

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

**FY 2015 Cooperative Agreements for State  
Adolescent and Transitional Aged Youth  
Treatment Enhancement and Dissemination  
Implementation**

**(Short Title: State Youth Treatment - Implementation)**

**(Initial Announcement)**

**Request for Applications (RFA) No. TI-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 April 2, 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 Treatment (CSAT) is accepting applications for fiscal year (FY) 2015 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Implementation [State Youth Treatment - Implementation (SYT-I)]. The purpose of this program is to provide funding to states/territories/tribes (hereafter known as states) to improve treatment for adolescents and/or transitional aged youth with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (hereafter known as “the population of focus”) by assuring youth state-wide access to evidence-based assessments, treatment models, and recovery services supported by the strengthening of the existing infrastructure system. Based on need, applicants may choose to provide services to adolescents (ages 12-18) and their families/primary care givers, transitional aged youth (ages 16-25) and their families/primary caregivers, or both these populations and their families/primary caregivers. Applicants that select transitional aged youth may chose a subset of this population of focus (e.g., ages 16-18, ages 18-21, ages 21-25).

<b>Funding Opportunity Title:</b>	Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination – Implementation (SYT- I)
<b>Funding Opportunity Number:</b>	TI-15-004
<b>Due Date for Applications:</b>	April 2, 2015
<b>Anticipated Total Available Funding:</b>	\$9.6 million
<b>Estimated Number of Awards:</b>	Up to 12
<b>Estimated Award Amount:</b>	Up to \$800,000 per award (if using a certified Electronic Health Record (EHR) system or if using a non-certified EHR system but planning to certify)  Up to \$760,000 per award (if not using a certified EHR system or using a non-certified system with no plan to certify)

<b>Cost Sharing/Match Required</b>	No  [See <u>Section III-2</u> of this RFA for cost sharing/match requirements.]
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	<p>Eligible applicants are the entity within the state/territory/federally recognized American Indian/Alaska Native tribe or tribal organization responsible for leading treatment and recovery support services for adolescents and/or transitional aged youth with substance use disorder or co-occurring substance use and mental disorders.</p> <p>To determine readiness, capacity, and experience for applying to SYT-I all applicants <b>must complete the Applicant Self-Assessment in <a href="#">Appendix V</a> and answer “yes” to all of the questions or the application will be screened out and will not be reviewed.</b></p> <p><b>States/territories/tribes, which received awards under TI-13-014 (FY 2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination), are not eligible to apply to this funding opportunity.</b></p> <p>[See <u>Section III-1</u> 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 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Implementation [State Youth Treatment - Implementation (SYT-I)]. The purpose of this program is to provide funding to states/territories/tribes (hereafter known as states) to improve treatment for adolescents and/or transitional aged youth with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (hereafter known as “the population of focus”) by assuring youth state-wide access to evidence-based assessments, treatment models, and recovery services supported by the strengthening of the existing infrastructure system. Based on need, applicants may choose to provide services to adolescents (ages 12-18) and their families/primary care givers, transitional aged youth (ages 16-25) and their families/primary caregivers, or both these populations and their families/primary caregivers. Applicants that select transitional aged youth may chose a subset of this population of focus (e.g., ages 16-18, ages 18-21, ages 21-25).

SYT-I is a combination of infrastructure improvement and direct treatment service delivery. These grants are designed to bring together stakeholders across the systems serving the population of focus to strengthen an existing coordinated network that will enhance/expand treatment services, develop policies, expand workforce capacity, disseminate evidence-based practices, and implement financial mechanisms and other reforms to improve the integration and efficiency of substance use disorders treatment, and recovery support system. This system will serve as a model throughout the state to be replicated. The expected client-level outcomes of the program include increased rates of abstinence; enrollment in education, vocational training, and/or employment; social connectedness; and decreased criminal and juvenile justice involvement for the population of focus. Grantees will be expected to identify and decrease differences in access, service use, and outcomes of services among the adolescent and transitional aged youth populations who are vulnerable to health disparities.

