

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

Screening, Brief Intervention and Referral to Treatment
(SBIRT) Health Professions Student Training

(Short Title: SBIRT– Student Training)

(Modified Announcement)

Request for Applications (RFA) No. TI-15-001

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:

Application Deadline	Applications are due by March 27, 2015.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2015 Screening, Brief Intervention, and Referral to Treatment (SBIRT) Health Professions Student Training (SBIRT- Student Training) grants. The purpose of this program is to develop and implement training programs to teach students in health professions (physician assistants, dentists, psychologists, pharmacists, nurses, social workers, counselors, and medical students and residents) the skills necessary to provide evidence-based screening and brief intervention and refer patients who are at risk for a substance use disorder (SUD) to appropriate treatment. Additionally, the training will develop the leadership skills needed in order to champion the implementation of SBIRT throughout the United States healthcare system with the ultimate goal of helping clients avoid substance use disorders. The specialty substance use treatment system is often not appropriate, or is unavailable, to those who are at risk for SUD. Therefore, the intended outcomes of this program are to increase the adoption and practice of SBIRT throughout the health care delivery system with the ultimate goal of helping clients avoid substance use disorders. SAMHSA expects that SBIRT will be a component of the education curriculum for the identified programs in each academic year for the duration of the grant and an ongoing element of the academic curriculum post-grant award. A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted during health care delivery.

Funding Opportunity Title:	Screening, Brief Intervention, and Referral to Treatment (SBIRT) Health Professions Student Training Program (Short Title: SBIRT- Student Training)
Funding Opportunity Number:	TI-15-001
Due Date for Applications:	March 27, 2015
Anticipated Total Available Funding:	\$18,800,997
Estimated Number of Awards:	Up to 49 awards
Estimated Award Amount:	Up to \$315,000 per year

Cost Sharing/Match Required:	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	<p>Eligible applicants are public and private universities, colleges, and medical residency programs that have or are affiliated with programs for medical students, psychologists, pharmacists, dentists, physician assistants, nursing, social work, and/or counseling.</p> <p>[See Section III-1 of this RFA for complete eligibility information.]</p>

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 Treatment (CSAT) is accepting applications for fiscal year (FY) 2015 Screening, Brief Intervention, and Referral to Treatment (SBIRT) Health Professions Student Training (SBIRT- Student Training) grants. The purpose of this program is to develop and implement training programs to teach students in health professions (physician assistants, dentists, psychologists, pharmacists, nurses, social workers, counselors, and medical students and residents) the skills necessary to provide evidence-based screening and brief intervention and refer patients who are at risk for a substance use disorder (SUD) to appropriate treatment. Additionally, the training will develop the leadership skills needed in order to champion the implementation of SBIRT throughout the United States healthcare system with the ultimate goal of helping clients avoid substance use disorders. The specialty substance use treatment system is often not appropriate, or is unavailable, to those who are at risk for SUD. Therefore, the intended outcomes of this program are to increase the adoption and practice of SBIRT throughout the health care delivery system with the ultimate goal of helping clients avoid substance use disorders. SAMHSA expects that SBIRT will be a component of the education curriculum for the identified programs in each academic year for the duration of the grant and an ongoing element of the academic curriculum post-grant award. A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted during health care delivery.

As shown by data collected from SBIRT cross-site evaluations (SBIRT Cohort I Cross-Site Evaluation Final Report, 2010), the vast majority of SBIRT service providers are health professionals such as physician assistants, dentists, psychologists, pharmacists, nurses, social workers and counselors. While some physicians deliver SBIRT, physicians also often lead the effort through clinical work, advocacy, and supervising SBIRT service providers in medical settings." This program will address workforce development by increasing the number of health care professionals who can address the needs of persons at risk for SUD. The training also promotes the emphasis from the Affordable Care Act of a multi-disciplinary team approach to the integration of behavioral health into medical health care systems. The SBIRT Health Professions Student Training program supports the SAMHSA Healthcare and Health Systems Integration as well as Workforce Development Strategic Initiatives.

