

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

**Minority Serving Institutions (MSIs)**

**Partnerships with Community-Based Organizations (CBOs)**

**Short Title: MSI CBO**

**(Initial Announcement)**

**Request for Applications (RFA) No. SP-15-004**

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

**PART 1: Programmatic Guidance**

[Note to Applicants: This document must be used in conjunction with SAMHSA’s “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 May 26, 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>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for fiscal year (FY) 2015 Minority Serving Institutions (MSIs) Partnerships with Community-Based Organizations (CBOs) (Short Title: MSI CBO) grants. The purpose of this program is to prevent and reduce substance abuse (SA) and transmission of HIV/AIDS among at-risk populations, including African American, Hispanic/Latino, Asian American/Pacific Islander (AA/PI), and American Indian/Alaska Natives (AI/AN) young adult (ages 18-24) populations. To meet the needs of these populations, CSAP expects MSIs to partner with one or more community-based organization(s) (CBO) to provide integrated substance abuse (SA), Hepatitis-C (HCV), and HIV prevention programs.

<b>Funding Opportunity Title:</b>	Minority Serving Institutions (MSIs) Partnerships with Community- Based Organizations (CBO)
<b>Funding Opportunity Number:</b>	SP-15-004
<b>Due Date for Applications:</b>	May 26, 2015
<b>Anticipated Total Available Funding:</b>	\$10.5 Million
<b>Estimated Number of Awards:</b>	35
<b>Estimated Award Amount:</b>	Up to \$300,000 per year
<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	Minority Serving Institutions (i.e., Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), American Pacific Islander Serving Institutions (AANAPISIs) and Tribal Colleges and Universities (TCUs)) who are able to partner with CBOs. [See <a href="#">Section III-1</a> of this RFA for complete eligibility information.]

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

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for fiscal year (FY) 2015 Minority Serving Institutions (MSIs) Partnerships with Community-Based Organizations (CBOs) (Short Title: MSI CBO) grants. The purpose of this program is to prevent and reduce substance abuse (SA) and transmission of HIV/AIDS among at-risk populations, including African American, Hispanic/Latino, Asian American/Pacific Islander (AA/PI), and American Indian/Alaska Natives (AI/AN) young adult (ages 18-24) populations. To meet the needs of these populations, CSAP expects MSIs to partner with one or more community-based organization(s) (CBO) to provide integrated substance abuse (SA), Hepatitis-C (HCV), and HIV prevention programs.

The MSI CBO is one of CSAP's Minority AIDS Initiative (MAI) programs. The purpose of the MAI is to provide SA, HIV and HCV prevention services to at-risk minority populations in communities disproportionately affected by HIV/AIDS. "Community-based organization" refers to "a public or private nonprofit organization of demonstrated effectiveness that: (A) is representative of a community or significant segments of a community; and (B) provides educational or related services to individuals in the community."

The MSI CBO 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 utilization and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

The MSI CBO 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. The objectives of this program support the four primary goals of the National HIV/AIDS Strategy which include: 1) reducing new HIV infections, 2) increasing access to care and improving health outcomes for people living with HIV, 3) reducing HIV-related disparities and health inequities, and 4) achieving a coordinated national response to the HIV epidemic.

### **2. EXPECTATIONS**

Grantees will be funded for up to three years (based on the availability of funds) to support infrastructure development, environmental activities and evidence-based interventions using SAMHSA's Strategic Prevention Framework (SPF). SPF is a process that moves community stakeholders from vision to practice. Using SAMHSA's

online database management system (Common Data Platform), grantees will be required to collect and submit their progress data on each of the following five SPF steps (Assessment, Capacity Building, Planning, Implementation, and Evaluation) to achieve the goals of the program. (See Section I-2.1, Required Activities, below.)

Grantees will be required to provide universal, selective and indicated direct and indirect environmental evidence-based prevention strategies (refer to <http://www.effectiveinterventions.org>). MSIs are expected to collaborate with CBOs to implement evidence-based prevention strategies to address SA, HIV and HCV infection among racial/ethnic minority young adults on campus, and in the surrounding communities that show high rates of SA, HIV/AIDS and HCV. Applicants must include a Memorandum of Agreement or a letter of commitment from all partnering CBOs in Attachment 1 of their application. Applicants must describe their selected population of focus in Section A: Statement of Need, in the Project Narrative.

