

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

**Strategic Prevention Framework  
(SPF-PFS)**

**(Modified Announcement)**

**Request for Applications (RFA) No.: SP-15-003**

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

**PART I: Programmatic Guidance**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by March 16, 2015.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>

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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) 2015 Strategic Prevention Framework Partnerships for Success State and Tribal initiative grants (SPF-PFS grants). The 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 (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, tribal and community levels.

**[Note: All eligible SPF-PFS and SPF SIG grantees that are in a No Cost Extension (NCE) may still apply for this grant. See Section II, Table 2 for eligible applicants and their award amounts].**

<b>Funding Opportunity Title:</b>	Strategic Prevention Framework Partnerships for Success (SPF-PFS) State and Tribal Initiative
<b>Funding Opportunity Number:</b>	SP-15-003
<b>Due Date for Applications:</b>	March 16, 2015
<b>Anticipated Total Available Funding:</b>	\$28 million
<b>Estimated Number of Awards:</b>	Up to 38
<b>Estimated Award Amount:</b>	From \$318,543 to \$2,472,608 per year
<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	Up to 5 years

<b>Eligible Applicants:</b>	<p>States (including 2 U.S. Territories and 1 Pacific Jurisdiction) and tribal entities that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG) and are not currently receiving funds through SAMHSA's SPF-PFS grants.</p> <p><b>[See Section II, Table 2 for eligible applicants and their award amounts.]</b></p> <p>[See <a href="#">Section III-1</a> of this RFA for complete eligibility information.]</p>
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**Be sure to check the SAMHSA website periodically for any updates on this program.**

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (CSAP) is accepting applications for fiscal year (FY) 2015 Strategic Prevention Framework Partnerships for Success State and Tribal Initiative grants (SPF-PFS grants). The 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 and Pacific Jurisdictions (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.

**[Note: All eligible SPF-PFS and SPF SIG grantees that are in a No Cost Extension (NCE) may still apply for this grant. See Section II, Table 2 for eligible applicants and their award amounts]** 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 seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

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 (e.g., marijuana, heroin) 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 (see section 2.1).** 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 work with their SEOW 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 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.

### **Expectations for SPF-PFS 2015 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 and Pacific Jurisdictions 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. SPF-PFS tribal entities must use at least \$50,000 per year of their total annual awards to support their current SEOW efforts or to develop new SEOW efforts. [Note: SEOW funds are not intended to replace allocating funds for comprehensive state/tribal evaluations and SAMHSA's Cross Site Evaluation.]

Grantees are to use their remaining funds as follows:

**State Grantees** are required to use a minimum of 85 percent of their awards; minus the SEOW funding requirement to fund subrecipient communities that demonstrate a need for prevention programming in their selected prevention priority(ies). Grantees should include any leveraged funds/resources from the SABG or other sources.

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

**Tribal Grantees:** Tribal grantees are required to use a minimum of 70 percent of their awards minus the SEOW funding requirement to fund subrecipient communities that demonstrate a need for prevention programming in their selected prevention priority(ies). Grantees should include any leveraged funds/resources from other sources.

Tribal grantees may use their remaining SPF-PFS funds (i.e., up to 30 percent) for tribal level administrative costs and tribal level performance activities--including building capacity or providing training and TA at the tribal level to fill gaps in their current prevention infrastructure and systems.

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

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

According to the National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index, and other sources indicate earlier mortality among individuals who have mental and substance use disorders than among other individuals. Due to the high prevalence

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

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

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

If SAMHSA grantees for Cooperative Agreements for either Tribal Behavioral Health and/or State-Sponsored Youth Suicide Prevention and Early Intervention exist 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 their 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:

- 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: Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness, and identify and respond to emerging behavioral health issues.

Goal 1.2: Prevent and reduce underage drinking and young adult problem drinking.

Goal 1.4: Prevent and reduce prescription drug and illicit opioid 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, 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 or tribal organization 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)<sup>1</sup>, etc. States/tribes that choose to support these activities using SPF-PFS funds may utilize SEOW funding and/or funds from the 15/30 percent of the SPF-PFS set aside for state/tribal level administrative costs, respectively.

## **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.

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 (e.g., marijuana, heroin) 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

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<sup>1</sup> 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](#).

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 Results 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 will be required to report on four types of performance measures: : 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. This information will be gathered using a uniform data collection tool provided by SAMHSA. The current tool is being updated and will be provided upon award. 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 subrecipient communities have the capacity to collect the appropriate data and report on both process and outcome measures in accordance with federal reporting requirements.

