mental health, related recovery supports, case management, and outreach services), and to provide required mental health and related recovery support services that are identified under Sections 561-565 of the Public Health Service Act, as amended. See Appendix E for Required Mental Health and Recovery Support Services.

SOC Expansion and Sustainability Cooperative Agreements funds must be used to support infrastructure development and services not covered by Medicaid, private, or other types of insurance. **Up to 30 percent of the grant funds may be used for infrastructure development**.

The following are required activities designed to implement, expand, operate, and sustain SOCs:

- Provision of the following mental health services: (1) diagnostic and evaluation services; (2) outpatient services, including individual, group and family

counseling services, professional consultation, and review and management of medications; (3) 24-hour emergency services, 7 days a week; (4) intensive home-based services for the children and their families when the child is at imminent risk of out-of-home placement; (5) intensive day treatment services; (6) respite care; (7) therapeutic foster care services, and services in therapeutic foster family homes or individual therapeutic residential homes, and group homes caring for not more than 10 children; (8) assisting the child in making the transition from services received as a child to the services to be received as an adult; and (9) other recovery support services (e.g. supported employment) and focus efforts to provide early treatment for those youth with early onset of (SED/SMI).

- Services that are delivered with cultural and linguistic competence and address issues of diversity and disparity.

- Services that are delivered within a family-driven, youth-guided/directed framework and where engagement of family and youth is demonstrated through integral partners in their own treatment services and supports.

- Integral involvement of families and youth in the planning, governance, implementation, evaluation and oversight of grant activities and in the system planning efforts to expand and sustain systems of care.

- Incorporation of trauma-related activities into the service system, including trauma screening, trauma treatment, and a trauma-informed approach to care. Implementing evidence-based and promising approaches to treatment while integrating mental health and substance abuse services, supports, and systems.

- Mechanisms to promote and sustain youth and family participation, e.g., peer support, development of youth leadership, mentoring programs, and the partnership between family, adult consumer and youth organizations, youth-guided activities, youth peer specialists, parent support providers establishing permanent youth and family advisory and evaluation bodies, and self-help organizations/programs.

- Collaborations across child-serving agencies (e.g., substance use, child welfare, juvenile justice, primary care, education, early childhood) and among critical providers and programs to build bridges among partners, including relationships between community and residential treatment settings. Collaboration between child and adult serving agencies are critical when serving older youth who are transitioning to adulthood.

- Workforce participation through the use of peer support providers (family and youth) shall be expanded. Activities should be consistent with SAMHSA and the Centers for Medicare and Medicaid Services' (CMS) Information Bulletin

"Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions" that can be accessed at: http://files.www.cmhnetwork.org/media-center/morning-zen/cmssamhsa/CIB-05-07-2013.pdf.

- Develop and implement an integrated crisis response strategy that creates a continuum of community-based crisis services and supports to reduce the unnecessary use of inpatient services by children and youth with SED.

- Collaboration between Statewide Family Network grantees, SAMHSA's Community Mental Health Services Block Grants (including the required set-aside for first episode mental illness/psychosis), "*Now is the Time"* Healthy Transitions grants, and other SAMHSA grants as deemed appropriate. More information for these grants can be found at:
  http://www.samhsa.gov/grants/grant-announcements/sm-16-004
  http://www.samhsa.gov/grants/block-grants/mhbg
  http://www.samhsa.gov/nitt-ta/healthy-transitions-grant-information

- Training/workforce development to help staff and providers in the community identify mental health or substance abuse issues and/or provide effective services.

- Development of outreach and engagement strategies that identify and engage youth and families in SOC efforts including those focusing on youth experiencing early on-set of SED/SMI and other hard to reach populations.

- Creation of flexible funds with agency policy support. Flex funds shall be used to support the individualized needs of children, youth, and families that are not typically covered services and otherwise not reimbursable. Use of flex funds shall be tied into an individual's plan of care (i.e., treatment plan), and should be considered as a temporary solution to address a specific need.

- Any youth enrolled in SOC case management services as a result of the grant should be included in the service delivery tracking data. This would include youth enrolled in services for which payment for services are made, or can reasonably be expected to be made under any state compensation program, under a private insurance policy, or under any federal or state health benefits program.

2.3 Other Allowable Activities

SAMHSA's SOC Expansion and Sustainability Cooperative Agreements will also support the following types of activities:

- Collaborating with existing federal grant programs and/or interagency teams serving the same population of focus such as state children's cabinet youth council, shared youth vision team, and state and local youth and family organizations.

- Ensuring the development, implementation and evaluation of cultural and linguistic competence at the system, organizational and direct service levels of care.

- Reviewing policies and regulations to improve service delivery.

- Building capacity of state/tribal and local levels to provide sustained service delivery to children, youth and families.

- Conducting needs assessments.

- 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.

2.4 Data Collection and Performance Measurement

Grantees must agree to participate in any required **national evaluation** being conducted to determine the effectiveness of grant operations. This will be ***in addition*** to the required National Outcomes Measures (NOMS) reporting. In anticipation of a National Evaluation, please be sure to have evaluation processes and staff hired and ready to be trained in the Child and Family measures by the National Evaluation team. Your site will be required to begin collecting NOMs and National Evaluation measures within two weeks of participating in mandatory training on each. Your site will also be required to participate in webinar training on the National Evaluation measures and to participate in technical assistance calls with your sites TA liaison. You may discuss your plan in advance with your government project officer.

You will be required to provide reports on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted twice a year (the dates will be provided by your Government Project Officer). These reports will be reviewed by the Government Project Officer and National Evaluation team to determine progress and compliance with grant requirements.

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 E: Data Collection and Performance Measurement of your

application. Grantees will be required to report performance on the following performance measures:

- The number of policy changes completed as a result of the grant.
- The number of organizations or communities implementing mental health-related training programs as a result of the grant.
- The number of youth/family members/peers who provide mental health-related services as a result of the grant.
- The number of agencies/organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/ MOAs) to improve mental health-related practices/activities as a result of the grant.
- The number of individuals contacted through program outreach efforts.
- The number of individuals referred to mental health or related services.
- The number of individuals receiving mental health or related services after referral.

For services, grantees will be expected to report on the following performance measures:

- Mental illness symptomatology;
- Employment/education;
- Crime and criminal justice;
- Stability in housing; access, i.e., number of persons served by age, gender, race and ethnicity;
- Rate of readmission to psychiatric hospitals;
- Social support/social connectedness; and
- Client perception of care.