Within six months of grant award, grantees must submit a comprehensive strategic plan that includes: evidence-based SA/HIV/HCV prevention strategies; environmental prevention strategies; HIV testing; and linkages to community behavioral health providers (i.e., treatment for SA disorders and HIV care services).

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 (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use and outcomes of 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 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.

## **2.1 Required Activities**

MSI CBO grant funds must be used to provide prevention services and support infrastructure development, including SAMHSA's Strategic Prevention Framework (SPF). SPF is a process that moves community stakeholders from vision to practice. Using SAMHSA's online database management system, grantees will be required to collect and submit their progress data on each of the following five SPF steps (Assessment, Capacity Building, Planning, Implementation, and Evaluation) to achieve the goals of the program as described below:

### **1. Conduct a Needs Assessment**

SAMHSA expects grantees to conduct a needs assessment of the MSI campus and surrounding community(ies) within the first six months after award and utilize existing community/county data to identify racial/ethnic minority young adult populations vulnerable to SA, HIV/AIDS and HCV problems and disparities. The MSI and community needs assessment should include prevalence and incidence data on alcohol consumption, drug use, HIV/AIDS and HCV prevalence or incidence rates among minority young adults on the MSI campus and in the surrounding communities.

Grantees must form and manage a workgroup with key stakeholders or work with an existing epidemiological workgroup to collect and analyze relevant community indicator data. The needs assessment should be broad enough to encompass the entire specified catchment area for the proposed project. If you are already engaged in a needs assessment effort, you should work with your local or State Epidemiological Outcomes Workgroup (SEOW) to enhance and supplement the current process and its findings.

Your community needs assessment should be based on the collection and analysis of epidemiological data for the MSI campus and surrounding community (ies) and must include:

- Assessment of the magnitude of SA, HIV and HCV;

- Assessment of risk and protective factors associated with SA, HIV and HCV;
- Assessment of the number of individuals at risk for HIV and HCV due to SA;
- Assessment of the MSI's and community's assets and resources;
- Identification of gaps in services and capacity;
- Assessment of readiness to act; and
- Identification of priorities based on epidemiological analyses.

Additionally, needs assessment data can be obtained from state governmental agencies and community programs, including those listed below:

- HIV Prevention Community Planning Groups funded by the CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, TB Prevention (NCHHSTP);
- Health Resources and Services Administration (HRSA) Ryan White Planning Councils;
- Juvenile and adult criminal justice, correctional, parole systems and reentry programs;
- National Immunization Program, and HIV/AIDS CDC funded projects; and
- American Indian/Alaska Native tribal councils, tribal community-based organizations, tribal governments, and Indian Health Service-funded programs.

SAMHSA expects that these data collection efforts will support ongoing monitoring and evaluation throughout the three-year project period, as described in Step 5 below.

NOTE: Applicants who have completed a comprehensive needs assessment on the populations of focus for this RFA within the last two years should include a copy of their needs assessment in Appendix 5 of their application. SAMHSA's Government Project Officer (GPO) will review the needs assessment upon receipt. If you receive an MSI CBO grant award and your needs assessment adequately addresses the populations of focus for this RFA, you may be permitted to carry out steps 2-5 of the SPF. If you receive an MSI CBO grant award and your needs assessment is not approved, you will be required to carry out steps 1-5 of the SPF.

## **2. Mobilize and/or build capacity to address SA, HIV and HCV prevention needs**

Grantees must work with their CBOs to develop and enhance local capacity and mobilize community resources in order to implement effective programs, practices, and policies to prevent and reduce the onset of SA, reduce sexual risk factors to prevent new HIV and HCV infection rates, and decrease HIV transmission among racial/ethnic minority young adults (African-American, Hispanic/Latino, Asian American/Pacific Islanders (AA/PI)) and American Indian/Alaska Natives (AI/AN) young adults (ages 18- 24) on the MSI campus and in the surrounding communities. Grantees should work with local community members to help develop and implement culturally and linguistically appropriate SA/HIV/AIDS and HCV prevention strategies that can effectively reach SA users and their sexual partners in their natural environments. Grantees should also implement evidence-based SA/HIV and environmental prevention strategies that may include such activities as training community stakeholders about the connection between young adults accessing alcohol and HIV transmission. To ensure that MSI CBO collaboration is well-coordinated and successful, MSIs and their CBOs should collaborate closely to coordinate and meet routinely with key stakeholders or representatives from state governmental agencies and community programs, including those listed below:

- HIV Prevention Community Planning Groups funded by the CDC, National Center for HIV/AIDS, STD, TB Prevention (NCHSTP);
- Health Resources and Services Administration (HRSA) Ryan White Planning Councils;
- Juvenile and adult criminal justice, correctional, parole systems and reentry programs;
- National Immunization Program, and HIV/AIDS CDC funded projects; and
- American Indian/Alaska Native tribal councils, tribal community-based organizations, tribal governments, and Indian Health Service-funded programs.

## **3. Develop a data-driven comprehensive strategic plan**

The MSI must partner with their CBO within the first six months of the grant to develop a strategic plan (Step 3 of the SPF) resulting from the documented community needs assessment. Grantees must plan to provide culturally and linguistically age appropriate evidence-based SA/HIV and HCV direct prevention and environmental prevention strategies for the racial/ethnic minority young adults on the MSI campus, and in the surrounding communities. The comprehensive strategic plan must be based on documented population needs and include an array of appropriate evidence-based SA/HIV/HCV and environmental prevention strategies. (Refer to Centers for the Application of Prevention Technologies (CAPTs) Webinars: Help Practitioners Implement Environmental Prevention Strategies at



<http://captus.samhsa.gov/access-resources/capt-webinars-help-practitioners-implement-environmental-prevention-strategies>).

NOTE: SAMHSA expects that all grantees will have a needs assessment and strategic plan finalized and approved within the first six months of the project. The strategic plan must be approved by the SAMHSA GPO before grantees can implement their prevention strategies – (Step 4 of the SPF).

The strategic plan must connect the needs assessment data with how prevention and testing activities will be provided, and must provide information on: 1) how the applicant and CBO proposes to provide direct and indirect environmental evidence-based prevention intervention strategies on campus; and 2) how the applicant and CBO will conduct HIV and HCV testing activities for racial/ethnic minority young adults in the surrounding community(ies). This information must also be provided in Section B, Proposed Approach, of your Project Narrative.

#### **4. Implement Evidence-Based Prevention Intervention Strategies**

Grantees are expected to select and implement an array of evidence-based SA/HIV/HCV prevention interventions, including environmental strategies. Refer to CAPTs Webinars: Help Practitioners Implement Environmental Prevention Strategies at <http://captus.samhsa.gov/access-resources/capt-webinars-help-practitioners-implement-environmental-prevention-strategies>. For examples of HIV prevention strategies, refer to CDC Effective Intervention: Social Marketing at <http://www.effectiveinterventions.org/en/HighImpactPrevention/SocialMarketing.aspx>. A timeline for implementation, with key milestones, must be included in Section B, Proposed Approach of your Project Narrative.

During the implementation phase, MSIs are expected to work with their collaborating CBOs to conduct the following tasks:

- Conduct focus groups to identify high risk populations (African-American, Hispanic/Latino, Asian American/Pacific Islanders (AA/PI) and American Indian/Alaska Natives (AI/AN)) young adults (ages 18-24) on the MSI campus and in the surrounding community(ies);
- Implement evidence-based SA/HIV/HCV prevention and direct and indirect environmental prevention strategies to change community norms;
- Provide outreach that includes prevention education strategies to reach racial/ethnic minority young adults on MSI campuses and in the surrounding communities;
- Implement required strategies for testing and linkage services supported by MSI CBO grant funds to include:

- SA, HIV and HCV testing and risk assessments, as well as fourth-generation rapid testing, including the purchase of HIV test kits. Applicants that provide rapid HIV testing services must refer to [Appendix II](#) of this RFA to review SAMHSA's Rapid HIV Testing Requirements and funding limitations for the purchase of rapid HIV test kits, control kits, confirmatory kits, and/or confirmatory laboratory services. a.
- Pre/Post SA, HIV and HCV counseling [NOTE: Applicants that provide rapid HIV testing must provide pre-counseling before the administration of the rapid HIV test, during the waiting period for preliminary results, and post counseling after preliminary results have been provided.];
- Linkage to appropriate counseling, medical treatment (including HCV testing and referrals to treatment), and other supportive services for participants who are confirmed HIV positive;
- Linkage to effective counseling for high-risk persons who tested negative to decrease their risk of acquiring HIV and engaging in substance use and abuse.