The SBIRT Health Professions Student Training program seeks to address behavioral health disparities among racial, ethnic, sexual, and gender minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial, ethnic, sexual, and gender minority populations served. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

The SBIRT-Health Professions Student Training grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

SAMHSA's grants for training are intended to fund practices that have a demonstrated effectiveness in transferring knowledge and are appropriate for the recipients of the grant program. SAMHSA expects that the curriculum will be adopted and sustained beyond the grant period.

SBIRT-Training grant funds must be used primarily to support the following types of activities:

- Use of SBIRT training curriculum that has been successfully developed through the previous cohort of SAMHSA SBIRT Medical Residency grants.
- Implementation of the SBIRT curriculum and training for the identified students in health professions (physician assistants, dentists, psychologists, pharmacists, nurses, social workers, counselors, and medical students and residents).

NOTE: Grantees that are not medical residency programs do not have any restrictions on the percentage of health professions students trained. Grantees that are medical residency programs must limit the number of residents trained to 30 percent of the total. **The remaining 70 percent of those trained may be students in one or a combination of physician assistant, dental, pharmacy, nursing, social work, counseling and medical student programs.** Applications from medical residency programs must include letters of commitment from collaborating programs for the training of students in these other areas in Attachment 4 of the application or the application will be screened out and will not be considered for an award.

2.1 Required Activities

SBIRT- Student Training grant funds must be used primarily to support the following activities:

Core Components of SBIRT Training Curriculum:

The SBIRT training curriculum that the grantees will receive from SAMHSA includes the following core components:

- Screening – Incorporated into the normal routine in medical and other community settings, screening provides identification of individuals with problems related to alcohol and/or substance use. Screening can be through interview and/or self-report. The most widely used screening instruments are AUDIT, ASSIST, and DAST. These screening tools can be administered by any level of practitioner, i.e., physician assistants, dentists, psychologists, pharmacists, nurses, social workers, counselors, medical students and residents and physicians. Included in

screening is the concept of pre-screening in which a reduced set of validated questions are universally asked to quickly eliminate those individuals who would quickly prove negative on the full screening tools.

- Brief Intervention – A face-to-face discussion between the patient and health care provider that is focused on raising an individual’s awareness of his/her substance use with the ultimate goal of motivating the individual toward behavioral change and the avoidance of substance use disorders. Brief interventions are 1 to 5 sessions in length, from a few minutes to an hour, and are an essential component to the SBIRT process; all students must receive comprehensive training in the use of brief intervention during patient interactions. Grantees will be required to train students in Motivational Interviewing concepts and techniques as they are foundational to the brief intervention. These techniques must be integrated within the training curricula and field training experience. Additionally, grantees must ensure that faculty and those supervising students within their field placements or residency placements are proficient in the use of Motivational Interviewing within the context of the brief intervention, and can provide consistent instruction and oversight as to the use of the brief interventions during students’ patient encounters. Additionally, as part of brief intervention, clients must be screened and assessed for the presence of co-occurring substance use (abuse and dependence) and mental disorders and the information obtained from screening and assessment must be used to develop appropriate treatment approaches for persons identified as having such co-occurring disorders. For more information on the process of selecting screening instruments to identify co-occurring substance use and mental disorders, go to <http://store.samhsa.gov/product/Screening-Assessment-and-Treatment-Planning-for-Persons-With-Co-Occurring-Disorders/PHD1131>
- Referral – A proactive process that facilitates access to culturally competent care for individuals who have been assessed to have a SUD requiring more specialized treatment.

Grantees must also include the following topics in their training curriculum that relate to the core components:

1. The interface of medical and social/behavioral conditions with substance use disorders;
2. Screening tools that identify the full spectrum of risky, problematic substance use, abuse and addiction;
3. Brief intervention procedures and evidence of their effectiveness (i.e., with outcomes showing clients’ avoidance of dependency);
4. Use of interactive “hands-on” practice and training sessions and experiences for students with patients for screening, identification, brief intervention, and referral to treatment for alcohol, illicit drugs, and prescription drug misuse. Field supervisors of

students (both campus and distance learning) must be proficient and experienced in the use of SBIRT to provide the necessary training experience and ensure students' proficiency in applying the SBIRT model in their respective clinical training settings.