This information will be gathered using the CMHS Child Outcome Measures for Discretionary Programs (Child or Adolescent Respondent Version and Caregiver Respondent Version), which can be found at (http://www.samhsa.gov/grants/gpra-measurement-tools) along with instructions for completing it. Data will be collected at baseline, 6-month follow-up, and at discharge. Data are to be entered into the Common Data Platform (CDP) web system within seven days of data collection. Technical Assistance related to data collection and reporting, data entry, fiscal and annual report generation is available.

The collection of these data will enable CMHS to report on key outcome measures relating to mental health. In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

Performance data will be reported to the public as part of SAMHSA's Congressional Justification.

2.5 Local Performance Assessment

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. Performance assessments also should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

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

Outcome Questions:

- What was the effect of 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 identity (sexual orientation/gender identity)?
- 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?

- 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)?

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.4 and 2.5 above (see Appendix B).

2.6 Grantee Meetings

Grantees must plan to send a minimum of ten people (including the Project Director, key staff, task leads, and key partners that are mutually identified between the grantee and GPO) to at least one SOC training activity during the grant period (these can be divided into multiple training events). The applicant must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will receive training on the development and implementation of various aspects of a SOC, present results of their projects, and participate in technical assistance that may be provided by federal staff or partners.

In addition, grantees must have key staff, task leads, and key partners participate in virtual training events that will be held to provide information, direction, and technical assistance to grantees.

II. AWARD INFORMATION

Funding Mechanism: **Cooperative Agreement**

Anticipated Total Available Funding: **$15,045,000**

Estimated Number of Awards: **5 - 15**

Estimated Award Amount: **$1,000,000 - $3,000,000**

Length of Project Period: **Four years**

Proposed budgets cannot exceed $3,000,000 for state applicants and $1,000,000 for political subdivisions of states, tribes, tribal organizations, and territories 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 2017 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

Cooperative Agreement

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

Role of Grantee:

- Comply with the terms and conditions of the agreement, which will be specified in the Notice of Award (NoA).
- Agree to provide SAMHSA with all required data.
- Regularly assess technical assistance needs and agree to work closely with federal staff and technical assistance providers to address identified needs.
- Comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care which can be found at http://www.ThinkCulturalHealth.hhs.gov.

Role of SAMHSA Staff:

- The assigned Government Project Officer (GPO) will monitor each grantee's progress in the implementation of program requirements, and provide direct assistance to advance the goals of the program, and to improve the effectiveness of the SOC.
- Review and approve each stage of project implementation (e.g. continuation applications, and proposed programmatic and budgetary modifications).
- Review and approve all key staff, social marketing, strategic, and financing plans.
- Participate in making decisions with the grantee to help achieve project goals and objectives.
- Approve decisions for each grantee regarding:
    - Use of technical assistance resources for developing and operating the SOC according to requirements of the cooperative agreement, and for increasing the likelihood that the SOC will be expanded and sustained beyond the federal funding period; and
    - Use of communications, public awareness, and social marketing techniques in the community to promote good mental health practices among children and youth with serious emotional disturbances and their families; advertise systems of care services, and reduce community-wide discrimination associated with mental health challenges.

- Conduct a formal federal site visit in Year 2 or 3 of the cooperative agreement. Additional formal or informal site visits may be conducted, as needed.
- Coordinate with CMHS, SAMHSA, and other federal initiatives, as appropriate.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are:

- State governments Indian or tribal organizations (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination and Education Assistance Act); Governmental units within political subdivisions of a state, such as a county, city or town; District of Columbia government; and the Commonwealth of Puerto Rico, Northern Mariana Islands, Virgin Islands, Guam, American Samoa, and Trust Territory of the Pacific Islands (now Palau, Micronesia, and the Marshall Islands).

Entities that are currently funded under the Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families (System of Care (SOC) Expansion Implementation Cooperative Agreements), RFA# SM-14-003 and the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (System of Care Expansion and Sustainability Cooperative Agreement), FOA# SM-15-009 and SM-16-009 are not eligible to apply under this funding agreement (See Appendix C).

Note: Eligible state applicants for this grant **may not** choose local jurisdictions (See Appendix C) that have received a Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families in FY 2014 and Cooperative Agreements for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances in FY 2015 and FY 2016. **If a state applicant submits an application with a local jurisdiction that is a current grantee (See Appendix C), the application will be screened out and will not be reviewed.**

If a state applicant identifies a local jurisdiction that has submitted a separate application, SAMHSA will review and score both applications. If both applications are in the fundable range, the application with the higher priority score will be funded.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is required by statutory mandate to provide matching funds from other non-federal sources, either directly or through donations from public or private entities:

- For the first, second, and third fiscal years of the cooperative agreement, you must provide at least $1 for each $3 of Federal funds; and
- For the fourth fiscal year of the cooperative agreement, you must provide at least $1 for each $1 of Federal funds.

Matching resources may be in cash or in-kind, including facilities, equipment, or services and must be derived from non-federal sources (e.g., state or sub-state non-federal revenues, foundation grants).

There is concern that the federal funds for this program might be used to replace existing non-federal funds. Therefore, applicants may only include as non-federal match, contributions in excess of the average amount of non-federal funds available to the applicant public entity over the 2 fiscal years preceding the fiscal year when the Federal award is made. Non-federal public contributions, whether from State, county or city governments, must be dedicated to the community(ies) served by the cooperative agreement.

Federal grant funds must be used for the new expenses of the program carried out by the grantee. That is, Federal grant funds must be used to supplement and not supplant any funds available for carrying out existing services and activities, (e.g., college suicide prevention activities).

A letter from the director of the agency applying for the grant should certify that matching funds for the proposed initiative are available and are non-federal funds. It is expected that non-federal match dollars will include contributions from various child-serving systems (e.g., education, child welfare, and juvenile justice). You must specify the names of the expected sources, the types of sources (e.g., education, child welfare, and juvenile justice) and the amount of matching funds, to show evidence of your potential to sustain the system of care as you bring it to scale in your state/territory/tribe. The letter must be included in **Attachment 5** of the application, Non-Federal Match Certification letter. This letter should also indicate that proposed changes in funding streams required for the match or other funding innovations necessary for implementation of the proposed initiative will be allowed.

Tribes receiving funds under the Indian Self-Determination and Education Assistance Act, PL 93-638, as amended, are exempt from the restriction that prohibits the use of those Federal funds as a match.

