

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

**Strategic Prevention Framework Partnerships for Success
State and Tribal Initiative**

(SPF-PFS)

(Initial Announcement)

Request for Applications (RFA) No.: SP-14-004

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

Key Dates:

Application Deadline	Applications are due by May 14, 2014
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EXECUTIVE SUMMARY:

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (CSAP) is accepting applications for fiscal year (FY) 2014 Strategic Prevention Framework Partnerships for Success State and Tribal Initiative grants (SPF-PFS). This program is designed to address two of the nation's top substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25.

The SPF-PFS program is also intended to bring SAMHSA's Strategic Prevention Framework (SPF) to a national scale. These awards provide an opportunity for states, U.S. Territories, Pacific Jurisdictions and the District of Columbia (referred to herein as "states") and tribal entities that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG) and are not currently receiving funding through SAMHSA's Strategic Prevention Framework Partnerships for Success (SPF-PFS) grants to acquire additional resources to implement the SPF process at the state/tribal and community levels. Equally important, the SPF-PFS program promotes the alignment and leveraging of prevention resources and priorities at the federal, state, and community levels.

Funding Opportunity Title:	Strategic Prevention Framework Partnerships for Success (SPF-PFS) State and Tribal Initiative
Funding Opportunity Number:	SP-14-004
Due Date for Applications:	May 14, 2014
Anticipated Total Available Funding:	\$47 million
Estimated Number of Awards:	Up to 34
Estimated Award Amount:	From \$305,000 to \$2,016,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 5 years
Eligible Applicants:	States (including U.S. Territories, Pacific Jurisdictions and the District of Columbia) and tribal entities that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG) and are currently not receiving funds through SAMHSA's SPF-PFS grants.

[See [Section III-1](#) of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (CSAP) is accepting applications for fiscal year (FY) 2014 Strategic Prevention Framework Partnerships for Success State and Tribal Initiative grants (SPF-PFS). This program is designed to address two of the nation's top substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25.

The SPF-PFS program is also intended to bring SAMHSA's Strategic Prevention Framework (SPF) to a national scale. These awards provide an opportunity for states, U.S. Territories, Pacific Jurisdictions and the District of Columbia (referred to herein as "states") and tribal entities that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG) and are not currently receiving funding through SAMHSA's Strategic Prevention Framework Partnerships for Success (SPF-PFS) grants to acquire additional resources to implement the SPF process at the state/tribal and community levels. Equally important, the SPF-PFS program promotes the alignment and leveraging of prevention resources and priorities at the federal, state, and community levels.

The SPF-PFS program builds upon the experience and established SPF-based prevention infrastructures of states/tribes to address two of the nation's top substance abuse prevention priorities in communities of high need. The program is based on the premise that changes at the community level will, over time, lead to measurable changes at the state/tribal level. By working together to foster change, states/tribes and their SPF-PFS funded communities of high need can more effectively begin to overcome the challenges underlying their substance abuse prevention priorities and achieve the goals of the SPF-PFS program.

The SPF-PFS program supports SAMHSA's Strategic Initiative #1 (SI #1): Prevention of Substance Abuse and Mental Illness.

SPF-PFS grants are authorized under Section 516 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

To meet the goals of the SPF-PFS program, SAMHSA expects grantees to continue to use the SPF process at both the state/tribal and community levels. The SPF represents a five-step, data-driven process used to: assess needs (Step 1); build capacity (Step 2); engage in a strategic planning process (Step 3); implement a comprehensive, evidence-based prevention approach (Step 4); and evaluate implementation and related outcomes (Step 5). The use of the SPF process is critical to ensuring that states/tribes

and their communities work together to use data-driven decision making processes to develop effective prevention strategies and sustainable prevention infrastructures. States/tribes must use a data-driven approach to identify which of the substance abuse prevention priorities listed above (1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25) they propose to address using SPF-PFS funds. **States/tribes must use SPF-PFS funds to address one or both of these priorities. At their discretion, states/tribes may also use SPF-PFS funds to target an additional, data-driven prevention priority in their state/tribe.**

States/tribes must develop an approach to funding communities of high need (i.e., subrecipients) that ensures all funded communities will receive ongoing guidance and support from the state/tribe, including technical assistance and training, for the duration of the SPF-PFS project.

States/tribes must address SAMHSA's goals for prevention with respect to each set of requirements discussed below. These requirements are intended to strengthen the SPF process, align priorities and leverage resources at the federal, state, tribal and community levels. Requirements are given for applicants and grantees, below.

Expectations for SPF-PFS Applicants

- Applicants are expected to identify their selected subrecipient communities, document their identified needs and prevention priority(ies), and identify why these communities were selected over other high-need communities in the state/tribe in Section B of the Project Narrative.
- Applicants are expected to explain how they propose to work with their existing or revitalized Advisory Councils, Evidence-based Program (EBP) Workgroups, and State/Tribal Epidemiological Outcome Workgroups (SEOWs) to: 1) assist funded communities in building their capacity to address their needs and prevention priority(ies); and 2) select, implement, and evaluate evidence-based prevention programs, policies, and practices that best address the selected prevention priority(ies).
- Applicants are expected to explain and demonstrate how they propose to leverage, redirect, and/or realign prevention funds and resources (including, for states, the prevention set-aside of the Substance Abuse Block Grant [SABG]) at the state, tribal and community levels to support SPF-PFS project goals.
- Applicants are also expected to work with their SEOWs to identify communities of high need.

Expectations for SPF-PFS 2014 Grantees

SPF-PFS states must use at least \$150,000 per year of their total annual awards to support their current SEOW efforts or to develop new SEOW efforts. SPF-PFS Territories, Pacific Jurisdictions, and tribal entities must use at least \$75,000 per year of their total annual awards to support their current SEOW efforts or to develop new SEOW efforts. Grantees are to use their remaining funds as follows:

Grantees are required to use a minimum of 85 percent of their awards (plus any other leveraged funds/resources from the SABG or other sources) to fund subrecipient communities that demonstrate a need for prevention programming in their selected prevention priority(ies).

Grantees may use their remaining SPF-PFS funds (i.e., up to 15 percent) for state/tribal level administrative costs and state/tribal level performance activities--including building capacity or providing training and TA at the state/tribal level to fill gaps in their current prevention infrastructure and systems.