Grantees also will be expected to increase the number of provider organizations that implement evidenced-based assessments/treatment interventions and provide recovery support services. The grantee will develop or add to an already existing provider collaborative with at least four selected provider organizations. Through the collaborative, EBPs will be implemented; the population of focus will receive services;

and a feedback loop will be developed that will help to identify barriers and test solutions. System outcomes will include changes to policies and procedures, including operationalization of financing arrangements that support the delivery of EBPs and recovery services, improved quality and retention of the workforce, access and support for both families and youth, improved health information sharing and a reduction in health disparities.

In alignment with SAMHSA's Strategic Initiative on Trauma and Justice, this program aims to assist states to expand and enhance evidence-based treatment and recovery systems for the population of focus.

SYT-I cooperative agreement is one of SAMHSA's infrastructure and services programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 5<sup>th</sup> month of the project **at the latest**.

SYT-I cooperative agreements 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.

**NOTE:** SAMHSA is also accepting applications for TI-15-005 - FY 2015 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination - Planning [State Youth Treatment Planning (SYT-P)] program. **Applicants may only apply to one funding opportunity, either SYT-I or SYT-P. The Applicant Self-Assessment in [Appendix V](#) will determine the appropriate funding opportunity.**

SYT-P is an infrastructure grant to provide funding to states to develop a comprehensive strategic plan to improve treatment for the population of focus. SYT-P does not include grant funds for the provision of direct treatment services.

For a comparison of the SYT-I and SYT-P programs please review [Appendix IV](#). To determine which opportunity is most appropriate, **applicants must complete the Applicant Self-Assessment in [Appendix V](#). An affirmative response must be provided to all questions to apply for SYT-I. Applications for SYT-I will be screened out and will not be reviewed if this requirement is not met.** The Applicant Self-Assessment must be completed, signed, and dated by the Authorized Representative and included in **Attachment 1** of your application or it **will be screened out and will not be reviewed.**

## **2. EXPECTATIONS**

The State Youth Treatment-Implementation cooperative agreements must use grant funds to improve state capacity to increase access to treatment and to improve the

quality of treatment for the population of focus and their families/primary caregivers through:

- Expanding and enhancing SUD treatment services for the population of focus.
- Involving families, adolescents, and transitional aged youth at the state/territorial/tribal/local levels to inform policy, program, and effective practice.
- Expanding the qualified workforce.
- Disseminating evidence-based practices.
- Developing funding and payment strategies that support EBPs in the current funding environment.
- Improving interagency collaboration.

Grant funds will go to states, which will be responsible for allocating the funds between two main activities: 1) the improvement of the existing state infrastructure; and 2) the provision of direct treatment for SUD and/or co-occurring substance use and mental disorders and recovery support services for the population of focus, including their families/primary caregivers.

## **2.1 Infrastructure Improvement Activities**

Grantees may use **up to 35% percent (i.e., \$280,000)** of this award to: 1) increase/improve their capacity to provide effective, accessible substance abuse treatment and recovery support services; and 2) create a more integrated and collaborative system of care for the population of focus and their families/primary caregivers. **Up to 15 percent (i.e., \$42,000) of this amount** may be used for data collection, performance measurement, performance assessment and local evaluation of infrastructure improvements (see Sections [1-2.4](#) and [2.5](#)).

### **Required Infrastructure Activities:**

**[Note: All plans/maps referenced in this section that are not yet developed must be submitted within 90 days of the grant start date. Those that have been developed must be included in the appropriate attachment (see [Section IV-1](#)).]**

1. Develop a full-time (1.0 FTE) staff position dedicated to managing this program, specifically a State Adolescent Treatment/Youth Coordinator. The individual appropriate for this position must have the necessary skills and experience, including expertise in facilitating cross-agency collaborations and an understanding of the implementation of EBPs in the field. If the state has an existing State Adolescent Treatment/Youth Coordinator these grant funds must not be used to support this staff, but may be used to support up to 1.0 FTE that complements/supports the Coordinator.