5. Grantees training students via distance learning (i.e., online programs) must ensure that students receive interactive training and practice experience as well as comprehensive field training experience in SBIRT. Grantees must ensure that distance learning students' field placement instructors are proficient in SBIRT to provide high quality supervision and instruction during the students' field placements.
6. Detoxification procedures for alcohol and other drugs and prescribing of effective medications to treat craving and prevent relapse.
7. For dental students, mechanisms to identify and address oral health conditions brought on by drug and/or alcohol use utilizing SBIRT techniques and appropriate prescribing practices for opioids and pain medications.
8. For pharmacy students, mechanisms to educate the public and people at risk for prescription drug abuse on the effects of alcohol and illicit drugs in combination with their prescribed medications.
9. Ongoing medical management and care coordination of outpatients and other recipients of SBIRT services;
10. Fostering integration of SBIRT into the full continuum of primary care;
11. Training on communicating and linking with specialty treatment service providers and facilities;
12. Behavioral health workforce development and the training of local, state, and regional care systems;
13. Understanding and working with Electronic Health Records (EHR)-based screening and assessment systems; and
14. Approaches to championing or advocating for institutional and/or administrative changes that affect the implementation of SBIRT services and sustainability of the program, including strategies for reimbursing SBIRT services as part of a sustainability plan.

Establishing a Council of Directors (COD):

The COD will act as a policy steering committee monitoring progress, reviewing and approving semi-annual reports to SAMHSA, and developing plans to sustain the SBIRT curriculum after the end of the grant. The COD will assist the Project Director (PD) in overcoming institutional barriers to the implementation of the SBIRT curriculum. The COD should be comprised of members of the school curriculum development

personnel, representatives of school administration, and clinical practice/field experience supervisors.

Partnering With Additional Institutions:

Grantees that partner with other institutions (must be public and private universities, colleges, and medical residency programs that have or are affiliated with programs for medical students, psychologists, pharmacists, dentists, physician assistant, nursing, social work, and/or counseling) must partner only with institutions located within the state or territory of the awarded grantee.

Selecting a Project Director (PD):

The PD of the grant is the individual with primary responsibility for the overall operations of the grant and for successful completion of all requirements included in this RFA. The PD will work closely with the assigned programmatic contact at SAMHSA, the Government Project Officer (GPO). The duties of the PD include, but are not limited to the following:

1. Planning, execution, and quality assurance for the implementation of the SBIRT training curriculum provided by SAMHSA.
2. Maintaining appropriate and regular contact with the GPO on the progress, successes and barriers to implementation of grant activities, including discussion of any necessary modifications to the curriculum.
3. Selecting and providing oversight of the teaching faculty to train the health professions students.
4. Ensuring that the teaching faculty and field supervisors are trained in the SBIRT training curriculum components to allow for fidelity to the curriculum.
5. Selecting members of the Council of Directors (COD), serving as either the chairperson of the Council or as a member, reporting proceedings of the COD in the semi-annual and final reports to SAMHSA, and ensuring that the COD performs the following tasks:
 - a. Reviews semi-annual, final, and financial reports prior to submission to SAMHSA and approves actions to address any problems with implementation of grant activities.
 - b. Reviews successes and barriers to the implementation of project activities; provides advice and action steps to ensure successful inclusion of the SBIRT curriculum into the established school curricula.
 - c. Develops a plan to sustain inclusion of the SBIRT curriculum into the established school curricula after the lifetime of the grant.

6. Preparing for a SAMHSA technical assistance site visit in the seventh to ninth month of the grant.
7. Notifying SAMHSA of the intent to publish findings of the grant project in academic journals or other publications or media outlets, and providing SAMHSA with any written or electronic products or evaluation results developed during the lifetime of the grant.

Project Phases and Operations:

Applicants are required to develop their training programs based on the following timeline:

Phase I: Project Planning and Startup (startup must occur within 4 months of grant award)

- Select members for the Council of Directors (COD).
- Obtain SBIRT curriculum materials developed by previous SAMHSA SBIRT training grantees. Grantees will select from curricula available from SAMHSA's technical assistance contractor for SBIRT. Grantees will work with their GPO on any modifications that may need to be made to tailor the curriculum to the specific needs of their training program.
- Maintain regular contact with the SAMHSA GPO on grant activities and progress.
- Develop an organizational structure that elicits and ensures input from all relevant policy-making stakeholders of the health professions teaching institution.
- Create a training plan, including how students will be identified/recruited to be trained, as well as a plan to conduct regional trainings.
- Establish a mechanism for monitoring program performance and compliance and establish projections for the number of students to be trained in each discipline.
- Ensure that the teaching faculty and field supervisors are trained in the SBIRT training curriculum components to allow for fidelity to the curriculum.
- Recruit students for the SBIRT training project.