3. OTHER

Applicants must show that identified needs are consistent with priorities of the tribe, tribal organization, state, territory or county that has primary responsibility for the service delivery system. The applicant must include, in **Attachment 6**, a copy of the state or county strategic plan, a state or county needs assessment, or a letter from the state or county indicating that the proposed project addresses a state- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

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 B of this document**. It is highly recommended that you use the sample budget format in Appendix B. This will expedite review of your application.**

- **Project Narrative and Supporting Documentation -** The Narrative describes the applicant's approach. It consists of Sections A through E. Sections A – E together may not be longer than 35 pages. (Remember that if the applicant's Project Narrative starts on page 5 and ends on page 40, it is 36 pages long, not 35 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 must be attached to your application using the Other Attachments Form from the Grants.gov application package. Additional instructions for completing these sections and page limitations for Biographical Sketches/Position Descriptions are included in PART II: Section II-3.1, Required Application Components, and Appendix D, Biographical Sketches and Position Descriptions. 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: Section II-3.1, Required Application Components.)

- **Attachments 1 through 7** – Use only the attachments listed below. If the 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 Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them. Please label the attachments as: Attachment 1, Attachment 2, etc. Use the Other Attachments Form from Grants.gov to upload the attachments.

  - **Attachment 1:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support – it will jeopardize the review of your application if you do.)**

- **Attachment 2:** Data Collection Instruments/Interview Protocols – if the applicant uses standardized data collection instruments/interview protocols, they do not need to include these in the 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, 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:** Non-Federal Funds Match Certification Letter

- **Attachment 6:** Strategic Plan, Needs Assessment, or Priority Letter

- **Attachment 7:** If applicable, applicants that have a state-level SAMHSA-funded SYT or SYT-I grantee in your state/territory/tribe and have established formal collaborative relationships with them should submit those agreements. At a minimum, the agreement must identify the parties involved; describe the specific roles and responsibilities of each party; include a summary of the essential terms of the agreement; and be signed and dated by the parties involved.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **January 3, 2017.**

Important: Due to SAMHSA's transition to NIH's eRA grants system, SAMHSA has made changes to the application registration, submission, and formatting requirements.

Please be sure to read PART II of this FOA very carefully to understand the requirements for SAMHSA's new grant system. Applicants will need to register with NIH'S eRA Commons in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment expenses.

- No more than 30 percent of funds may be used for infrastructure.

Remaining funds must be used for services and supports. 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 C, Standard Funding Restrictions.

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

All SAMHSA grant programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See PART II: Appendix B for additional information on these requirements as well as requirements for the Public Health System Impact Statement.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes how the applicant will implement, expand and sustain the system of care and includes the Evaluation Criteria in Sections A-E below. The application will be reviewed and scored according to the quality of the response to the requirements in Sections A-E. Responses should be appropriate for the population of focus selected.by the applicant.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.

- The Narrative (Sections A-E) together may be no longer than 35 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, 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.

- 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 (25 points)

1. Applicants are required to articulate their vision for how program activities in the grant connect to SAMHSA's Theory of Change. Specifically, the applicant must identify how their proposed activities will lead to expansion and widespread adoption of the system of care approach, and should include strategies to implement and sustain best and promising practices in areas including financing, governance, family and youth engagement, family and youth driven care, formal and informal collaborations among system partners and other child serving agencies, cultural and linguistic competence, evidenced based and evidenced informed services and supports. **Appendix D** shows a diagram of the SAMHSA Theory of Change. These grants are focused on dissemination, implementation and widespread adoption of the system of care approach, and applicants must show how their activities will move the system of care approach towards wide scale adoption. Activities can include capacity building, effective and appropriate services and supports, program evaluation, continuous quality improvement, policy changes, system improvements and infrastructure development. Widespread adoption means that these system changes are institutionalized and become the "way we do business".

    a. State applicants will identify how the theory of change will be used to expand and sustain the system of care approach within and beyond local levels across the state. The state will articulate a plan to develop, enhance, expand and sustain services and infrastructure to ensure widespread adoption of system of care.

    b. At the local level, applicants should articulate how they will work with the state, tribes, tribal organizations, territories and/or other jurisdictions to develop, enhance, expand and sustain services and infrastructure to ensure widespread adoption of system of care within and beyond their local areas.

2. State applicants addressing statewide systems change must identify at least two local jurisdictions where the system of care approach will be implemented. Include supporting documents from those local jurisdictions (e.g., letter from a local official) demonstrating that they have agreed to participate. Describe how the two local jurisdictions will systematically expand the approach in additional

communities over time. Include in **Attachment 1** letters from localities regarding their commitment to expand and sustain system of care in their jurisdictions.

3. Applicants focusing on the local, tribal or territory level must demonstrate that they are working with their respective states (including state Medicaid agencies), tribes, or territories to achieve the broader systemic changes needed to expand and sustain systems of care. Local applicants must demonstrate a linkage with the lead state agency for mental health services to youth and specify how high-level systemic changes will be achieved to build on the work in localities to take SOCs to scale. Include in **Attachment 1** letters from the state, tribal or territory leadership demonstrating their commitment to broader system level changes to support the local level adoption of the SOC.

4. Identify the proposed catchment area(s) (the catchment area may refer to the entire state) and provide demographic information on the population(s) to engage in activities and receive services through the grant in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic status and sexual identity (sexual orientation, gender identity). This should include youth who experience early on-set of SED/SMI. Explain how this meets the priority to expand and sustain systems of care at the state, local, tribal, and/or territorial level.

5. Document clear evidence of the priority in your jurisdiction of expanding and sustaining systems of care through a strategic plan, needs assessment and/or priority letter. Demonstrate progress to date to create a comprehensive strategic plan that will expand and sustain required services and supports that are consistent with Sections 561- 565 of the Public Health Service Act, as amended and the systems of care values and principles. Include in **Attachment 6** your strategic plan, needs assessment and/or Priority Letter.

This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

Section B: Proposed Services and Infrastructure Approach (20 points)

1. Describe the purpose of the proposed project, including its goals and measureable 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 proposed services and infrastructure approach will result in the achievement of goals and increase system capacity to support effective mental health services and systems of care for children, youth and families. Articulate how this approach supports SAMHSA theory of change.

3. Describe how family, youth and consumer organizations will be fully involved and supported in all planning, implementation, and evaluation efforts of the SOC. Demonstrate how these organizations, as well as other key stakeholders and resources in the catchment area, have made a commitment to implement the needed infrastructure and services. Identify any other organization(s) that will participate in the proposed activities. Describe roles and responsibilities and demonstrate commitment to the project. Include letters of commitment from these organizations in **Attachment 1** of your application.