## **5. Assess performance of MSI and CBO**

Grantees will be accountable for the results of their MSI CBO project and must, therefore, provide ongoing monitoring and performance assessment of project activities. Grantees must assess program effectiveness, ensure quality of the services and strategies provided, identify successes, implement needed improvement, and promote sustainability of effective policies, programs, and practices. Grantees must be prepared to adjust their implementation plans based on the results of their performance assessment activities.

In addition, SAMHSA strongly encourages grantees to submit data and performance assessment results, when completed, to SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) for review and rating of scientific rigor.

### **2.2 Funding Expectations**

Although applicants will have flexibility in designing their MSI CBO projects, the application must include a budget that complies with the following required activities/services and budget restrictions (See PART II: [Appendix F - Sample Budget and Justification](#)):

- MSIs may use up to 40 percent of the total award to partner with CBOs to develop and implement joint evidence-based SA/HIV/HCV direct and indirect environmental prevention strategies for the racial/ethnic minority young adult population of focus, both on-campus and in the surrounding communities; and to provide HIV testing and linkages to care. CBOs may use no more than 10

percent of the 40 percent received from the MSI to purchase HIV test kits and/or to conduct HCV testing.

- MSIs may use no less than 30 percent of the total award to develop infrastructure and implement evidence-based SA/HIV/HCV prevention direct and indirect environmental strategies for racial/ethnic minority young adult students on campus.
- MSIs may use up to 20 percent of the total award for data collection and performance measurement.
- MSIs may use up to 10 percent of the total award to purchase HIV test kits and/or to conduct HCV screening.

### **2.3 Data Collection and Performance Measurement**

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in [Section D: Data Collection and Performance Measurement](#) of your application. Grantees will be required to report performance on SAMHSA's National Outcome Measures (NOMs) that must be collected and reported at the participant and community levels in time for the implementation step of the proposed project. The NOMs survey instrument will be used to collect performance data on the populations of focus on campus and in the surrounding community(ies). The NOMs have been defined by SAMHSA as key priority areas relating to SA. 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. Data will be collected using an online database management system to be provided by SAMHSA. This system (Common Data Platform) provides access to the NOMs survey instrument and the progress report.

Also, SAMHSA has aligned its HIV, testing and data collections efforts with the HHS Secretary's mandate to standardize indicators for HIV prevention, treatment and care services. To meet these requirements, grantees must report on the following core indicators for individuals who received HIV testing:

- HIV Positivity;
- Antiretroviral Therapy (ART) Among Persons in HIV Medical Care;
- Viral Load Suppression Among Persons in HIV Medical Care;
- Linkage to HIV Medical Care; and
- Housing Status.

**Additional information on these requirements will be provided to grantees after award.**

Examples of college (HBCUs, HSIs, MIs, AANAPISIs and TCUs) and community surveys used to collect evidence-based SA/HIV/HCV prevention and direct and indirect environmental prevention strategy performance data are:

1. SPF-SIG Community Level Instrument (CLI)
2. Communities that Care Survey
3. Core college alcohol and other drug survey and the National College Health Assessment
4. Locally developed surveys, i.e., visit data related to SA and HIV/HCV collected from the campus student health centers, college surveys, and/or local public health departments.

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

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

## **2.4 Local Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments should be used also to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted quarterly to the GPO for review and approval.

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

*Process and Outcome Questions:*

- What were the effects of evidence-based SA/HIV/HCV prevention and direct and indirect environmental prevention strategies on SA, HIV and HCV prevention outcomes related to knowledge, attitude and/or behavior?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual identity (sexual orientation/gender identity)?
- How durable were the effects?
- Number served by age group and population type on the campus and in the community
- Number of evidence-based SA/HIV/HCV prevention direct and indirect environmental prevention programs implemented
- Number of persons trained in SA, HIV and HCV prevention education
- Number of persons tested for HIV and HCV, number of persons with positive results, and number receiving counseling
- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

**No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.3 and 2.4 above.**

## 2.5 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director, Evaluator and CBO Director) to a new grantee meeting in the first year of the grant and plan to attend at least one grantee meeting in each year of the remaining years of the grant. At the new grantees meeting, current and past grantees will share the details of their projects and federal staff will provide technical assistance. The grantee meeting is held in the Washington, D.C. area, and grantee attendance is mandatory. Each meeting will be held up to 3 days. You must include a detailed budget and narrative for this travel in your application budget.