Phase II: Operations (approximately 29 months)

- Train health professions students in didactic and practice settings.
- Conduct regional trainings, where possible, by the SBIRT curriculum teaching faculty to disseminate SBIRT practices into local systems of care, such as hospital systems or state and county health systems.

- Develop a plan to sustain inclusion of the SBIRT curriculum into the established school curricula and training of health professions after the lifetime of the grant.
- Monitor and report on program progress as required throughout the lifetime of the grant (i.e., semi-annual reports, financial status reports, GPRA information, etc.).

NOTE: Grantees will receive a SAMHSA technical assistance site visit in the seventh to ninth month of the grant project. At this time, grantees will be expected to review implementation progress and discuss any needed improvements.

Phase III: Phase Out (approximately 3 months)

- Implementation of sustained program operations.
- Dissemination of model programs to other residency and partnering sites.
- Completion and submission of all required final reports and evaluations.

For additional information on SBIRT, go to <http://www.samhsa.gov/sbirt>

Other Requirements:

- Use innovative technology transfer strategies to promote the adoption of culturally and linguistically appropriate, evidence-based and promising practices, and to disseminate relevant research findings in the areas of prevention and treatment for substance use and mental disorders. Strategies must include, among other approaches, curricula and other learning events, delivered face-to-face and/or via the internet.
- Build and maintain collaborative relationships with key stakeholders in their region (including state and local governments; provider associations; academic institutions, professional, recovery community, faith-based, and racial/ethnic-specific or LGBT organizations; counselor credentialing bodies, Regional Indian Health Boards, and others) to advance the professional development of students and practitioners in the prevention and treatment of substance use disorders.
- Maintain an inventory of, and serve as a clearinghouse for, mental illness/substance use treatment and prevention products (curricula, trainings, distance learning programs, etc.), including resources and products to address behavioral health disparities or to increase access to, or appropriateness of, training activities, and disseminate these products throughout the region and to other stakeholders in the field.
- Provide and maintain culturally and linguistically appropriate internet-based information and resources.
- Enhance the clinical and cultural competencies of substance use disorders treatment practitioners, including the capacity to deliver services in accordance

with the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare (National CLAS Standards).

- Coordinate technical assistance efforts with local, state and/or national organizations to help build knowledge and skills in substance abuse prevention and treatment services and increase the capacity to address disparities in the access, use and outcomes of behavioral health treatment.
- Participate in cross-regional and/or Network-wide activities to promote the adoption of evidence-based and promising practices, recovery-oriented systems of care, educational standards, and other topics of importance to the mental and substance use disorders treatment/recovery field.

2.2 Allowable Activities

- Develop and provide training and other resource materials for a variety of audiences (e.g., clinical supervisors, human resource managers, administrators and state/territory agency staff, front-line counseling staff, etc.).
- Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for providers of mental and substance use disorders prevention and treatment services, including working with academic institutions that train and educate students for these professions.
- Develop strategies and materials to enhance recruitment and retention of mental and substance use disorders treatment practitioners.

2.3 Other Expectations

Promotion of CSAT Products and Collaboration with SAMHSA

To maximize distribution of SAMHSA products, grantees will be required to promote and distribute SAMHSA publications related to the proposed topics of trainings and courses delivered by the grantee. In addition, each grantee will be required to provide periodic updates to SAMHSA's Office of Communications, alerting SAMHSA of products and services, including training events that the grantee is making available.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. In this statement you must propose: (1) the number of individuals to be trained during the grant period, and the subpopulations (e.g., racial, ethnic, and sexual/gender minority groups) vulnerable to behavioral health disparities and how they will be engaged in training and activities (e.g., training, collaborations and partnerships, outreach, etc.); (2) a quality improvement plan to decrease the differences in access to, use and outcomes of the training activities among these subpopulations; and (3) methods for the development of policies and procedures to ensure adherence to the National CLAS Standards. (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).