Grantees are required to collect and report annual state/tribal and community-level data to determine progress toward addressing their selected SPF-PFS prevention priority(ies).

Grantees must include the following tasks related to their current or developing SEOW efforts: 1) continue to support SEOWs as they collaborate with agencies, organizations and individuals to use data, skills and/or decision-making authority in guiding and promoting positive behavioral health; and 2) institutionalize what works, including developing capacities for sustaining the SEOW, developing useful products, disseminating such information to key decision makers, and continuously evaluating data and systems for effectiveness.

Grantees are expected to work with their subrecipient communities to: 1) Quickly build capacity and enhance their community-level infrastructures using the SPF process; 2) Leverage, redistribute and/or realign funds for prevention activities; 3) Implement a comprehensive prevention approach, including a mix of evidence- based programs, policies, and/or practices that best addresses the selected prevention priority(ies); 4) Identify technical assistance and training needs and develop responsive activities; and 5) Collect and report community level data in accordance with federal reporting requirements.

If you focus on prescription drug misuse and abuse or opioid abuse, you may want to consider using SAMHSA's *Opioid Overdose Toolkit: Facts for Community Members* to educate members of your community(ies) about opioid use and opioid-related overdoses and death: <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742>. The *Opioid Overdose Toolkit* educates community members, first responders, opioid prescribers, patients, family members, and overdose survivors on ways to prevent and intervene in an opioid overdose situation.

If your application is funded, you will be expected to develop a health disparities impact statement. This statement consists of three parts: (1) identify subpopulations vulnerable to disparities (e.g., racial, ethnic, tribal and sexual minority groups) and how they will be engaged in infrastructure activities (e.g., training, collaborations and partnerships, outreach, etc.); (2) propose a quality improvement plan to decrease the differences in access to, use and outcomes of these infrastructure activities among these subpopulations; and (3) the quality improvement plan should include an alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (Be sure to review details provided in [Appendix G: Addressing Behavioral Health Disparities.](#))

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

According to the National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index, and other sources indicate earlier mortality among individuals who have mental and substance use disorders than among other individuals. Due to the high prevalence rates of tobacco use and the early mortality of the target population for this grant program, grantees are encouraged to promote abstinence from tobacco products (except with regard to accepted tribal traditional practices) and to integrate tobacco cessation strategies and services in the grant program. Applicants are encouraged to set annual targets for the reduction of past 30-day tobacco use among individuals receiving direct client services under the grant.

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

Coordinating With Tribal Behavioral Health Grants in Your State or Tribal Entity

If there is (are) a FY 2014 SAMHSA grantee for Cooperative Agreements for either Tribal Behavioral health and/or State-Sponsored Youth Suicide Prevention and Early Intervention in your state or tribal entity, you are required to work with these grantees and your funded community(ies) of high need to collaborate and coordinate, as appropriate, with local level prevention and clinical service providers (including those working in health, mental health and substance abuse) trained to assess, manage, and treat youth at risk for suicide. Working within this collaborative framework, grantees are

required to carefully consider the effects of substance abuse and its potential linkages to suicide as they: 1) assess the demographics and problems in their communities of high need; and 2) plan together with these communities to implement effective strategies to address their problems. This type of collaborative approach will help ensure that substance abuse prevention efforts and suicide prevention efforts are more closely aligned and better coordinated. Grantees will be able to obtain further guidance on this collaborative process from their Government Project Officer (GPO) once their SPF-PFS grants are underway.

Tribal Project-Related Considerations

All tribal grantees are expected to carefully consider the merits of the following activities and strategies as they undertake each phase of their proposed project efforts:

- Using a comprehensive, community-based process that is culturally appropriate and actively engages a wide range of community members, key stakeholders, youth, family members, elders, spiritual advisors, and tribal leaders in all aspects of your grant activities, including assessment, planning, capacity building, implementation and evaluation tasks.
- Conducting network development and collaboration activities, including ongoing training for child and youth service providers, paraprofessionals and other informal support providers such as traditional healers, community natural helpers, youth peer leaders, and family members.
- Using a community-based participatory research approach.
- Applying local traditional healing/helping practices (practice-based evidence) in supporting children, youth and families, as they may apply to your proposed project.
- Emphasizing the concept of “wellness” as you work through each phase of your SPF-PFS project. “Wellness” may be broadly defined as being in balance and taking care of physical, emotional, mental, and spiritual needs of individuals and families. Achieving “wellness” includes developing and integrating programs, supports and systems (both formal and informal) that promote positive mental health, prevent substance use and abuse, improve physical health, strengthen spiritual and cultural connections, and address environmental and social factors.
- Exploring how key project activities will also serve to support elements of the Tribal Action Plan (TAP) that is encouraged for federally recognized tribes under the Tribal Law and Order Act (Public Law 111-211, as amended, July 29, 2010), since the TAP may be related to planning for the mental health needs of children and their families.

2.1 Required Activities: Addressing SAMHSA’s Prevention Goals and Guidelines

SAMHSA’s Strategic Initiative #1: The SPF-PFS program directly supports three goals of SAMHSA’s Strategic Initiative #1 (SI #1): Prevention of Substance Abuse and Mental Illness. Accordingly, grantees must ensure that their proposed approach for addressing their selected prevention priority(ies) is aligned with the goals of SI #1, as well as with the specific goals and requirements of the SPF-PFS program identified in Section I-2 of this RFA.

Goal 1.1: With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.

Goal 1.2: Prevent or reduce consequences of underage drinking and adult problem drinking.

Goal 1.4: Reduce prescription drug misuse and abuse.

SAMHSA’s Guidelines for Selecting Communities of High Need

In identifying and selecting communities of high need to be funded with SPF-PFS funds, states/tribes, in conjunction with their SEOWs, must be able to describe a limited population that is:

1. A specific geographically defined area; or
2. A specifically defined population based on a culture, federally recognized tribe, ethnicity, language, occupation, or gender or other specifically described identity, within a specific geographic area; or
3. A specific population defined by a school, military base, campus or other institutional setting;

where the population described has or is at risk of having a higher than average prevalence rate of underage drinking and/or prescription drug abuse/misuse; or a higher than average prevalence rate of the substance abuse priority(ies) the state/tribe is proposing to address;

AND

where the population or area has limited resources or has had fewer opportunities or less success in identifying and bringing to bear resources to address the identified priority(ies).