[Note: Should SAMHSA decide not to convene the meetings, grantees will be allowed to revise their budgets.]”

## II. AWARD INFORMATION

<b>Funding Mechanism:</b>	Grant
<b>Anticipated Total Available Funding:</b>	\$10.5 Million
<b>Estimated Number of Awards:</b>	35
<b>Estimated Award Amount:</b>	Up to \$300,000 per year
<b>Length of Project Period:</b>	Up to 3 years

**Proposed budgets cannot exceed \$300,000 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.

## III. ELIGIBILITY INFORMATION

### 1. ELIGIBLE APPLICANTS

Eligibility is limited to MSIs (i.e., Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), Asian American and Native American Pacific Islander Serving Institutions (AANAPISIs) and Tribal Colleges and Universities (TCUs), who are able to partner with CBOs.

SAMHSA is limiting eligibility to MSIs (i.e., HBCUs, HSIs, AANAPISIs and TCUs) because these programs have a unique ability to meet the needs of the population of focus of the program, i.e., at-risk populations, including minorities. According to 2012 CDC data released in 2014, youth in the United States account for a substantial number of HIV infections. Gay, bisexual, and other men who have sex with men account for

most new infections. Additional new estimates show that African Americans, more than any other racial/ethnic group, continue to bear the greatest burden of HIV in the United States. While blacks represent approximately 14 percent of the total U.S. population, they accounted for almost half (44 percent) of all new HIV infections in 2010.

MSIs have a documented and consistent concentration of minority adult populations between the ages of 18 and 24. MSIs have the greatest likelihood of achieving success through the MSI CBO grant program because: 1) their student populations are comprised of young adults who are members of racial/ethnic minorities; 2) they have ready access to minority students to provide them with routine HIV/HCV screening, testing, and prevention education and information on substance abuse, HIV and HCV; and 3) they have an established infrastructure for addressing SA, HIV/AIDS and HCV prevention that can be sustained as part of the community fabric. Consistent with the intent of the MAI initiative, MSIs also have experience in working collaboratively with minority community-based organizations in surrounding communities to achieve SA, HIV/AIDS and HCV prevention goals.

**To determine if your institutions meet the requirements of an MSI, please visit the appropriate websites listed:**

Definition and listing of HBCUs used by the White House Initiative on HBCUs from Department of Education website: <http://www.ed.gov/edblogs/whhbcu/one-hundred-and-five-historically-black-colleges-and-universities/>

Definition and listing of Hispanic-Serving Institutions (HSIs) from the Hispanic Association of Colleges & Universities: <http://www2.ed.gov/programs/idadeshsi/awards.html>

Definition and listing of Asian American/Pacific Islanders (AI/PI) and American Indian/Alaska Natives (AI/AN): <http://www2.ed.gov/about/inits/list/asian-americans-initiative/aanapisi.html>

Definition and listing of TCUs from Department of Education website: <http://www.ed.gov/edblogs/whiaiane/tribes-tcus/tribal-colleges-and-universities/>

Please note: All previous MSI CBO grantees are eligible to apply for the SP-15-004 MSI CBO Request for Application. Up to two applications from within the same institution (based on reviewer's score) will be awarded."

**If an application is received from an entity that is not included on the above websites, it will be screened out and will not be reviewed. In addition, if the application does not include Memoranda of Agreement (MOA) or a letter of commitment from a partnering CBO, the application will be screened out and will not be reviewed.**

## 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 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation 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 II – V: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
  - **Attachment 1:** MOAs and/or letters of commitment from CBOs that have agreed to participate in the proposed project. **Applications that do not include an MOA or letter of commitment from a partnering CBO will be screened out and will not be reviewed.** Applicants that will form linkages to trained Rapid HIV testing providers for counseling, treatment and/or supportive services must provide an MOU or MOA between the MSI and the trained Rapid HIV testing provider. **(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
- **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).
- **Attachment 5:** If completed in the last two years, a copy of your comprehensive needs assessment on your population of focus.