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 from 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.

Section C: Expectations and Required Activities (30 points)

1. Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in Section I-2: Expectations. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.] Describe how the project will address the Expectations outlined in Section 1-2.

2. Describe how the proposed approach will address the following required activities as described in Section 1-2.2 :

    a. Provision of the following mental health services: (1) diagnostic and evaluation services; (2) outpatient services, including individual, group and family counseling services, professional consultation, and review and management of medications; (3) 24-hour emergency services, 7 days a week; (4) intensive home-based services for the children and their families when the child is at imminent risk of out-of-home placement; (5) intensive day treatment services; (6) respite care; (7) therapeutic foster care services, and services in therapeutic foster family homes or individual therapeutic residential homes, and group homes caring for not more than 10 children; (8) assisting the child in making the transition from services received as a child to the services to be received as an adult; and (9) other recovery support services (e.g. supported employment) and focus efforts to provide early treatment for those youth with early onset of serious emotional disturbances/serious mental illness (SED/SMI).

    b. Services that are delivered with cultural and linguistic competence and address issues of diversity and disparity.

c. Services that are delivered within a family-driven, youth-guided/directed framework and that engagement of family and youth are demonstrated through integral partners in their own treatment services and supports.

d. Integral involvement of families and youth in the planning, governance, implementation, evaluation and oversight of grant activities and in the system planning efforts to expand and sustain systems of care.

e. Incorporation of trauma-related activities into the service system, including trauma screening, trauma treatment, and a trauma-informed approach to care. Implementing evidence-based and promising approaches to treatment while integrating mental health and substance abuse services, supports and systems.

f. Mechanisms to promote and sustain youth and family participation, e.g., peer support, development of youth leadership, mentoring programs, and the partnership between family, adult consumer and youth organizations, youth-guided activities, youth peer specialists, parent support providers establishing permanent youth and family advisory and evaluation bodies, and self-help organizations/programs.

g. Collaborations across child serving agencies (e.g., substance use, child welfare, juvenile justice, primary care, education, early childhood) and among critical providers and programs to build bridges among partners, including relationships between community and residential treatment settings. Collaboration between child and adult serving agencies are critical when serving older youth who are transitioning to adulthood.

h. Training/workforce development to help staff and providers in the community identify mental health or substance abuse issues and/or provide effective services.

i. Development of outreach and engagement strategies to identify and engage youth and families in SOC efforts include those focusing on youth experiencing early on-set of SED/SMI and other hard-to-reach populations.

Section D: Staff, Management, and Relevant Experience (15 points)

1. Discuss the capability and experience of the applicant organization with similar projects and populations, including experience in providing culturally appropriate/competent services.

2. 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.

3. Describe how youth and family members will be hired/engaged as staff with the project.

Section E: Data Collection and Performance Measurement (10 points)

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.4 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-2.5 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.

5. Describe the data-driven quality improvement process by which specialty population disparities in access/use/outcomes will be tracked, assessed, and reduced.

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 B – Sample Budget and Justification of this document. **It is highly recommended that you use the**

Sample Budget format in Appendix B. This will expedite review of your application.

Be sure 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: Section II-3.1, Required Application Components.)

REQUIRED SUPPORTING DOCUMENTATION

Section F: Biographical Sketches and Job Descriptions

See PART II: Appendix D, 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. **Failure to include these procedures will impact the review of your application.** See Appendix A 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 CMHS National Advisory Council;
- availability of funds;
- equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations of focus and program size; and
- In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to

award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)].

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.4, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/reporting-requirements. Grantees are required to submit semi-annual reports.

VII. AGENCY CONTACTS

For questions about program issues contact:

Diane Sondheimer
Deputy Chief
Child, Adolescent and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, 14N06C
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Tanvi Ajmera
Public Health Advisor/Government Project Officer
Child, Adolescent, and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
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(240) 276-0307
tanvi.ajmera@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

Appendix A – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

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

1. Protect Clients and Staff from Potential Risks

    - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

    - Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.

    - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

    - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

    - Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, LBGT 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 if an incentive paid for with SAMHSA discretionary grant funds exceed $30.

   - State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

   - Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

   - Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

   - Provide in **Attachment 2, "Data Collection Instruments/Interview Protocols,"** copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:

    - How you will use data collection instruments.

    - Where data will be stored.

    - Who will or will not have access to information.

    - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

- State:

    - Whether or not their participation is voluntary.

    - Their right to leave the project at any time without problems.

    - Possible risks from participation in the project.

    - Plans to protect clients from these risks.

- Explain how you will obtain consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

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

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

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

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

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

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

Appendix B – Sample Budget and Justification (match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE. WITH GUIDANCE FOR COMPLETING SF 424A: SECTION B FOR THE BUDGET PERIOD. **This sample budget must be used to prepare your application instead of the sample budget in PART II.**

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
			TOTAL	**$52,765**

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

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

NON-FEDERAL MATCH

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	$64,890	7%	$4,542

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(2) Prevention Specialist	Sarah Smith	$26,000	25%	$6,500
(3) Peer Helper	Ron Jones	$23,000	40%	$9,200
(4) Clerical Support	Susan Johnson	$13.38/hr x 100 hr.		$1,338
			TOTAL	**$21,580**

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Project Director will provide daily oversight of grant and will be considered key staff.

(2) The Prevention development specialist will provide staffing support to the working council.

(3) The peer helper will be responsible for peer recruitment, coordination and support.

(4) The clerical support will process paperwork, payroll, and expense reports that are not included in the indirect cost pool.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **$52,765**

NON-FEDERAL MATCH (enter in Section B column 2 line 6a of form SF424A) **$21,580**

B. Fringe Benefits: List all components of 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
		TOTAL	**$10,896**

NON-FEDERAL MATCH

Component	Rate	Wage	Cost
FICA	7.65%	$21,580	$1,651
Workers Compensation	2.5%	$21,580	$540
Insurance	10.5%	$21,580	$2,266
		TOTAL	**$4,457**

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

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

NON-FEDERAL MATCH (enter in Section B column 2 line 6b of form SF424A) **$4,457**

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

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	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
			TOTAL	**$2,444**

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 (POV) reimbursement rate. If policy does not have a rate use GSA.