NOTE TO TRIBAL APPLICANTS: It is up to each eligible applicant tribe, tribal organization or tribal entity to define for themselves, within the framework of the definition and its criteria provided above, what constitutes their particular community or communities of high need—ranging from a single community tribe of high need to multiple communities within a tribe, tribal entity or organization.

SAMHSA's Guidelines for Using Evidence-Based Programs, Policies, and Practices

Grantees are expected to use the successful prevention systems and structures put in place through their completed SPF SIG grants. All grantees must therefore use a SPF-based, comprehensive prevention approach, including a mix of evidence-based programs, policies and practices, that best addresses their selected prevention priority(ies) at the state, tribal and community levels. (For further guidance on evidence-based approaches, click on <http://store.samhsa.gov/product/SMA09-4205>.)

Grantees are also encouraged to use grant funds to adopt and/or enhance their computer system, data infrastructure/management information systems (MIS), electronic health records (EHRs)¹, etc. States/tribes that choose to support these activities using SPF-PFS funds may utilize SEOW funding and/or funds from the 15 percent of the SPF-PFS set aside for state/tribal level administrative costs.

SAMHSA's Guidelines for Behavioral Health Disparities

Grantees are expected to explain the expected impact of their proposed approach for addressing their selected prevention priority(ies) on behavioral health disparities linked to those prevention priority(ies). SAMHSA expects grantees to utilize their data to: (1) identify subpopulations (e.g., racial, ethnic, tribal, sexual/gender minority groups) vulnerable to disparities; and (2) implement strategies to decrease the differences in access, service use, and outcomes among subpopulations. A strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See [Appendix G](#): Addressing Behavioral Health Disparities.) Grantees may also use grant funds for policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, development/revision of credentialing, licensure, or accreditation requirements).

2.2 Required Activities: Addressing SPF-PFS Program Goals

The SPF-PFS program is designed to build upon the experience and established SPF-based prevention infrastructures of states/tribes to address national substance abuse priorities in communities of high need.

¹ A certified EHR is an electronic health record system that has been tested and certified by an approved Office of National Coordinator's (ONC) certifying body. For more information and resources on EHRs, see [Appendix I](#).

Grantees and their subrecipient communities must use the SPF to identify and select comprehensive, data-driven substance abuse prevention strategies to continue to accomplish the following goals:

- 1) prevent the onset and reduce the progression of substance abuse;
- 2) reduce substance abuse-related problems;
- 3) strengthen prevention capacity/infrastructure at the state, tribal and community levels; and
- 4) leverage, redirect and align state/tribal-wide funding streams and resources for prevention.

Grantees are expected to build capacity in communities of high need to address one or both of two national priorities: 1) underage drinking among persons aged 12 to 20; and/or 2) prescription drug misuse and abuse among persons aged 12 to 25. At their discretion, states/tribes may also use grant funds to target an additional, data-driven prevention priority in their state/tribe.

As stated earlier, the goals of the SPF-PFS program are based on the premise that changes at the community level will, over time, lead to measurable changes at the state/tribal level. By working together to foster change, states/tribes and their funded communities of high need can more effectively begin to overcome the challenges underlying their substance abuse prevention priorities and achieve the goals of the SPF-PFS program.

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can monitor performance, evaluate its programs and meet its obligations under the Government Performance and Reporting Modernization Act of 2010 (GPRAMA). GPRAMA and other required data will be reported to the public, the Office of Management and Budget (OMB), and Congress as part of SAMHSA's budget request. The collection of these data will enable SAMHSA/CSAP to report on priority indicators that SAMHSA/CSAP has defined as key priority areas relating to substance use. In addition to GPRAMA and Cross Site Evaluation reports, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

Grantees must document the ability of both the state/tribe and subrecipient communities to collect and report the required data in "[Section D: Performance Assessment and Data](#)" of their application.

Required Performance Measures

To monitor progress toward meeting the goals of their projects, grantees and their subrecipient communities of high need will be required to report on four types of performance measures through SAMHSA/CSAP's on-line reporting system: 1) process measures at the state/tribal level; 2) process measures at the community level; 3) outcome measures at the state/tribal level and 4) outcome measures at the community level. Since the SPF-PFS is based on the premise that changes at the community-level will, over time, lead to measurable changes at the state/tribal level, grantees are responsible for ensuring that their high need subrecipient communities have the capacity to collect and report on both process and outcome measures in accordance with federal reporting requirements.

These measures include, but are not limited to the following:

Process Measures at the Grantee (State/Tribal) Level (all are required)

- Number of training and technical assistance activities per funded community provided by the grantee to support communities;
- Reach of training and technical assistance activities (numbers served) provided by the grantee;
- Percentage of subrecipient communities that have increased the number and/or percent of evidence-based programs, policies, and/or practices;
- Percentage of subrecipient communities that report an increase in prevention activities supported by leveraging of resources; and
- Percentage of subrecipient communities that submit data to the grantee data system.

Process Measures at the Community (Subrecipient) Level (all are required)

- Number of active collaborators/partners supporting the grantee's comprehensive prevention approach;
- Number of people served and/or reached by IOM category (universal, selected, indicated), six strategies, and demographic group;
- Number and percent of evidence-based programs, policies, and/or practices implemented by subrecipient communities;
- Number of prevention activities at the subrecipient level that are supported by collaboration and leveraging of funding streams; and
- Number, type and duration of evidence-based interventions by prevention strategy implemented at the community level.