2.4 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 the following performance measures: GPRA baseline data on all participants of the training curriculum at the end of the training event, and 30-day follow-up to the training with a minimum 80 percent of all baseline participants followed up.

Due to the nature of the SBIRT-Student Training program, grantees have the flexibility in determining what constitutes the “end of a training event” for GPRA baseline data collection (e.g., at the end of a training module, end of an academic year, completion of a topic area, etc.).

Grantees will also be required to develop a post-graduation tracking form and system to follow-up 100 percent of the graduates to determine their use of SBIRT in their post academic work. This will be reported on the semi-annual and final reports.

- Grantees must conduct a follow-up survey on 100 percent of the graduates. To accomplish this goal grantees must provide, prior to graduation, a postage paid postcard (or equivalent) to every student completing training. These postcards or correspondence will be addressed to the grant project director and will only ask if the graduate is using SBIRT and to comment about its perceived efficacy. This information must be reported in the semi-annual reports.

This information will be gathered using a uniform data collection tool provided by SAMHSA. This tool is available at <http://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-best-practices>. GPRA data are to be collected and then entered into SAMHSA’s Common Data Platform (CDP) within 7 days of data collection. Training and technical assistance on data collecting, tracking and follow-up, as well as data entry, will be provided by SAMHSA.

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

2.5 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 also should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least semi-annually. As a part of the assessment, you must solicit opinions and information from the students who have been trained as to how well the curriculum prepared them for the practice of screening and brief intervention and referral to treatment.

Suggested areas for assessment include the following:

- Number of students trained;
- Types and number of differing specialties of students trained during the project period;
- Number and length of training lectures;
- Clinical experiences (number of live practicum experiences and number of patients seen);
- Number of training events held for local and state-wide medical communities;
- Number of technical assistance events held and number of people trained at these sessions;
- Student ratings of the program and knowledge, attitudes and skills changes towards using the SBIRT model prior to exposure to the curriculum and at the completion of the program.
- Barriers/solutions to the implementation of SBIRT in teaching institutions.

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

Outcome Questions:

- What was the effect (e.g., change in knowledge, attitude, behavior) of the curriculum on participants' competencies in the following areas?
 - 1) understanding of the association of medical conditions with substance use;
 - 2) screening tools that identify the full spectrum of risky, problematic substance use, abuse and addiction;
 - 3) brief intervention procedures and evidence of their effectiveness;

- 4) “hands-on” screening, identification, brief intervention, and referral for treatment for alcohol, illicit drugs, and prescription drug misuse;
 - 5) detoxification procedures for alcohol and other drugs;
 - 6) prescribing of effective medications to treat craving and prevent relapse;
 - 7) appropriate prescribing practices for opioids and medically assisted treatment options;
 - 8) ongoing medical management and care coordination of outpatients and other recipients of SBIRT services;
 - 9) linking and communicating with the specialty treatment service system, providers and facilities;
 - 10) professional behavioral health workforce development; and
 - 11) understanding and working with electronic health record (EHR)-based screening and assessment systems.
- What program/contextual factors were associated with outcomes?
 - What individual factors were associated with the outcomes?
 - How durable were the effects?

The assessment should include subjective input from the participating students, the teaching faculty, and members of the Council of Directors on the barriers/solutions to the implementation of SBIRT in health professions teaching and/or medical programs.

Grantees are expected to conduct a one-year follow-up with the graduates of the curriculum to determine post graduate use of SBIRT skills.

Process Questions:

- How closely did implementation/dissemination of the curriculum match the plan for delivery of training and technical assistance?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?
- What effect did the changes have on the planned curriculum and performance assessment?

Performance assessments are due on a semi-annual basis. The GPO will review the reports and help the grantee identify best practices for dissemination to other grantees and identify, if needed, technical assistance needs of challenges/barriers that may affect the grantee.