- A State Adolescent Treatment/Youth Coordinator at a minimum meets the following criteria: 1) at least a baccalaureate degree in a relevant health field (e.g., social work, counseling) with expertise in substance use disorders, addiction services, adolescent treatment, prevention services, and/or in/outpatient services; 2) experience working with populations who meet the criteria for SAMHSA's health disparities definition and subpopulations; 3) experience staffing interagency groups and/or has experience in working across state systems to make policy change.
  - It is imperative that the Authorized Representative for this grant take an active and consistent role in working with the State Adolescent Treatment/Youth Coordinator and overseeing this program. At minimum, the Authorized Representative must participate in all national grantee meetings and monthly conference calls with SAMHSA staff and contractors.
2. Link and coordinate with other systems serving adolescents and/or transitional aged youth through the work of an existing Interagency Council in order to promote comprehensive, integrated services for the population of focus. Such service systems must include, but are not limited to, State Medicaid Agency, State Health Department, education, criminal/juvenile justice, mental health, and child welfare. Grantees may include other systems, such as labor/employment and housing. Adolescents and/or transitional aged youth, and family members must be key members of this Council. The following activities will be expected:
- Implementation of quarterly meetings;
  - Development and update of financial maps and employment of the findings in policy change;
  - Implementation of a state-wide workforce development plan;
  - Participation in infrastructure reform, policy development, and adolescent and/or transitional aged youth and family involvement at the policy and practice levels; and
  - Development of a Substance Abuse Financing Subcommittee, whose membership includes, the State Treatment Coordinator/Youth Coordinator, state SUD finance lead, State Medicaid Agency and other major SUD funders, to collaborate with major payers of substance abuse assessment, treatment and recovery support services.

The existing Interagency Council must be documented at the time of application by the inclusion of a written agreement in **Attachment 2**. The written agreement must include the following: identification of the parties involved in the Council; description of the specific roles and responsibilities of each party; summary of the essential terms of the agreement; and the Council's operating procedures. The document must be signed and dated by the Council's Lead. The written agreement should include a roster of the Council members, which identifies the agency/system that

they represent and letters of support/commitment from, at least, the six previously named key collaborating agencies/systems (i.e., State Medicaid Agency, State Health Department, education, juvenile justice, mental health, and child welfare).

3. Use findings from financial mapping (to be updated annually) to identify, link and coordinate with financing sources, which include but are not limited to Medicaid and Children's Health Insurance Program (CHIP); Substance Abuse Prevention and Treatment (SAPT) Block grant; private insurance (where possible); criminal and juvenile justice; child welfare; education; labor; housing; and other relevant funding streams
  - Note: Applicants must include a financial map of financial resources expended in FY 2011 or later for services for SUD and/or co-occurring substance use and mental disorders (e.g., screening, assessment, treatment, continuing care, recovery support services) for the population of focus as **Attachment 5** of the application. Applicants must also discuss how they will use the findings of their financial maps in the Project Narrative of their applications. At a minimum, the financial map must consist of tables that: 1) identify screening, assessment, treatment services and recovery supports needed for a comprehensive continuum of services for the population of focus; 2) identify the federal and state funding sources supporting the provision of these services in a specific fiscal year; 3) identify the federal, state, and aggregate amounts spent from each funding source by service in a specific fiscal year; and 4) identify the number of unique users served through the expenditures in a specific fiscal year where possible. The tables must be accompanied by explanatory narrative
4. Use a workforce map to recruit, prepare, and retain a qualified workforce to serve the population of focus.
  - Grantees must use the information from the workforce map to execute at least two of the following activities:
    - Prepare faculty in appropriate college and education settings to deliver curricula that focus on adolescent and/or transitional aged youth-specific SUD evidence-based practices.
    - Develop or improve state standards for licensure/certification/accreditation of programs that provide services for the population of focus.
    - Develop or improve state standards for licensure/certification/credentialing of professionals and paraprofessionals who serve the population of focus.
    - Employ technology to expand the delivery of training opportunities to workforce especially in rural areas.
    - Develop and implement a plan for worker retention.