Table 1 describes the outcome data requirements for grantees. These outcome measures are vital for tracking and monitoring changes as they relate to the grantee's substance abuse prevention priorities. **States/tribes and communities must therefore select at least one of the outcome measures below to assess their progress in reducing underage drinking and/or prescription drug misuse/abuse. However, they must report on all the outcome measures listed in Table 1, below.** For example, if underage drinking is the selected priority, states/tribes and communities

may choose binge drinking as the outcome measure to assess their progress. Other measures may also be chosen that are related to the state's/tribe's identified priorities. Additionally, Cross-Site Evaluation requirements may include other measures. **Note to tribal entities and Pacific Jurisdictions: please indicate if the grantee represents one community, and will therefore report only one level of data.**

As shown in **Table 1**, a large part of state-level outcome data will use NSDUH state estimates or CSAP approved substitute state level data. Community level data sources must be used to report baseline and annual estimates for measures appropriate to the selected prevention priority(ies) and target populations at the local level. **Note: grantees should adjust the wording of items to reflect a specific focus on prescription drug misuse and abuse, rather than on general drug use.**

Table 1: Required State and Community Level Outcome Data

OUTCOME MEASURES	GRANTEE-LEVEL DATA SOURCE	COMMUNITY-LEVEL DATA SOURCE
30-day alcohol use or prescription drug misuse and abuse	NSDUH State estimates* <i>*note: or CSAP approved State level data</i>	Community Survey
Binge drinking	NSDUH State estimates* (see note)	Community Survey
Perception of parental or peer disapproval/attitude	NSDUH State estimates* (see note)	Community Survey
Perceived risk/harm use	NSDUH State estimates* (see note)	Community Survey
Alcohol and/or drug-related car crashes and injuries	Dept. of Transportation (NHTSA)	Local Transportation
Alcohol- and drug-related crime	Uniform Crime Reports	Local Law Enforcement
Family communication around drug use	NSDUH State estimate	Community/ Survey
Alcohol and prescription drug-related emergency room visits	CSAP approved State level data	Local Hospital Data Source

Grantees must not wait until the end of the grant to submit their data. They are required to report process data and outcome data through SAMHSA's on-line reporting platform as follows: Progress report data (i.e., grantee-specific evaluation data) should be updated quarterly; community level data should be updated semi-annually (in May and November); grantee level data should be updated after the 1st and 5th years of the grant; and community outcome data should be updated annually.

SAMHSA requires that process and outcome data be reported each year. SAMHSA also understands that not all community level data are available annually. However,

outcome data that are available annually, such as data from transportation, law enforcement and hospitals, annual surveys, and the like, must be reported annually. **Accordingly, grantees must specify in their application the data sources they plan to use for meeting federal data requirements described in this section.**

2.4 Grantee Project Evaluations (Progress Reporting)

State/tribal grantees must periodically review the project performance data they report to SAMHSA (as required above) and evaluate their progress and use of this information to improve management of their grant projects. The grantee's own evaluation should be designed to help grantees determine whether they are achieving the goals, objectives and outcomes they intend to achieve and whether adjustments need to be made to their project. Evaluations should also be used to determine whether the project is having or will have the intended impact on behavioral health disparities. Grantees are required to report on their progress achieved, barriers encountered, and efforts to overcome these barriers in a grantee project evaluation at the end of the grant period, with interim annual updates.

Additionally, all project evaluations should summarize interventions and activities implemented to address the selected prevention priority(ies), and preliminary findings from state/tribal and/or community level evaluations.

Grantees will be required to submit quarterly progress reports related to achievement of their performance assessment objectives. These quarterly progress reports will be submitted through SAMHSA's online reporting platform.

At a minimum, evaluations should include the required performance measures identified above in Section 2.3. Grantees may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the mix of interventions on key outcome goals?
- What program/contextual/cultural factors were associated with outcomes?
- What demographic or geographic factors were associated with outcomes? How durable were the effects?
- Were the outcomes cost beneficial?

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 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)?

Grantees are responsible for ensuring that their subrecipient communities use no more than 20 percent of their SPF-PFS funds for subrecipient-level data collection, performance measurement, and performance assessment (e.g., activities required in Sections I-2.3 and I-2.4 above.)

2.5 Cross Site Evaluation

SAMHSA/CSAP's SPF-PFS Cross-Site Evaluation is intended to promote understanding of the precursors; environmental, family, and community contextual factors; and characteristics of interventions (alone and in combination) that are most or least effective in contributing to: 1) preventing underage drinking and prescription drug misuse/abuse; and 2) reducing the prevalence of underage drinking and prescription drug misuse in states/tribes and their communities of high need. In this context, the Cross Site Evaluation is designed to assist both SAMHSA/CSAP and SPF-PFS grantees in: 1) collecting consistent, complete, and commonly defined data; 2) providing findings related to the SPF-PFS evaluation questions and to CSAP's federal reporting requirements; 3) reporting on SPF-PFS activities and findings; 4) identifying best practices; and 5) contributing to the formulation of future SPF-PFS program and policy directions. **All SPF-PFS grantees will be required to comply with the data collection and reporting requirements set forth under the terms of SAMHSA/CSAP's Cross-Site Evaluation.**

2.6 Grantee Meetings

SAMHSA/CSAP may elect to convene one new grantee meeting after awards are made. Grantees must plan to send at least two key staff (including the Project Director, and either the Lead Evaluator or Lead Epidemiologist) to at least one grantee meeting in each year of the grant. You must include a detailed budget and narrative for this travel in your application budget. At the new grantees meeting, states/tribes will share the details of their projects and federal staff will provide technical assistance. The two-

day meeting is held in the Washington, D.C., area, and grantee attendance is mandatory. (Note: Should SAMHSA decide not to convene this meeting, grantees will be allowed to revise their budgets.)

II. AWARD INFORMATION

SAMHSA will award up to 34 5-year grants. Proposed annual budgets cannot exceed the highest tier ceiling amount of \$2,016,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are subject to the availability of funds.

Awards for the SPF-PFS program will be tiered and are based on a set of standard criteria that account for the following with respect to eligible states and jurisdictions: a) prevalence rates of underage drinking among persons aged 12 to 20 in eligible states; b) prevalence rates of nonmedical use of pain relievers among persons aged 12 to 25 in eligible states; and c) average costs of delivering alcohol and other drug prevention and treatment services. Tiered amounts for eligible tribal entities are based on population size. [[See Section III—Eligibility Information.](#)]

Prevalence data are based on state level estimates from the 2010-2011 National Survey on Drug Use and Health (NSDUH). Average costs of delivering services are equivalent to the Cost of Service Index used for the SABG. Where NSDUH data are not available (i.e., for U.S. Territories and Pacific Jurisdictions), those applicants are included in the Tier 3B funding range.

Table 2 identifies the award tiers, the award amounts, and the states, Territories, Pacific Jurisdictions and tribal entities eligible to apply for each tier.