NON-FEDERAL MATCH

Purpose of Travel	Location	Item	Rate	Cost
(1) Regional Training Conference	Chicago, IL	Airfare	$150/flight x 2 persons	$300
		Hotel	$155/night x 2 persons x 2 nights	$620
		Per Diem (meals)	$46/day x 2 persons x 2 days	$184
(2) Local Travel	Outreach workshops	Mileage	350 miles x .38/mile	$133
			TOTAL	**$1,237**

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

(1) Grantees will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL).

(2) Local travel rate is based on agency's POV reimbursement rate. If policy does not have a rate use GSA.

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

NON-FEDERAL MATCH (enter in Section B column 2 line 6c of form SF424A) **$1,237**

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

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

NON-FEDERAL MATCH – (enter in Section B column 2 line 6d of form SF424A) **$0**

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

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Postage	$37/mo. x 8 mo.	$296
Laptop Computer	$900	$900

Item(s)	Rate	Cost
Printer	$300	$300
Projector	$900	$900
Copies	8000 copies x .10/copy	$800
	TOTAL	**$3,796**

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 is needed for both project work and presentations.

(3) The projector is needed for presentations and outreach workshops.

All costs were based on retail values at the time the application was written.

NON-FEDERAL MATCH

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Bookcase	$75	$75
Digital camera	$300	$300
Fax machine	$150	$150
Computer	$500	$500
Postage	$37/mo. x 4 mo	$148
	TOTAL	**$1,773**

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

(1) The local television station is donating the bookcase, camera, fax machine, and computer (items such as these can only be claimed as match once during the grant cycle and used for the project). The “applying agency” is donating the additional costs for office supplies and postage.

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

NON-FEDERAL MATCH - (enter in Section B column 2 line 6e of form SF424A) **$1,773**

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
(3) Jane Doe (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 Doe	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
			TOTAL	**$86,997**

JUSTIFICATION: Explain the need for each contractual agreement and how they relate to the overall project.

(1) Certified trainers are necessary to carry out the purpose of the statewide consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

(2) Treatment services for clients to be served based on organizational history of expenses.

(3) Case manager is vital to client services related to the program and outcomes.

(4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation and is knowledgeable about the target population 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, provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

*** Represents separate/distinct requested funds by cost category**

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

NON-FEDERAL MATCH (Consultant)

Name	Service	Rate	Other	Cost
Jane Doe	Outreach meeting facilitation	$43.00/hr. x 20 hrs./month x 12 months		$10,320
	Travel Expenses	148 miles/month @ .38/mile x 12 months		$675
			TOTAL	**$11,051**

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

(1) Facilitator volunteering his/her time to facilitate the youth prevention and outreach sessions outlined in the strategic plan. Hourly rate is based on an average salary of an outreach facilitator in the geographic area.

(2) Travel is based on average distance between facilitator's location and the meeting site. Mileage rate is based on POV reimbursement rate.

NON-FEDERAL MATCH (Contract)

Entity	Product/Service	Cost
(1) West Bank School District	Student Assistance Program for 50 students @ $300 per year	$15,000
	TOTAL	**$15,000**

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

(1) West Bank School District is donating their contracted services to provide drug testing, referral and case management for 50 non-school attending youth. Average cost is $300/person.

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

NON-FEDERAL MATCH– (enter in Section B column 2 line 6f of form SF424A) **$26,051**

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

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

FEDERAL REQUEST

Item	Rate	Cost
(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
	TOTAL	**$15,815**

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

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

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an 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 % 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).

NON-FEDERAL MATCH

Item	Rate	Cost
(1) Space rental	$75/event x 12 events/year	$900
(2) Internet services	$26/mo. x 12 mo.	$312
(3) Student surveys	$1/survey x 1583 surveys	$1,583
(4) Brochures	.97/brochure x 1500 brochures	$1,455
	TOTAL	**$4,250**

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

(1) Donated space for the various activities outlined in the scope of work, such as teen night out, after-school programs, and parent education classes.

(2) The applying agency is donating the internet services for the full-time coordinator.

(3) The ABC Company is donating the cost of $1,583 for student surveys.

(4) The ABC Company is donating the printing costs for the bi-monthly brochures.

All costs are the value placed on the service at the time of this grant application.

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

NON-FEDERAL MATCH - (enter in Section B column 2 line 6h of form SF424A) **$4,250**

Indirect cost rate: Indirect costs can only 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.**

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

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

NON-FEDERAL MATCH (enter in Section B column 2 line 6j of form SF424A)

8% of personnel and fringe**(.08 x $26,037)** **$2,083**

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TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) $**172,713**

NON-FEDERAL MATCH - (enter in Section B column 2 line 6i of form SF424A) **$59,348**

INDIRECT CHARGES:

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

NON-FEDERAL MATCH – (enter in Section B column 2 line 6j* of form SF424A) **$2,083**

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF424A) **$177,806**

NON-FEDERAL MATCH-(enter in Section B column 2 line 6k of form SF424A) **$61,431**

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UNDER 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 all funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or other non-federal means. [Note: Please see PART II, Appendix F, Funding Restrictions, regarding allowable costs.]

Provide the total proposed Project Period Federal & Non-Federal funding as follows:

Proposed Project Period

a. Start Date:	**09/30/2016**	b. End Date:	**09/29/2020**

BUDGET SUMMARY (should include future years and projected total)

Category	Federal Request For Year 1	Non-Federal Match for Year 1	Year 2 Federal Request *	Year 2 Non-Federal Match *	Year 3 Federal Request *	Year 3 Non-Federal Match *	Year 4 Federal Request *	Year 4 Non-Federal Match *	Year 5 Federal Request *	Year 5 Non-Federal Match *
Personnel	**$52,765**	$21,580	$54,348	$1,338	$55,978	$40,000	$57,658	$35,000	$59,387	$43,000
Fringe	**$10,896**	$4,457	$11,223	$275	$11,558	$8,260	$11,906	$7,228	$12,263	$8,880
Travel	**$2,444**	$1,237	$2,444	$2,000	$2,444	$1,500	$2,444	$1,200	$2,444	$2,600
Equipment	**0**	0	0	0	0	0	0	0	0	0
Supplies	**$3,796**	$1,773	$3,796	$2,000	$3,796	$2,000	$3,796	$2,500	$3,796	$4,500
Contractual	**$86,997**	$26,051	$86,997	$67,000	$86,997	$15,000	$86,997	$10,000	$86,997	$14,500
Other	**$15,815**	$4,250	$13,752	$52,387	$11,629	$5,786	$9,440	$8,976	$7,187	$4,000
Total Direct Charges	**$172,713**	$59,348	$172,560	$125,000	$172,403	$72,546	$172,241	$64,904	$172,074	$77,480
Indirect Charges	**$5,093**	$2,083	$5,246	$129	$5,403	$3,861	$5,565	$3,378	$5,732	$4,150
Total Project Costs	**$177,806**	**$61,431**	**$177,806**	**$125,129**	**$177,806**	**$76,407**	**$177,806**	**$68,282**	**$177,806**	**$81,630**