5. Use a three-year state-wide workforce training implementation plan to provide training in the evidence-based assessment(s) and treatment model(s) as well as training in content and skills related to SUD treatment (e.g., child development, trauma focused treatment, neuroscience). The trainings should be provided to specialty adolescent and/or transitional age youth behavioral health treatment and recovery workforce. The workforce training plan should also include training staff in other agencies serving adolescents and transitional aged youth including primary care on SUD related content (e.g., symptoms of SUD, screening, referral).
  - Applicants must include a 2013-2015 workforce training implementation plan as **Attachment 6** of the application.
6. Develop a three-year work plan (to be updated annually) for implementing this program, including carrying out the required and allowable activities of this award. The work plan must minimally include goals, objectives, evaluation measures and data sources, responsible leads, target dates for completion, and actual completion dates.
7. Develop and implement sustainability plans for maintaining the Project when this award ends.
  - Applicants must submit a 2015-2017 sustainability plan (to be updated annually, as appropriate) as **Attachment 7** in the application. At a minimum, this plan must include key activities, milestones, and responsible staff for implementing the activities encompassed in this project.

**Applicants must select at least two of the following infrastructure activities:**

1. Develop a 0.5 FTE staff position, a Family and Youth Coordinator, dedicated to leading activities, which promote family and youth involvement in substance use treatment and recovery services for the population of focus. It is incumbent upon the grantee to hire an individual who has the necessary skills and experience appropriate for the position, including an understanding of the correlation between co-occurring substance use and mental disorders. [Note: If the state has an existing Family and Youth Coordinator, federal funds must not be used to support this position. In lieu of developing a position, 0.5 FTE equivalent funds may be used to support staff with needed expertise to fulfill the requirements of this program.]
  - A Family and Youth Coordinator is an individual that, at a minimum, meets the following criteria: 1) has at least a baccalaureate degree in a relevant health field (e.g., social work, counseling) with specializations in substance use disorders, addiction services, adolescent treatment, prevention services, and/or in/outpatient services; 2) experience working with populations who meet the criteria for SAMHSA's health disparities definition and subpopulations; and 3) experience developing and

- facilitating client focused organizations.
  - The position should be split between focusing on family (e.g., 0.25 FTE) and youth (e.g., 0.25 FTE).
2. Develop or use existing Family and Youth state-wide Structure(s) to promote family and youth involvement in substance use treatment and recovery services for the population of focus through the following activities:
    - Education of the public about the available treatment and recovery support services available to the population of focus.
    - Development of family and youth peer supports.
    - Participation by one family member and one youth on the Interagency Council.

If the Family and Youth Structure(s) is developed at the time of application, then applicants should include documentation of the Structure's existence and a detailed three-year work plan of what the Structure will accomplish during the award in **Attachment 11** of the application. If there is more than one existing Structure, applicants may either create a coordinating body or select at least one of those Structures.

3. Develop new and/or modify **two** existing state policy and procedures, which impact the population of focus.
4. If there is a current state-level SAMHSA-funded Comprehensive Community Mental Health Services for Children and their Families Program (CMHI) grantee the applicant should establish a formal collaborative relationship. This will allow for the leverage of federal resources and promote comprehensive, integrated services for adolescents and/or transitional aged youth with SUD and co-occurring substance use and mental disorders. Refer to [Appendix VIII](#) for a list of currently funded CMHI grantees.

## 2.2 Direct Treatment Services Activities

Grantees must use **no less than 65 percent (i.e., \$520,000) of the award** for the provision of direct treatment for SUD and/or co-occurring substance use and mental disorders and recovery support services to the population of focus and their families/primary caregivers. **Up to 15 percent (i.e., \$78,000) of this amount** may be used for data collection, performance assessment, and local evaluation of infrastructure change (see Sections [1-2.4](#) and [2.5](#)). **Up to 10 percent (i.e., \$52,000) of this amount** may be used for electronic health records.