Table 2: Award Tiers for Eligible 2014 SPF - PFS Applicants

Award Tier	Maximum Award Amount	Eligible Applicants
Tier 1	2,016,000	District of Columbia Delaware Oregon
Tier 2	1,626,000	New York Colorado Connecticut Ohio Alaska Virginia Texas Iowa Illinois Oklahoma Maryland South Carolina Minnesota
Tier 3A	1,380,000	South Dakota Tennessee
Tier 3B	1,306,000	Northern Marianas Puerto Rico Marshall Islands Micronesia Virgin Islands

Award Tier	Maximum Award Amount	Eligible Applicants
Tier 1	1,264,000	Cherokee Nation Native American Health Center
Tier 2	600,000	Montana Wyoming Tribal Leaders Council Great Lakes Inter-Tribal Council Cook Inlet Tribal Council Tanana Chiefs Conference Inc.
Tier 3	305,000	Northern Arapaho Tribe Winnebago Tribe of Nebraska Little Traverse Bay Band of Odawa Indians Grand Traverse Band of Ottawa and Chippewa Lower Brule Sioux Tribal Council

These awards will be made as cooperative agreements.

Cooperative Agreement

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

Role of Grantees

Grantees are expected to participate and collaborate fully with CSAP staff in the conduct and evaluation of this five-year cooperative agreement. Grantees' responsibilities include the following: compliance with all aspects of the terms and conditions of the cooperative agreement; collaboration with CSAP staff in assessment, capacity building, and strategic planning activities; ongoing monitoring, quality improvement, and evaluation tasks; documentation of all system-wide changes stemming from this grant program; and responding to requests for all appropriate program-related data. Grantees are also expected to leverage, redirect, and/or realign prevention funds and resources (including, for states, SABG primary prevention set-aside funds) to support project goals.

Role of SAMHSA Staff

Federal staff will have roles and responsibilities that include the following: provision of technical assistance; consultation on and participation in the redesign or modification of infrastructure or systems changes; guidance in defining new strategic directions; provision of support services for training, evaluation, and data collection; arrangement of meetings designed to support key grantee activities; membership on policy, steering, advisory, or other working groups established to facilitate accomplishment of the project goals; and review of key documents central to the project's success.

The GPO will serve as an active participant in the implementation of the grantee's project to provide guidance and technical assistance to help grantees achieve their goals. In particular, the GPO may participate as a non-voting member on policy, steering, advisory or other workgroups; assure that projects are responsive to SAMHSA's mission and implement the SPF process with fidelity; monitor and review progress of projects; monitor development and collection of process and outcome data from grantees; ensure compliance with data/performance measurement requirements; ensure the project's collaboration with the State/Tribal Epidemiological Workgroup (SEOW); and review and approve the state's/tribe's approach and methodology to identify and select communities of high need.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility is limited to states (including U.S. Territories, Pacific Jurisdictions and the District of Columbia) and tribal entities that have completed a SPF SIG grant and are not currently receiving funds through SAMHSA's Partnerships for Success (PFS) grant. SAMHSA is limiting eligibility to these entities because they have the greatest likelihood of achieving success through the SPF-PFS grant program. Only these entities have the requisite experience and background critical to the success of the SPF-PFS State and Tribal Initiative: 1) an established state infrastructure and system in place--rooted in both the SABG and the SPF prevention model—that allows them to quickly build capacity in communities of need, mobilize those communities, and ensure accurate data

collection and reporting at the community level; 2) integration of the SPF-based process into their overall state and tribal prevention systems, ensuring a strong, data-driven focus on identifying, selecting and implementing effective, evidence-based prevention programs, policies and practices; 3) experience in working collaboratively with communities to achieve substance abuse prevention goals; 4) familiarity and experience with the alignment of behavioral health with primary prevention; and 5) a history of building comprehensive, state- and tribal-level prevention systems over time. Current PFS grantees are excluded from applying for the SPF-PFS State and Tribal Initiative because they already have the resources in place to support the SPF infrastructure and address their areas of highest need, which can include underage drinking or prescription drug misuse and abuse.

In FYs 2012 and 2013, SAMHSA limited SPF-PFS eligibility to Substance Abuse Prevention and Treatment Block Grant (SABG) recipients since the SPF-PFS requires grantees to leverage, redirect and/or realign prevention funds and resources, including the prevention set-aside of the SABG, at the state and community levels to support SPF-PFS goals. In FY 2014, SAMHSA is opening competition to the remaining states to have a greater impact on national indicators and to expand eligibility to tribes in order to impact underage drinking and prescription drug abuse rates for these specific targeted populations.

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

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER

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

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. CONTENT AND GRANT APPLICATION SUBMISSION

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

Grants.gov

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

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

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

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

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

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

SAMHSA's Grants Website

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

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

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

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

1.1 Required Application Components

Applications must include the following 12 required application components:

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

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A-D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

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

- **Attachments 1 through 3**– Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. There are no page limitations for these attachments. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - *Attachment 1*: A copy of the state/tribal or county Strategic Plan or a state/tribal or county needs assessment, indicating that the proposed project addresses a state/tribal- or county-identified priority.
 - *Attachment 2*: Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - *Attachment 3*: Sample Consent Forms
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s website with the RFA.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the first page (SF-424) of the application. **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the first page (SF-424) of the application.

- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or state legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.
- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, “Type of Application”, indicating if this is a new, noncompeting continuation, competing continuation or supplemental application, as well as Parts A through D.
- **Documentation of nonprofit status** as required in the Checklist.

1.2 Application Formatting Requirements

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

2. APPLICATION SUBMISSION REQUIREMENTS

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

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

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) 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.

4. FUNDING LIMITATIONS/RESTRICTIONS

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

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)

- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's SPF-PFS grant recipients must comply with the following funding restrictions:

- No more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.
- No more than 15 percent of the grant award may be used for state/tribal administrative costs.

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 [Appendix C](#).