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **$889,030**

NON-FEDERAL MATCH (enter in Section B column 2 line 6k of form SF424A)
$412,879

*** FOR REQUESTED FUTURE YEARS:**

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

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

Appendix C – List of Current Grantees Ineligible to Apply

Expansion Implementation Grants Funded in FY 2014

SM061628	Yukon-Kuskokwim Health Corporation	AK
SM061630	City of Jackson	MS
SM061632	Arkansas Department of Human Services	AR
SM061631	Utah Department of Human Services	UT
SM061633	South Carolina Department of Health and Human Services	SC
SM061634	Lummi Nation	WA
SM061635	ADAMHS Board for Montgomery County	OH
SM061636	Yurok Tribe	CA
SM061637	Mental Health/Mental Retardation Tarrant County	TX
SM061638	County of Beaver	PA
SM061639	City of San Antonio	TX
SM061640	City of Pasadena	CA
SM061641	San Francisco Dept. of Public Health	CA
SM061642	North Carolina Department of Health & Human Services	NC
SM061645	Tule River Tribal Council	CA
SM061646	Connecticut Department Children and Families	CT
SM061651	Illinois Department of Human Services	IL
SM061647	Indiana Division of Mental Health and Addiction	IN
SM061643	Saginaw County Community Mental Health Authority	MI
SM061648	New Mexico Children, Youth and Families Department	NM
SM061650	Santee Sioux Nation	NE

Expansion Sustainability Grants Funded in FY 2015

SM062464	Riverside County Department/Mental Health.	CA

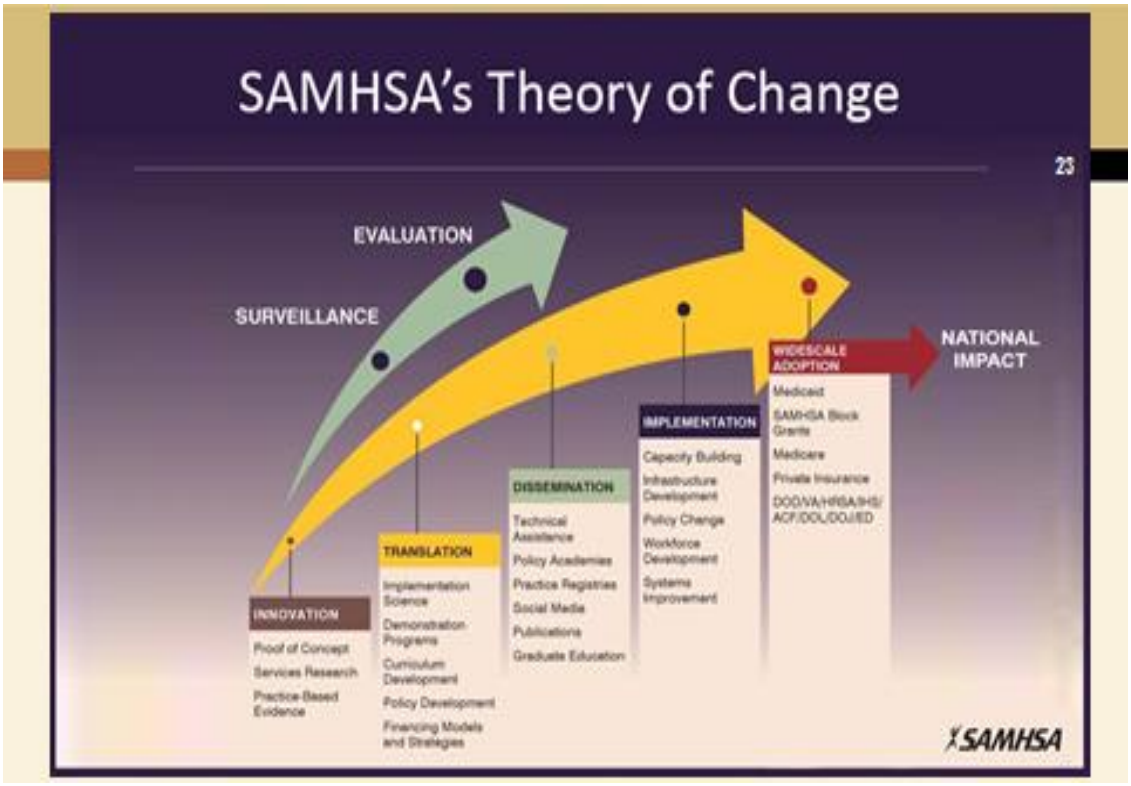
SM062452	Seminole County Sheriff's Office	FL
SM062453	County of Orange	FL
SM062454	Broward County Board/CNTY Commissioners	FL
SM062446	City of Jacksonville	FL
SM062449	Madison School District	ID
SM062467	Boston Public Health Commission	MA
SM062450	Local Management Board of Anne Arundel County	MD
SM062470	Prince George's County Health Department	MD
SM062471	County Commissioners of Charles County	MD
SM062472	Network180	MI
SM062448	Kalamazoo Community Mental Health & Substance Abuse Services	MI
SM062451	City of St. Louis Mental Health Board	MO
SM062447	Commonwealth Healthcare Corporation	MP
SM062455	City of West Point	MS
SM062466	Desoto County, MS Board of Supervisors	MS
SM062469	New Jersey Department of Children and Families	NJ
SM062474	Division of Child and Family Services	NV
SM062460	Chautauqua County Dept. of Mental Hygiene	NY
SM062461	Onondaga County Mental Health	NY
SM062463	Philadelphia Department of Behavioral Health and Mental Retardation Services	PA
SM062468	Columbia Montour Snyder Union Behavioral Health Developmental Services	PA
SM062473	Central Plains Center	TX
SM062456	Lower Elwha Klallam Tribal Council	WA