## **2. APPLICATION SUBMISSION REQUIREMENTS**

Applications are due by **11:59 PM** (Eastern Time) on **May 26, 2015**.

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

SAMHSA's **MSI CBO** grant recipients must comply with the following funding restrictions:

- MSIs may use up to 40 percent of the total award to partner with CBOs to develop and implement joint evidence-based SA/HIV/HCV direct and indirect environmental prevention strategies for the racial/ethnic minority young adult population of focus, both on-campus and in the surrounding communities; and to provide HIV testing and linkages to care. CBOs may use no more than 10 percent of the total award received from the MSI to purchase HIV test kits and/or to conduct HCV testing.
- MSIs may use no less than 30 percent of the total award to develop infrastructure and implement evidence-based SA/HIV/HCV prevention direct and indirect environmental strategies for racial/ethnic minority young adult students on campus.
- MSIs may use up to 20 percent of the total award for data collection and performance measurement.
- MSIs may use up to 10 percent of the total award to purchase HIV test kits and/or to conduct HCV screening.

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 30 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. Provide a comprehensive demographic profile of the population of focus on your MSI campus and in the surrounding communities. Identify the city, county, or Consolidated Metropolitan Statistical Area (CMSA) in which your MSI is located and document the AIDS case rate in that city/county using data from the CDC, city/county public health department/agency or other reliable source(s). Provide substance abuse prevalence and consumption data with regard to the population cited above on campus and in the surrounding communities.
2. Describe all service gaps, including disparities, access use, outcome and other problems related to the need for SA, HIV and HCV prevention strategies and identify the source of the data to support your proposed approach.
3. Document the need for the evidence-based SA, HIV and HCV prevention and environmental prevention strategies, policies and practices you will implement to enhance prevention efforts on campus and in the surrounding communities to

decrease underage drinking, high risk drinking, and illicit drug use. The documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data [e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports, and Census data]. This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

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

1. Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section D: Data Collection and Performance Measurement.
2. Describe how achievement of goals will increase system capacity to support effective SA, HIV and HCV prevention services.
3. Describe the MSI's expectations of the partnering CBOs, including their specific roles and functions on the project; how they propose to collaborate with the MSI; the specific tasks they propose to conduct to meet project goals and objectives; how they propose to partner with the MSI to develop the strategic plan; and how the MSI will monitor the partnering CBOs' ongoing tasks and activities to ensure project success.
4. Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives.
5. Describe the stakeholders and resources in the catchment area that can help implement the needed infrastructure development.
6. Describe how the proposed activities will be implemented and how they will adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care. For additional information go to: <http://ThinkCulturalHealth.hhs.gov>.
7. Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in [Section I-2: Expectations](#). [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
8. If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings. SAMHSA encourages inclusion of at least one student and a representative from the surrounding community to serve on the advisory body.

9. Identify any other organization(s) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include MOAs/MOUs and/or letters of commitment from CBOs that have agreed to participate in the proposed project in **Attachment 1** of your application.
10. Describe the Evidence-Based Practice (EBP) that will be used and justify its use for your population of focus, your proposed program, and the intent of this RFA.
11. If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP..
12. Explain how your choice of an EBP or practice will help you address disparities in service access, use and outcomes for subpopulations.
13. If applicable, describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary.
14. Describe how the proposed practice will address the following issues in your catchment area:
  - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
  - Language and literacy;
  - Sexual identity – sexual orientation, gender identity; and
  - Disability.

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

1. Discuss the capability and experience of the applicant organization and partnering CBO(s) with similar projects and populations, including experience in providing culturally appropriate/competent services.
2. Provide a complete list of staff positions for the project, both for the MSI campus activities and for the partnering CBOs. Include the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.
3. Discuss how key staff have demonstrated experience and are qualified to deliver evidence-based SA/HIV/HCV prevention and direct and indirect environmental prevention strategies for the population of focus, as well as to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

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

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.3 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://www.samhsa.gov/grants/grants-management/reporting-requirements>. Grantees will be expected to submit quarterly reports to their GPOs.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Wilma A. Pinnock  
Community Grants and Program Development Branch  
Division of Community Programs  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road - Room 4-1105  
Rockville, Maryland 20857  
(240) 276-2421 or (240) 276-0147 (Help Desk)  
[Wilma.pinnock@samhsa.hhs.gov](mailto:Wilma.pinnock@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](mailto:eileen.bermudez@samhsa.hhs.gov)

# 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.

## Appendix II – SAMHSA’s Rapid HIV Testing Requirements

Grantees and CBOs that meet the requirements delineated below for rapid HIV testing may use up to 10 percent of the total direct costs to purchase rapid HIV antibody test kits, control kits, confirmatory kits, and/or confirmation laboratory services to test individuals.