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must place the required information in the correct section, or it will not be considered.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The Budget Justification and Supporting Documentation you provide in Sections E-H and Attachments 1-3 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (15 points)

- Define, identify and provide demographic information on the population(s) that will be the recipients of prevention activities through the targeted systems or agencies (e.g., based on race, ethnicity, culture, federally recognized tribe, language, age, socioeconomic status, sexual identity [sexual orientation and gender identity]) and other relevant factors, such as literacy. Describe the stakeholders and resources that can help implement the needed infrastructure development.
- Provide a brief “snapshot” of both state/tribal and community (subrecipient) level prevalence rates, consequence data and risk and protective factor data relevant to one or both substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and/or 2) prescription drug misuse and abuse among persons aged 12 to 25. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data. *Note: Prevalence rates may come from a variety of quantitative sources such as State Needs Assessments, SAMHSA’s State estimates on Drug Use and Health, and/or other state/national data sources (e.g., state-level health surveys, National Center for Health Statistics/Centers for Disease Control reports.)*
- Document the need for an enhanced infrastructure to increase the capacity of high need subrecipient communities to implement, sustain and improve effective substance abuse prevention activities that are consistent with the SPF-PFS program and the intent of this RFA. Briefly describe the gaps in resources and other problems related to the need for capacity building and infrastructure development. Where possible, provide data comparing those resources to other communities in the state/tribe. Identify all data sources.
- Document how the state/tribe will expand, enhance or re-develop their current or proposed SEOW-related needs assessment work to include such tasks as developing a systematic, ongoing monitoring system to track progress in reducing underage drinking and/or prescription drug abuse in their community(ies) of high need, detect trends, and use such information to redirect resources toward the goals of the SPF-PFS program.

Section B: Proposed Approach (30 points)

- Describe the purpose, goals, and objectives of the proposed project, including its alignment with the goals of SAMHSA’s Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness, as well as with the specified goals of the SPF-PFS program (see [Section I-2.1](#)).
- Identify the proposed prevention priority(ies) to be targeted using SPF-PFS funds, specifying whether the state/tribe proposes to target one or both of the selected substance abuse prevention priorities: 1) underage drinking among

persons aged 12 to 20; and/or 2) prescription drug misuse and abuse among persons aged 12 to 25.) Explain why you chose this priority(ies).

- Provide prevalence data and other information that supports your choice of this priority(ies).
- If you are proposing to use SPF-PFS funds to target an additional, data-driven prevention priority in your state/tribe:
 - Identify the prevention priority and provide prevalence data and other information that supports your choice of this priority.
 - Explain why you chose this priority over other prevention priorities in your state/tribe.
 - Demonstrate why this additional priority will not diminish from the success or impact of your other priority(ies).
- Provide a brief summary of the state's/tribe's proposed approach and level of effort to carrying out the proposed project that addresses the following components:
 - A description of how the state/tribe proposes to address the priority(ies) through the work of its subrecipient community(ies) of high need, including its approach for building community infrastructure/capacity to implement effective community-level prevention activities according to the SPF process. Explain the linkages between the selected prevention priority(ies), the current prevention infrastructure, the proposed approach, and the project goals and objectives.
 - **For Tribal Applicants:** Describe how you will increase the participation of youth, families, tribal leaders and spiritual advisors in planning and developing best and/or promising practices, based on the cultural values and practices of the tribal community(ies) to be funded through this grant.
 - A description of your state's/tribe's approach and methodology to identify and select communities of high need, including: 1) a list of your selected subrecipient communities (or single tribal community); 2) documentation of high need in each proposed community; 3) why these communities were selected over other high-need communities in the state/tribe; and 4) (for states) your state's approach for considering the needs of tribes and tribal entities as potential communities to receive SPF-PFS funds. Please refer to the criteria in the definition of high need communities in Section I-2 of this RFA and the note to tribal applicants regarding how to define for themselves what constitutes their communities of high need.

- **For Tribal Applicants:** In your description of the identified high need subrecipient community(ies) to be funded through this grant, include, as appropriate, a description of any significant trauma in those tribal community(ies) and its impacts--including, for example, the uprooting of traditional tribal cultural practices and way of life, dismantling of the tribal family structure, and loss of tribal language.
 - A description of how the state/tribe will document community-level needs and baseline prevalence rates.
 - A description of how the state/tribe will monitor and use data to track community progress, provide assistance where needed, and ensure that required community data are submitted to SAMHSA/CSAP in a timely manner over the course of the grant.
 - A description of whether reductions in prescription drug misuse and/or underage drinking in your selected subrecipient community(ies) are expected to lead to state-wide/tribal-wide reductions in use of these substances.
- Briefly summarize the state's/tribe's ability to provide adequate support and guidance to your subrecipient community(ies) to implement the proposed project, with respect to each of the following SPF-based components: assessment, capacity building, planning, implementation and evaluation.
 - Describe how the proposed activities will be implemented and how adherence to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care will be monitored. For additional information go to: <http://ThinkCulturalHealth.hhs.gov>.
 - Provide a chart, graph, and/or table depicting a realistic timeline for the entire 5-year project period, showing key activities, milestones, and responsible staff. **[Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]**
 - Briefly describe how the state's/tribe's existing or proposed Advisory Council, SEOW (or other data driven epidemiological workgroup), and Evidence-based Programs (EBP) Workgroup will assist funded communities to achieve the goals of the proposed project. (Please provide at least one paragraph on each workgroup, including current status and any plans for their enhancement, development and reactivation.)
 - **For Tribal Applicants:** Describe the proposed tribal community advisory structure and its membership, roles and functions, frequency of meetings and how it will relate to existing governing bodies (e.g., tribal council or board of directors) and how it will include representation from youth, families, and other community members.

- **For Tribal Applicants:** Explain how you plan to coordinate the efforts of your proposed project with any other related federal grants, including those from SAMHSA, Indian Health Service (IHS), Bureau of Indian Affairs (BIA) or Administration for Children and Families (ACF) that support services to children and families in the community.
- If there is (are) a FY 2014 SAMHSA grantee from Cooperative Agreements for either Tribal Behavioral Health and/or State-Sponsored Youth Suicide Prevention and Early Intervention in your state or tribal entity, describe how you plan to collaborate and coordinate, as appropriate, with local level prevention and clinical service providers (including those working in health, mental health and substance abuse) trained to assess, manage, and treat youth at risk for suicide. Describe how you will consider the effects of substance abuse and its potential linkages to suicide as you undertake assessment, planning, and implementation tasks through your proposed SPF-PFS project. Explain how your collaborative approach will help ensure that substance abuse prevention efforts and suicide prevention efforts are more closely aligned and better coordinated.
- Briefly describe how the proposed project will address the following issues in your funded communities:
 - Demographics – race, ethnicity, tribe, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy;
 - Sexual identity – sexual orientation and gender identity;
 - Disability; and
 - The needs of veterans and military families, if applicable in selected sub-recipient communities.