Expansion Sustainability Grants Funded in FY 2016

SM063412	Tennessee Department of Mental Health and Substance Abuse Services	TN
SM063407	Sinte Gleska University	SD
SM063419	Dena' Nena' Henash dba Tanana Chief	AK
SM063389	Virginia Department of Behavioral Health & Developmental Services	VA
SM063400	North Mississippi Commission on Mental Illness and Mental Retardation	MS
SM063402	State of Missouri	MO
SM063397	Los Angeles County Department of Mental Health	CA
SM063426	District of Columbia Department of Behavioral Health	DC
SM063428	Hinds /County Board of Supervisors	MS
SM063417	Hawaii Department of Health	HI
SM063411	Allegheny Department of Human Services	PA
SM063410	Mescalero Apache Tribe	NM
SM063418	The Pascua Yaqui Tribe	AZ
SM063392	State of Nebraska	NE
SM063409	Cayuga County Community MH Center	NY
SM063413	Research Foundation for Mental Hygiene Inc./NYS OM	NY
SM063441	Mental Health Anti-Addiction Services Administration	PR
SM063394	Colorado Department of Human Services	CO
SM063403	Oklahoma Department of Mental Health and Substance Abuse Services	OK
SM063405	County of Muskegon	MI
SM063423	Cambridge Public Health Commission	MA
SM063396	Montgomery County, Maryland	MD
SM063408	County of Cheshire	NH
SM063391	Hear of Texas Region MHMR Center	TX
SM063422	Florida Department of Children and Families	FL

SM063415	Egyptian Health Department	IL
SM063404	Elkhart County	IN
SM063421	County of Luzerne	PA
SM063390	County of Rockland	NY
SM063401	Kansas Department for Aging & Disability Services	KS
SM063393	New Hampshire Department of Education	NH
SM063425	Stark County Mental Health & Addiction Recovery	OH

Appendix D – SAMHSA Theory of Change Diagram



Appendix E – Required Mental Health And Support Services

A full array of mental health and support services must be established in order to address the clinical and functional needs of the children, youth and families receiving services through this initiative. This array must consist of, but is not limited to, the following:

- Diagnostic and evaluation services;
- Cross-system care management processes;
- Individualized service plan development inclusive of caregivers;
- Community-based services provided in a clinic, office, family's home, school, primary health or behavioral health clinic, or other appropriate location, including individual, group and family counseling services, professional consultation, and review and medication management;
- Emergency services, available 24 hours a day, seven days a week, including mobile crisis outreach and crisis intervention;
- Intensive home-based services available 24 hours a day, seven days a week, for children and their families when the child is at imminent risk of out-of-home placement, or upon return from out-of-home placement;
- Intensive day treatment services;
- Respite care;
- Therapeutic foster care;
- Therapeutic group home services caring for not more than 10 children (i.e., services in therapeutic foster family homes or individual therapeutic residential homes);
- Assistance in making the transition from the services received as a child and youth to the services received as a young adult;
- Family advocacy and peer support services delivered by trained parent/family advocates.

[Note: The required services listed above should be integrated, when appropriate, with established alternative or traditional healing practices (practice-based evidence) of racial, ethnic or cultural groups represented in the community, especially if there are indications that such integration will reduce racial or ethnic disparities in mental health care.]

Section 562(g) of the Public Health Service Act allows for a waiver of one or more of the above service requirements for applicants who are an Indian tribe or tribal organization or American Samoa, Guam, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, or the United States Virgin Islands, if CMHS staff determine, after peer review, that the system of care is family-focused, culturally competent, and uses the least restrictive environment that is clinically appropriate.

Allowable Services. In addition to the mental health services described above, the system of care may provide the following optional services:

- Screening assessments to determine whether a child is eligible for services;
- Training in all aspects of system of care development and implementation, including evidence-based, practice-based or community-defined interventions;
- Therapeutic recreational activities;
- Mental health services (other than residential or inpatient facilities with ten or more beds) that are determined by the individualized care team to be necessary and appropriate and to meet a critical need of the child or the child's family related to the child's mental health needs;
- Customized suicide prevention and intervention approaches to promote protective factors and intervene as needed to address the needs of children who have been identified as at risk for suicide (e.g., previous suicide attempts, suicidal ideation, etc.);
- Customized suicide prevention interventions which identify children and youth at risk for suicide, including those who need immediate crisis services because of an imminent threat or active suicidal behavior. Include in the general portfolio of interventions the promotion of protective factors.

[Note: Cooperative agreement funds and matching funds may be used to purchase individualized optional services from appropriate agencies and providers that directly address the mental health needs of children and adolescents in the population of focus. However, the funding of these services may not take precedence over the funding of the array of required services in this RFA.]

Non-mental Health Services. Funds from this program cannot be used to finance non-mental health services. Nonetheless, non-mental health services play an integral part in the individualized service plan of each child. The system of care must facilitate the provision of such services through coordination, memoranda of understanding and agreement/commitment with relevant agencies and providers. These services should be supplied by the participating agencies in the system of care and include, but are not limited to:

- Educational services, especially for children and youth who need to be placed in special education programs;
- Health services, especially for children and youth with co-occurring chronic illnesses;
- Substance abuse prevention and treatment services, especially for youth with co-occurring substance abuse problems;
- Out-of-home services such as acute inpatient and residential;
- Vocational counseling and rehabilitation and transition services offered under IDEA, for those children 14 years or older who require them;

- Protection and advocacy, including informational materials for children with a serious emotional disturbance and their families.

A relatively high percentage of adolescents with a serious emotional disturbance are expected to have a co-occurring substance use disorder. In such cases, treatment for the substance use disorder should be included in the individualized care plan. For those children with a serious emotional disturbance who are at risk for, but have not yet developed, a co-occurring substance use disorder, prevention activities for substance abuse may be included in the individualized care plan.

Children and youth with serious mental health needs often have co-occurring chronic illnesses and/or developmental disabilities. Therefore, collaboration with primary care and MR/DD service systems, including collaboration with family physicians, pediatricians and public health nurses, among others, must be developed within the system of care. Such collaboration must include, at a minimum, systematic procedures that primary care providers can follow to refer children and their families to the system of care. It also must include procedures for including primary care providers in individualized service planning teams and in the process used for development of an individualized plan of care that links strengths and needs with services and supports.

Appendix F - Key and Task Lead Staff Descriptions

Applicants must identify key and task lead personnel in their applications. For these positions, include the following:

- A job description: Job descriptions should be no longer than 1 page each.
- A biography: Biography's should be no longer than 1 page each. If the person has not been hired, include a letter of commitment from the individual with a current biographical sketch.