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

2.6 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting per year. Every other year may be a virtual meeting. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	\$18,800,997
Estimated Number of Awards:	Up to 49 awards
Estimated Award Amount:	Up to \$315,000
Length of Project Period:	Up to 3 years

Proposed budgets cannot exceed \$315,000 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

Applicants should be aware that funding amounts are subject to the availability of funds. These awards will be made as grants.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are public and private universities, colleges, and medical residency programs that have or are affiliated with programs for medical students, psychologists, pharmacists, dentists, physician assistants, nursing, social work, and/or counseling.

SAMHSA seeks to further expand the impact of the SBIRT training program across the nation and to a variety of academic institutions; therefore, current SBIRT grantees awarded under the SBIRT Medical Professional Training Program (TI-13-002) and past SBIRT grantees awarded under the SBIRT Medical Residency Program (TI-08-003) are not eligible to apply.

Eligibility is restricted to these entities because they train health professions students who are most likely to implement SBIRT services to persons at risk of substance use disorders. These programs have the capacity and structure to train health care personnel in delivering SBIRT services to clients across the range of medical services provision. SAMHSA believes that these entities have the necessary expertise and teaching structure to best provide training of these health care professions students in delivering SBIRT clinical services.

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 [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 4** – 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. 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
- **Attachment 4:** Grantees that are medical residency programs must limit the number of residents trained to 30 percent of the total. The remaining 70 percent of those trained may be students in one or a combination of physician assistant, dental, pharmacy, nursing, social work, counseling and medical student programs. Applications from medical residency programs must include letters of commitment from collaborating programs for the training of students in these other areas in Attachment 4.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **March 27, 2015**.

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses. Even if an organization has an established indirect cost rate, under training grants, SAMHSA reimburses indirect costs at a fixed rate of 8 percent of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of \$25,000.

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 number, each number is assessed in deriving the overall Section score.

Section A: Statement of Need (10 points)

1. Describe the proposed training recipients and the methods you will use to engage them. Identify the proposed catchment area and provide demographic information on the students in the health professions you expect to receive training through this grant program, e.g., race, ethnicity, federally recognized tribe, language, age, socioeconomic status and sexual identity (sexual orientation, gender identity). Also include the students' area of specialty and the academic years to be included in the training plan. Include a description of the types of medical systems and work settings that typically employ students after graduation and the patient population served.
2. Describe the availability and/or lack of substance use disorders treatment training available in the current curriculum. Discuss the impact that providing SBIRT training will have on student participants' skills, knowledge, and attitudes. Describe how training health professions students in SBIRT will increase future capacity to address substance abuse in medical systems and settings.

3. Discuss the potential significance of the proposed project as a comprehensive, multidisciplinary, collaborative effort with impact on the medical system and regional and statewide medical services.
4. Discuss any existing substance use disorder and/or screening and brief intervention curriculum currently used at your institution and the benefits expected from expanding this curriculum with the SBIRT- Student Training program. If there is not currently an existing substance use disorder and/or screening and brief intervention curriculum, include a statement to that effect and discuss the expected benefits that will be achieved from establishing the SBIRT- Student Training curriculum in your institution.

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 the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, treatment and/or intervention) and support SAMHSA's goals for integration of behavioral health and primary care.
3. Describe the proposed project activities and how they relate to your goals and objectives.
4. Describe the plan for how the SBIRT training curriculum will be implemented. Include a description of the policy(ies) that will be established to integrate SBIRT into the existing student curriculum content and clinical practice experience for the identified students.
5. The required SBIRT training curriculum for this program was developed for medical residency programs and will be provided by SAMHSA. Review the core components of this curriculum listed in Section I-2: Expectations. Describe and justify any anticipated modifications to the curriculum that may be needed for the specific student disciplines you will be training and to meet the goals of the proposed project.
6. Demonstrate familiarity with SAMHSA's mission and with state-of-the-art strategies and practices in mental illness/substance use disorders treatment and prevention and technology transfer principles, strategies and activities.
7. Describe the plan for creating a Council of Directors and maintaining it for the duration of the program.
8. Describe how the program will increase future medical system capacity to serve substance use disorder treatment needs. State the total number of students that

will be trained each year of the grant and describe how the student's will be selected.