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

- Discuss the capability and experience of the applicant organization and other participating organizations with populations in communities that may be funded, including experience in providing culturally appropriate/competent services.
- Provide a complete roster of staff positions for the project, including the Project Director, other key personnel, and an SEOW data analyst, explaining the role of each and their level of effort and qualifications.
- Discuss how key personnel, including the SEOW data analyst, have demonstrated experience and are familiar with culture(s) and language(s) of populations in the communities that may be funded.

Section D: Performance Assessment and Data (35 points)

- Document both the ability of your state/tribe and communities to collect and report on the required performance measures identified in Section I-2.3 and I-2.4 of this RFA. Describe your state's/tribe's plan for ensuring the timely collection, analysis, and reporting of state/tribal and community level data. Specify any additional measures the state/tribe plans to use for the grant project.
- Describe how data will be used to manage the proposed project and assure continuous quality improvement. Describe how information will be routinely communicated to program staff, and submitted to SAMHSA/CSAP accurately and in a timely manner.
- Describe your state's/tribe's plan for conducting the grantee project evaluation (progress reporting) as specified in Section I-2.4 of this RFA and document its ability to conduct the evaluation.

NOTE: Although the budget for the state's/tribe's proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered. In addition, SAMHSA staff will analyze the appropriateness of each budget according to the various criteria listed in Part II, Award Information, and will follow up with any subsequent, needed budget revisions.

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

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

Be sure to show that no more than 20 percent of the total grant award will be used for data collection, performance measurement and performance assessment; and that no more than 15 percent of the total grant award will be used for state/tribal level administrative costs. Specifically identify the items associated with these costs in your budget. An illustration of a budget and narrative justification is included in [Appendix E](#), Sample Budget and Justification, of this document.

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

SUPPORTING DOCUMENTATION

Section E: Literature Citations

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section F: Biographical Sketches and Job Descriptions

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

Section G: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section G of your application. See [Appendix F](#) 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 SAMHSA/CSAP's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations to receive services and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

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

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

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

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

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

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.3](#), grantees must comply with the reporting requirements listed on the SAMHSA website at <http://beta.samhsa.gov/grants/applying/reporting-requirements>.

3.1 Publications

Grantees are required to notify the Government Project Officer (GPO) and SAMHSA’s Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions about program issues contact:

Tonia F. Gray, MPH
Division of State Programs
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 4-1047
Rockville, MD 20857
240-276-2492 Phone
240-276-2560 Fax
tonia.gray@samhsa.hhs.gov

or

Florence Dwek
Division of State Programs
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 4-1042
Rockville, MD 20857
240-276-2574 Phone
240-276-2560 Fax
flo.dwek@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1412
eileen.bermudez@samhsa.hhs.gov

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

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

Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.

Applications must be received by the application due date and time, as detailed in [Section IV-2](#) of this grant announcement.

You must be registered in the System Award Management (SAM) prior to submitting your application. The DUNS number used on your application must be registered and active in the SAM prior to submitting your application.

Information provided must be sufficient for review.

Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. **You may use Times New Roman 10 only for charts or tables.** (See additional requirements in [Appendix B, "Guidance for Electronic Submission of Applications."](#))

To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

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

Applications should comply with the following requirements:

- Provisions relating to confidentiality and participant protection/human subjects specified in [Appendix F](#) of this announcement.
- Budgetary limitations as specified in [Sections I, II](#), and [IV-4](#) of this announcement.
- Documentation of nonprofit status as required in the Checklist.

Black print should be used throughout your application, including charts and graphs (no color). **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

The page limits for Attachments stated in [Section IV-1.1](#) of this announcement should not be exceeded.

Appendix B – Guidance for Electronic Submission of Applications

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

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

1. DUNS Number registration:

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

2. System for Award Management (SAM) registration:

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

SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject electronic submissions from applicants with expired registrations. To create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.**

You will find a ***Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM*** at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.

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

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

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

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

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

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

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

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

SAMHSA highly recommends that you submit your application 24-48 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM, and DUNS registration at least 2 weeks prior to the submission deadline, it is highly unlikely that these issues will be resolved in time to successfully submit an electronic application.

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

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

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

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-D) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections E-G) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-3) in this order and numbered consecutively.

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

Other Grants.gov Requirements

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

Valid file names may include only the following characters:

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

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

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

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

Waiver Request Process

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

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

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

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

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

- SAMHSA RFA title and announcement number;
- Name, address, and telephone number of the applicant organization as they will appear in the application;
- Applicant organization's DUNS number;
- Authorized Organization Representative (AOR) for the named applicant;
- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver; and
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

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

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

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

Instructions for Submitting a Paper Application with a Waiver

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

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

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

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

Send applications to the address below:

For United States Postal Service:

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

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include SPF-PFS, RFA No. SP-14-004 in item number 12 on the first page (SF-424) of your paper application. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

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

- Application for Federal Assistance (SF-424)
- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist – the Checklist should be the last page of your application.
- Documentation of nonprofit status as required in the Checklist

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

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

duplicate the second side. **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

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

Appendix C – Funding Restrictions

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

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

prevention provider may also provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

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

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

Appendix D – Biographical Sketches and Job Descriptions

Biographical Sketch

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

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

Job Description

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

Appendix E – Sample Budget and Justification (no match required)

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

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

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			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) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

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

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

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

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		TOTAL	\$10,896

JUSTIFICATION: Fringe reflects current rate for agency.

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

C. Travel: Explain need for all travel other than that required by this application. 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 reimbursement rate. If policy does not have a rate use GSA.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **\$2,444**

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

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

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

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer	\$900	\$900
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	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 and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **\$ 3,796**

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

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

FEDERAL REQUEST

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

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

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

- (1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
- (2) Treatment services for clients to be served based on organizational history of expenses.

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **\$86,997**

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

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

FEDERAL REQUEST

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). Explain the use of each item requested.

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

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance**

calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.

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

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) **\$15,815**

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

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

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

=====

TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) **\$172,713**

INDIRECT CHARGES:

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

TOTAL: (sum of 6i and 6j)

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

=====

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

Proposed Project Period

a. Start Date: **09/30/2012**

b. End Date: **09/29/2017**

BUDGET SUMMARY (should include future years and projected total)

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

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

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

***FOR REQUESTED FUTURE YEARS:**

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

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

IN THIS SECTION, REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see [Appendix C, Funding Restrictions](#), regarding allowable costs.]