These required 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 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, selective, indicated), six strategies, demographic group and targeted population;
- 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 report on all measures in Table 1 and communities must select at least one of the outcome measures below that are relevant to their priority(ies) to assess their progress in reducing underage drinking and/or prescription drug misuse/abuse.** 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: SAMHSA will provide grantees with the appropriate 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  Poison Control Data
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, fatalities 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
(Optional) Alcohol and drug related suspensions and expulsions	Department of Education (DoEd)	Local Department of Education (DoEd)

**Grantees must not wait until the end of the grant period to submit their data. They are required to report process data and outcome data through SAMHSA’s online 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 and community outcome data should be updated annually, unless otherwise instructed.**

SAMHSA requires that process and outcome data be reported each year. SAMHSA also understands that not all community level data are available annually. However, data from transportation, law enforcement and hospitals, and annual surveys (which are all available annually) 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 Local Performance Assessment

### Grantee 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 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.

### Grantee Project Evaluations

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. Evaluations should include the required performance measures identified above in Section 2.3. Grantees may also consider outcome and process questions for their state/tribal evaluation, 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 total SPF-PFS funds (less the amount expended for their SEOW efforts) for subrecipient-level data collection, performance measurement, and performance assessment (i.e., activities required in Sections I-2.3 and I-2.4).

SPF-PFS grantees are strongly encouraged to set aside adequate grant funds early in the grant process to allow for the required data collection and reporting needed to ensure both a comprehensive state/tribal evaluation and SAMHSA's Cross Site Evaluation. Grantees may elect to leverage these funds from multiple sources, including: 1) grant administration funds; and 2) community-based funds. If using community-based funds, grantees must work closely with their subrecipient communities to reach consensus on using a portion of community funds for evaluation. They must also obtain approval from their state project officer to use such community funds for evaluation purposes.

## 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. After the SPF PFS awards are made, SAMHSA will identify additional required measures for the 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

**Funding Mechanism:** Cooperative Agreement

**Anticipated Total Available Funding:** \$28 million

**Estimated Number of Awards:** Up to 38

**Estimated Award Amount:** From \$318,543 to \$2,472,608 per year

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

**Proposed budgets cannot exceed \$2,472,608 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.

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 award amounts for eligible tribal entities are based on population size. [[See Table II on the following page.](#)]

Prevalence data are based on state level estimates from the 2011-2012 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 3 funding range.

**[Note: All eligible SPF-PFS and SPF SIG grantees that are in a No Cost Extension (NCE) may still apply for this grant. See Section II, Table 2 for eligible applicants and their award amounts.**

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

<b>Table 2: Award Tiers for Eligible 2015 SPF - PFS Applicants</b>		
<b>Award Tier</b>	<b>Maximum Award Amount</b>	<b>Eligible Applicants</b>
<b>Tier 1</b>	2,472,608	New Hampshire Vermont
<b>Tier 2</b>	1,648,188	Massachusetts California Connecticut Indiana Alaska Virginia Maine North Dakota New Mexico Missouri Mississippi Maryland South Carolina Wyoming Wisconsin Michigan
<b>Tier 3</b>	735,018	Alabama Puerto Rico Kentucky American Samoa Kansas Virgin Islands Georgia

<b>Award Tier</b>	<b>Maximum Award Amount</b>	<b>Eligible Applicants</b>
<b>Tier 1</b>	834,543	First Nations Community Health Source Oklahoma City Area Inter-Tribal Health Board Great Lakes Inter-Tribal Council
<b>Tier 2</b>	478,133	Oglala Sioux Tribal Council Leech Lake Band of Ojibwe Northern Arapaho Tribe The Confederated Salish and Kootenai Tribes Tanana Chiefs Conference Inc.
<b>Tier 3</b>	318,543	Winnebago Tribe of Nebraska Pueblo of Acoma Lower Brule Sioux Tribal Council Nooksack Indian Tribal Council Grand Traverse Band of Ottawa and Chippewa

### **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 Grantee

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 two U.S. territories and one Pacific jurisdiction) and tribal entities that have completed a SPF SIG grant and are not currently receiving funds through SAMHSA's Partnerships for Success (PFS) grant. **[Note: All eligible SPF-PFS and SPF SIG grantees that are in a No Cost Extension (NCE ) may still apply for this grant. See Section II, Table 2 for eligible applicants and their award amounts]** 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 opened competition to the states that did not receive awards in FY 2012 or FY 2013 to have a greater impact on national indicators and expanded eligibility to tribes in order to affect underage drinking and prescription drug abuse rates for these specific targeted populations. In FY 2015, SAMHSA is continuing to open competition to the remaining states/tribes that have completed a SPF SIG grant but are not currently receiving funds through a PFS grant.

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

Cost sharing/match is not required in this program.

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

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

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

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

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. There are no page limits for these sections, except for Section E, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in PART Section II – V: 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. Do not use more than a total of 30 pages for Attachments 1 and 3 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
  - **Attachment 1:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support – it will jeopardize the review of your application if you do.)**
  - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
  - **Attachment 3:** Sample Consent Forms

## **2. APPLICATION SUBMISSION REQUIREMENTS**

Applications are due by **11:59 PM** (Eastern Time) on **March 16, 2015**.