9. Discuss how you will disseminate SBIRT training to other local and state-wide medical communities.
10. Describe how student practice sites will establish procedures for the integration and provision of SBIRT services to allow students to have sufficient clinical experience.
11. Describe a plan to continue the project after the funding period ends. Also, describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.
12. Provide a detailed time line, chart or graph for Year 1 of the project showing key activities and responsible staff. Provide an outline of key milestones for Years 2-3. (Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.)
13. Describe any other organization(s) that will participate in the proposed project and their roles and responsibilities. Demonstrate their commitment to the project. Include letters of commitment from these organization(s) in **Attachment 1** of your application.

Section C: Staff, Management, and Relevant Experience (25 points)

1. Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities.
2. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.
3. Discuss how key staff has demonstrated experience in serving the population to receive training/technical assistance and are familiar with their culture(s) and language(s) as well as with their workforce development needs.
4. Discuss the capability and experience of the applicant organization and other participating organizations in developing and presenting training for students. Include a discussion of using culturally appropriate/competent curricula.

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-2.4](#) of this document. Describe your plan for

data collection, management, analysis and reporting. Specify and justify any additional measures you plan to use for your grant project.

2. Describe the data-driven quality improvement process by which sub-population behavioral health disparities in access/use/outcomes will be tracked, assessed, and reduced. 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 training 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. Describe your plan for conducting the local performance assessment as specified in [Section I-2.5](#) of this RFA and document your ability to conduct the assessment.
3. Describe your plan to follow up with 100 percent of graduates to determine the usage of SBIRT post-graduation.
4. Discuss how the proposed modifications will improve the outcomes, i.e., increase skills, knowledge and attitudes of students to be trained under this grant.

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-2.4](#), grantees must comply with the reporting requirements listed on the SAMHSA website at <http://beta.samhsa.gov/grants/applying/reporting-requirements>. Reports will be submitted on a semi-annually basis.

VII. AGENCY CONTACTS

For questions about program issues contact:

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Appendix I – Confidentiality and SAMHSA Participant Protection 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 must address the two elements below. 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 and participant protection identified during peer review of the application must be resolved prior to funding.

1. 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.

2. 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.

- 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.
- 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?

Appendix II – Additional Background Information

The National Drug Control Strategy (NDCS) emphasizes: (1) preventing drug use before it starts; (2) intervening and healing those who already use drugs; and (3) disrupting the market for illicit substances (ONDCP, 2007). SBIRT's focus on early intervention and treatment is a central component of the NDCS.

Federal programs, including those operated by SAMHSA/CSAT, have tended to emphasize either universal prevention strategies aimed at those who have never initiated use (Mrazek and Haggerty, 1994) or specialist treatment for those who are dependent (Gerstein and Harwood, 1990). Little attention has been paid to the large group of individuals who use drugs but are not yet dependent and who could successfully reduce drug use through "early intervention" (Fleming, 2002; Klitzner et al., 1992).

There is an emerging body of research and clinical experience that supports use of the SBIRT approach as providing effective early intervention for persons at risk for, or diagnosed with, a substance use disorder (i.e., substance abuse or dependence): Babor, 2004; Babor et al. 2002; Baker et al. 2001; Barry, 1999; Bernstein et al., 1997; Blow, 1999; Conrod et al., 2000; Dennis et al., 2002a and b; Fleming, 2002; Gil et al., 2004; Gray et al., 2005; Grenard et al., 2007; Humeniuk, 2006; Kelso, 2002; Rohsenow et al., 2004; Samet et al., 1996; Stephens et al., 1994; Stephens, et al., 2000; Stephens, et al., 2004; Sullivan et al., 1997; WHO ASSIST Working Group, 2002; Zweben and Fleming, 1999).

Recognition of the validity of SBIRT services, to be provided in medical and healthcare settings, is underscored by adoption of new procedural codes by the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association-Current Procedural Terminology (AMA-CPT) Board. SBIRT has also been endorsed in the American Psychiatric Nurses Association position paper (September 11, 2012) and in the Emergency Nurses Association position paper (October, 2009) which provides online toolkits for nurses interested in implementing SBIRT:

<http://www.ena.org/IQSIP/Safety/Injury%20Prevention/SBIRT/ToolKit/Pages/toolkit.aspx>