IN THIS SECTION, include a separate budget for each year of the grant that shows that no more than 20 percent of the total grant award will be used for data collection, performance measurement, and performance assessment.

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

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

Confidentiality and Participant Protection:

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

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

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

4. Data Collection

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

5. Privacy and Confidentiality

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

- How you will use data collection instruments.
- Where data will be stored.
- Who will or will not have access to information.
- How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

6. Adequate Consent Procedures

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

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

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

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

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

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

Appendix G – Addressing Behavioral Health Disparities

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

The number one Secretarial priority in the Action Plan is to: “**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.** HHS leadership will assure that: Program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits.”

To accomplish this, SAMHSA expects grantees to utilize their data to: (1) identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities; and (2) implement strategies to decrease the differences in **access, service use, and outcomes** among those subpopulations. A strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

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

Subpopulations

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

greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be prominent among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate
- For tribes, populations and subpopulations of focus may be: a) A single community or tribe; b) Populations in each community within a consortia of tribes; c) Communities within a large tribe; or d) Tribal members in urban areas.

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

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

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

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

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

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services

that will advance health equity, improve quality, and help eliminate health care disparities.

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

Behavioral Health Disparities Impact Statement – Example for State Applicants

Note to Tribal Applicants: please scroll down and see Example for Tribal Applicants.

- Proposed number of individuals to be reached by subpopulations in the geographic area

Access: The numbers in the chart below reflect the proposed number of individuals to be reached during the grant period. The disparity populations are highlighted in the narrative below.

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

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

and El Salvador. There is also a smaller Cambodian and African American population in the city. Nearly 40% of residents speak a language other than English in their homes, and a majority of those individuals are Spanish speakers. There is a high unemployment rate, low literacy rate and high level of poverty, in particular among the Salvadoran subpopulation, putting these individuals at greater risk for behavioral health issues when compared to national trends. However, our agency does not have sufficient capacity to address the cultural and linguistic needs of the Salvadorans in the community. Therefore, we have chosen to focus our efforts on increasing staff and organizational competencies to address the disparities in behavioral health awareness and education within the Salvadoran population.

2. A Quality Improvement Plan Using Our Data

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

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

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

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

3. Adherence to the CLAS Standards:

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

a. Diverse cultural health beliefs and practices
Training and hiring protocols to be implemented to support the culture and language of all subpopulations, with a focus on the Salvadoran subpopulation.

b. Preferred languages

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

c. Health literacy and other communication needs of all sub-populations, as identified in your proposal.

We will tailor all interventions to include limited English proficient individuals. Our project staff will be trained to ensure capacity to provide interventions that are culturally and linguistically appropriate.

Behavioral Health Disparities Impact Statement – Example for Tribal Applicants

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

The numbers in the chart below reflect the proposed number of individuals to be reached during the grant period. The disparity populations are highlighted in the narrative below.

	FY 1	FY 2	FY 3	FY 4	Totals
Number to be reached	200	175	100	125	600
By Race/Ethnicity					
American Indian	173	159	83	90	505
Alaska Native	0	0	0	0	0
Two or more Races	23	14	14	33	84
Other: (Please specify)					
Hispanic or Latino	4	2	3	2	11
By Gender					
Female	110	96	55	69	330
Male	89	79	44	56	268
Transgender	1	0	1	0	2

	FY 1	FY 2	FY 3	FY 4	Totals
<i>By Sexual Orientation/Identity Status</i>					
Lesbian	2	2	1	1	6
Gay	8	6	4	5	23
Bisexual	1	1	0	1	3

The population of “Red River Mountain reservation” consists primarily of enrolled members of the tribe. Recently, we have noticed an increase in the number of migrant farmers who have come to work on the reservation, mainly from the central region of Mexico. Nearly 65 percent of tribal members speak a language other than English in their homes, and a majority of the migrant workers are Spanish speakers. There is a high unemployment rate, low literacy rate and high level of poverty among tribal residents. Those in the northern region have higher rates of substance misuse and abuse; are more geographically isolated from most community resources; and, are at greater risk for behavioral health issues when compared to national trends. Our tribe lacks sufficient capacity to provide prevention services that are culturally and linguistically appropriate for all residents of the reservation. Therefore, we have chosen to focus our efforts on increasing staff and organizational competencies to address the disparities in behavioral health awareness and education among the tribal residents, particularly those in the northern region.

2. A Quality Improvement Plan Using Our Data

We will design and implement activities to increase staff and organizational competencies will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. The project team will collaborate with the tribal advisory group, leaders in high need communities and the local health specialists in planning the design and implementation of program activities to ensure the cultural and linguistic needs of grant participants are effectively addressed, particularly in the northern region where the disparities appear to be the highest.

We will use a continuous quality improvement approach to analyze, assess and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. We will use program data to monitor and manage program outcomes within a quality improvement process. We will make programmatic adjustments as indicated to address identified issues, including behavioral health disparities, across program domains.

A primary objective of our data collection and reporting will be to monitor/measure project activities to optimize the usefulness of data for project staff and consumers. We will also integrate evaluation findings into program planning and management on an ongoing basis (a “self-correcting” model of evaluation). For example, we will report screening and outreach data to staff on an ongoing basis. Our Evaluator will

meet with staff on a bi-weekly basis to help identify successes and barriers encountered in project implementation. These meetings will serve as a forum for discussion of evaluation findings, allowing staff to adjust or modify project services to maximize project success.

Outcomes: We will monitor outcomes for all activities to determine the impact of our project on reducing behavioral health disparities.

3. Adherence to the CLAS Standards

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

a. Diverse cultural health beliefs and practices

We will implement training and hiring protocols to support the culture and language of all subpopulations, with a focus on the tribal residents in the Northern region.

b. Preferred languages

We will use interpreters and translated materials for non-English speaking participants, as well as for those who speak English, but prefer materials in their native language.

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

We will tailor all interventions to include limited English proficient individuals. Our project staff will be trained to ensure capacity to provide interventions that are culturally and linguistically appropriate.

Appendix H – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit:

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

For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see:

<http://onc-chpl.force.com/ehrcert>

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

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

For questions on EHRs and HIT, contact:

SAMHSA.HIT@samhsa.hhs.gov.