**A. Grantees must obtain the following trainings:**

- Basic fundamentals of HIV/AIDS training, as recognized by the state.
- State-certified HIV Counseling, Testing, and Reporting (CTR) Services.
- Fundamentals of Rapid HIV Testing and Pre/Post Test Prevention Counseling with the OraQuick® Rapid HIV-1 Antibody Test (*provided by SAMHSA or CDC, and State training, as required*).

**B. CLIA Certificate of Waiver:** Trained award recipients must obtain a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver. Instructions on how to obtain this waiver are available at:

<http://wwwn.cdc.gov/cliac/pdf/Addenda/cliac0210/Addendum%20F.pdf>

**C. State regulations:** Grantees must adhere to their state HIV testing regulatory requirements. A copy of state compliance documentation on rapid HIV testing (i.e., HIV Prevention Counseling, Partner Notification, Disease Reporting protocol) must be provided. State agency contacts are listed at:

[http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/State\\_Agency\\_and\\_Regional\\_Office\\_CLIA\\_Contacts.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/State_Agency_and_Regional_Office_CLIA_Contacts.html)

**D. Linkages to Care:** Trained service providers on Rapid HIV testing MUST provide signed Memoranda of Understanding (MOUs) or Agreement (MOAs) in Attachment 1 of your application demonstrating established linkage networks for participants needing appropriate counseling, treatment, and support services. Linkages to care must consist of, but are not limited to, partnership(s) with: local health departments and AIDS service organizations to secure appropriate HIV/AIDS support resources including HIV testing, laboratory services, HIV/AIDS primary and behavioral health care services, and other necessary support services (e.g., insurance, housing, food, transportation). Grantees can arrange, through a Memorandum of Agreement (MOA), with local health provider for HIV testing of participants, on campus or in the communities. You may use up to twenty percent (10 percent) of the total direct costs of the award to purchase rapid HIV test kits for providers to conduct on- and off-site HIV testing services.

**E. Rapid HIV Testing Quality Assurance Plan:** Trained service providers must provide a copy of their site’s rapid testing policies, procedures, and Quality

Assurance (QA) plan (i.e., records management, self-monitoring protocol, test reliability and validity, and use of control kits). For information on CDC's QA guidelines, visit: [www.cdc.gov/outreach/resources/OraQuick\\_Testing\\_Plan.doc](http://www.cdc.gov/outreach/resources/OraQuick_Testing_Plan.doc).

**F. Policies & Procedures:** Grantees must provide a copy of the following policies and procedures before initiating SAMHSA's new rapid testing protocol:

- *Informed Consent Form* – Grantees must have an informed consent form for participants to give consent to confidential or anonymous testing and HIV prevention and risk reduction counseling.
- *Legal/Ethical Policies* - Grantees must know their state laws regarding who may implement Counseling, Testing, and Referral (CTR) procedures and disclosure of an individual's HIV status (whether positive or negative) to partners and other parties. Organizations are also obligated to inform participants about state laws regarding the reporting of child abuse, sexual abuse of minors, and elder abuse.
- *HIPAA Compliance/Participant Protection and Confidentiality* – Grantees must maintain the confidentiality of client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II. For information on HIPAA compliance, visit: <http://www.hhs.gov/ocr/hipaa>.
- *Safety* – Grantees must have guidelines for personal safety and security in non-traditional settings, for assuring minimal safety standards (including biohazard waste disposal) as outlined by the Occupational Safety and Health Administration.
- *Volunteers* – Grantees using volunteers must follow state requirements.
- *Data Security* - Grantees must collect and report data consistent with SAMHSA/CDC requirements to ensure data security and confidentiality. This includes written protocols on how to collect and analyze CTR data according to State and local policies.