Key Personnel

Principal Investigator (PI)

Serves as the official responsible for the fiscal and administrative oversight of the cooperative agreement and also is responsible and accountable to the funded community for the proper conduct of the cooperative agreement. The awardee, in turn, is legally responsible and accountable for the performance and financial aspects of activities supported through the cooperative agreement. The Principal Investigator also may be responsible, or designate someone, for liaison with State officials and agencies. This oversight position must be employed by the fiduciary agent and be at least a .05 full time equivalent (FTE).

Project Director (PD)

Responsible for providing direct supervision to develop and implement the proposed SOC; establishing the organizational structure; hiring staff; and providing leadership in all facets of the development of the SOC. This key position should be staffed by one individual and be between .75 and 1.0 full-time equivalent position (FTE).

Lead Family Contact

Typically, this position is filled by a parent or other family member of a child or adolescent with a serious emotional disturbance, who has received or is currently receiving services from the mental health service system. This position is responsible for either setting up, or working with an existing family-run organization, that represents the cultural and linguistic background of the population of focus. Responsibilities include, but are not limited to, working in partnership with the awardee staff in all levels of decision-making, including the development, implementation and evaluation of the SOC, and providing support services for families receiving services through the cooperative agreement. This key position should be staffed by one individual and be between .75 and 1.0 .75 full-time equivalent position (FTE).

Task Leads

Applicants must identify a lead person to oversee and supervise required activities related to clinical service delivery, cultural and linguistic competence, evaluation, social marketing and youth engagement. The applicant must describe plans for how they will oversee and supervise these activities (including the FTE percentage devoted to the work), and include a biography of the lead person (or proposed lead person).

Clinical Services

An individual who has the authority and responsibility to assist leadership, management staff, service providers, families, youth, contractors and all other system partners to ensure that clinical service delivery and evidence based practices are of high quality in all aspects of the SOC.

Cultural and Linguistic Competence

An individual who has the authority and responsibility to assist leadership, management staff, families, youth, contractors and all other system partners in ensuring culturally and linguistically competent practices in all aspects of the SOC.

Evaluation

An individual who has the authority and responsibility to direct and coordinate the implementation of the National Evaluation. This person will be responsible for overseeing and coordinating with the national evaluation contractor to develop and implement procedures for conducting the longitudinal study of children and their families served through the program.

Social Marketing-Communications

An individual who is responsible for developing a comprehensive social marketing/communications strategy for the grantee community, including a social marketing strategic plan, public education activities, and overall outreach efforts. This position coordinates activities with the national communications campaign contractor.

Youth Engagement

This individual represents the voice of youth who have an SED and is responsible for infusing that perspective throughout the SOC. This individual works with all program staff to inform program decision making and implementation. Responsibilities also include developing programs for young people to facilitate their involvement in the development of the SOC.

Appendix G – SAMHSA Funded State Adolescent and Transitional Aged Youth Treatment Grant Programs

FY 2013 Grant Award Number	Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination (State Youth Treatment)	State
	Grantee Name	
TI025307	Mississippi Department of Mental Health	MS
TI025313	Vermont Department of Health	VT
TI025312	Maryland Department of Health and Mental Hygiene	MD
TI025314	Alaska Department of Health and Social Services	AK
TI025315	Fallon Paiute-Shoshone Tribes	NV
TI025317	District of Columbia Department of Health	DC
TI025319	Arizona Department of Health Services	AZ
TI025320	Chickasaw Nation	OK
TI025322	Tennessee Department of Mental Health	TN
TI025324	Idaho Department of Health and Welfare	ID
TI025334	Colorado Department of Human Services	CO
FY 2015 Grant Award Number	**Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement And Dissemination Implementation (State Youth Treatment-Implementation)**	**State**
	Grantee Name	
TI026004	Pascua Yaqui Tribe	AZ
TI025996	Iowa Department of Public Health	IA
TI025993	Illinois Department of Human Services	IL

TI025991	Louisiana Department of Health & Hospitals	LA
TI026001	Maine State Department of Health and Human Services	ME
FY 2015 **Grant Award Number**	**Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement And Dissemination Implementation (State Youth Treatment-Implementation)-Continued** **Grantee Name**	**State**
TI026007	Research Foundation for Mental Hygiene	NY
TI025998	Montana Department of Public Health and Human Services	MT
TI026003	Massachusetts Bureau of Substance Abuse Services	MA
TI025999	Oklahoma Department Mental Health Services	OK
TI025992	South Carolina Department of Alcohol and Drug Abuse Services	SC
TI025995	Washington Department of Social and Health Services	WA

FY 2015 **Grant Award Number**	**2015 State Youth Treatment–Planning** **Grantee Name**	**Agency/State**
TI026037-01	Foundation for the Future (FF)	Fairbanks Native Association ALASKA
TI026035-01	Connecticut IMProving Access, Continuing Care and Treatment (CT IMPACCT)	Connecticut Department of Children and Families

TI026040-01	Michigan Youth Treatment Infrastructure Enhancement (MYTIE)	Michigan Department of Community Health
TI026036-01	Comprehensive Youth Treatment Strategic Planning	New Hampshire State Department of Health and Human Services
TI026032-01	NM CYFD CBHD SYT Planning Project	New Mexico Department of Children, Youth and Families
TI026028-01	Statewide Cooperative to Improve Youth Treatment	Nevada Division of Public and Behavioral Health
TI026030-01	Guarding the Future Project	Kickapoo Tribe of Oklahoma
TI026029-01	Ohio Statewide Youth Treatment Planning	Ohio Department of Mental Health and Addiction Services
TI026039-01	Rhode Island Youth Treatment Planning Project	Rhode Island Division of Behavioral Health
TI026031-01	Texas Youth Substance Use Disorder Treatment Planning Initiative	Texas Department of State Health Services
TI026034-01	Utah State Youth Treatment Planning Project (SYT-P)	Utah Department of Human Services www.dsamh.utah.gov
TI026038-01	Young Adult Substance Abuse Treatment	Virginia Department of Behavioral Health and Developmental Services
TI026033-01	State Youth Treatment Planning Grant	West Virginia Department of Health and Human Resources

FY 2016 Grant Number	2016 Youth Treatment - Implementation Grantee Name	State
TI 026557-01	Fairbanks Native Association	Alaska
TI 026558-01	Kentucky State Cabinet/Health/Family Services	Kentucky