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

- No more than 20 percent of the grant award (less the amount allocated for the SEOW) may be used for data collection, performance measurement, and performance assessment expenses. (For more on the SEOW, see Expectations for SPF-PFS Grantees under Section I of this document.)
- No more than 15/30 percent of the grant award may be used for state/tribal administrative costs, respectively.

Be sure to identify these expenses in your proposed budget.

**SAMHSA grantees also must comply with SAMHSA’s standard funding restrictions, which are included in PART II: Appendix D – Funding Restrictions.**

## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

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

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

#### **Section A: Statement of Need (15 points)**

1. Define 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. Provide demographic information on the population(s).
2. Describe the population(s) in terms of 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.) **This list is not exhaustive; applicants may submit other valid data, as appropriate for their program.***

3. 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, including gaps in resources and services. Describe the stakeholders and resources that can help implement the needed infrastructure. Where possible, provide data comparing those resources to other communities in the state/tribe. Identify all data sources.
4. Document how the state/tribe will work with their SEOWs to carry out 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 (35 points)**

1. Describe the purpose of the proposed project, including a clear statement of its goals and objectives. Demonstrate how these are consistent with the goals of the SPF-PFS Program (see Section I-2.1)
2. 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), including how prevalence data and other information supports your choice.
3. If you are proposing to use SPF-PFS funds to target an additional, data-driven prevention priority (e.g., marijuana, heroin) in your state/tribe:
  - a) Identify the prevention priority and provide prevalence data and other information that supports your choice of this priority.
  - b) Explain why you chose this priority over other prevention priorities in your state/tribe.
4. 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) A description of how the state/tribe proposes to address the priority(ies) through the work of its subrecipient community(ies), including its approach for building community infrastructure/capacity to implement effective community-level prevention activities according to the SPF process and your project goals.

**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.

- b) A description of your state's/tribe's approach and methodology to identify and select communities, 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 "SAMHSA's Guidelines for Selecting Communities of High Need" 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.

5. 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.
6. Describe 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>.
7. 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.]

8. Briefly describe how your Evidence-based Programs (EBP) Workgroup will work together with your subrecipient community(ies) to help them select and monitor their EBPs.
9. Briefly describe how the state's/tribe's existing or proposed Advisory Council, SEOW (or other data driven epidemiological workgroup) and EBP Workgroup will work together to assist funded communities to achieve the goals of the proposed project.

**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.

10. Identify any SAMHSA grantees 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 with these grantees and their 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. If there are no such grantees in your state/tribe, include a statement to that effect.
11. 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 with other SAMHSA grantees will help ensure that substance abuse prevention efforts and suicide prevention efforts are more closely aligned and better coordinated.
12. Briefly describe how the proposed project will address the following issues in your funded communities:
  - a) Demographics – race, ethnicity, tribe, religion, gender, age, geography, and socioeconomic status;
  - b) Language and literacy;
  - c) Sexual identity – sexual orientation and gender identity;
  - d) Disability; and

- e) The needs of veterans and military families, if applicable, in selected subrecipient communities. If veterans and/or military families are not part of your population of focus, indicate so in your response.

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

1. 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.
2. Provide a complete roster of staff positions for the project, including the Project Director, other key personnel, and a SEOW data analyst, explaining the role of each and their level of effort and qualifications.
3. 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: Data Collection and Performance Measurement (30 points)**

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this RFA. Describe your plan for data collection, management, analysis and reporting of data for the population served by your infrastructure program. If applicable, specify and justify any additional measures you plan to use for your grant project.
2. Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved. Goals and objectives of your infrastructure program should map onto any continuous quality improvement plan, including consideration of behavioral health disparities. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders.
3. Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed and reduced.
4. Describe your plan for conducting the local performance assessment as specified in Section I-2.4 of this RFA and document your ability to conduct the assessment.

**SUPPORTING DOCUMENTATION**

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

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

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

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

## **VI. ADMINISTRATION INFORMATION**

### **1. REPORTING REQUIREMENTS**

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

## **VII. AGENCY CONTACTS**

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  
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Kameisha Bennett, MA  
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240-276-2560 Fax  
[kameisha.bennett@samhsa.hhs.gov](mailto:kameisha.bennett@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  
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# Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

## Confidentiality and Participant Protection:

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

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

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

### 2. Fair Selection of Participants

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

- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

### 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value 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 (unless you are providing the web link to the instrument(s)/protocol(s)).

## 5. Privacy and Confidentiality

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

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

## 6. Adequate Consent Procedures

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

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

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

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

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

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

#### 7. Risk/Benefit Discussion

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

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

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

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