In year one of the award, applicants must select at least four provider organizations, which provide treatment and/or recovery supports for the population of focus. Note: A

provider organization may have a single location, be an organization with multiple satellite sites or, in the case of Medication Assisted Treatment (MAT), providers may also be health professionals in group or private practice (See Section [2.3](#) for a description of MAT). SAMHSA understands that it may be difficult for some territories and tribes to select four provider organizations due to the low numbers of provider organizations within the geographic catchment area. In these cases, applicants must present compelling information regarding the low numbers of provider organizations in their territory/tribe and discuss the number of provider organizations that will be selected to participate in the project.

Grantees are strongly encouraged to select provider organizations located in geographically diverse regions of the state in order to increase equitable access to treatment and recovery support services for the populations of focus. Selected provider organizations may include adolescent and/or transitional aged youth substance use treatment provider agencies, federally qualified health centers (e.g., school-based health centers), entities in criminal and juvenile justice, primary health care, education, or other agencies serving the population of focus. Applicants are strongly encouraged to increase the number of provider organizations selected in years two and three of the award.

Applicants must ensure that all selected provider organizations have the capacity to serve the population of focus and are able to collect the required GPRA data.

The state, in consultation with the selected provider organizations, will determine the evidence-based assessment(s) and treatment intervention(s) to be used with the population of focus.

### **Required Treatment Services Activities:**

Grantees must ensure that the selected provider organizations address each of the following required activities:

1. Provide outreach and other engagement strategies to increase participation in, and provide access to, treatment for diverse populations (i.e., ethnic, racial, sexual orientation, gender identity, etc).
2. Provide direct treatment including screening, assessment, care management and recovery support for diverse populations at risk. Treatment must be provided in outpatient, intensive outpatient or day treatment settings. Clients must be screened and assessed for the presence of SUD and/or co-occurring mental and substance use disorders, using an assessment instrument(s) per the criteria discussed in Section [I-2.3](#), and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified

as having such disorders. [Note: For more information on the process of selecting screening instruments to identify co-occurring mental and substance use disorders, go to <http://www.samhsa.gov/co-occurring/>.]

3. Provide recovery support services and supports (e.g., child care, vocational, educational, and transportation services) designed to support recovery and improve access and retention. [Note: Grant funds may be used to purchase such services from other provider organizations beyond the four minimum selected provider organizations.]
4. Provide the evidence-based assessment(s) and treatment intervention(s), selected in consultation with the state, for the population of focus.
5. Form a provider collaborative that includes a minimum of four selected provider organizations. The provider collaborative may be newly created or added to an existing structure/collaborative within the state. The provider collaborative must be managed or co-managed by the grantee.
  - At a minimum, the role of the provider collaborative is to:
    - Provide direct treatment for SUD and/or co-occurring substance use and mental disorders and recovery support services to the population of focus.
    - Identify and address common provider-level administrative challenges in providing substance abuse treatment and recovery support services to the population of focus.
    - Develop and implement a common continuous quality improvement/quality assurance plan across the providers in the collaborative to improve the services provided.
    - Identify and address common barriers faced by the population of focus in accessing services.
    - Promote coordination and collaboration with family support organizations to assist in the development of peer support services and strengthen services for the population of focus who have, or are at risk of, SUD and or/or co-occurring substance use and mental disorders.

**Within 60 days of the award, grantees must select the four provider organizations and submit the signed and dated written agreements with each of these organizations to the GPO.** At a minimum, the written agreements must demonstrate the execution of the above required direct treatment services activities. **Service delivery must begin by the 5<sup>th</sup> month of the project at the latest.**

Applicants must screen and assess clients for the presence of SUD and/or co-occurring mental and substance use disorders and use the information obtained from the

screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

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 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.

Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration for transitional aged youth services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are secured first when available for that individual.

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

Over two 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.

#### **Allowable Treatment Services Activities:**

The Affordable Care Act (ACA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act place strong emphasis on the widespread adoption and implementation of electronic health record (EHR) technology. Accordingly, all SAMHSA grantees that provide clinical services to individuals are encouraged to demonstrate ongoing use of a certified electronic health record (EHR) system in each year of their SAMHSA grant. A certified EHR is an electronic health record system that has been tested and certified by an approved Office of National Coordinator's (ONC)

certifying body. Applicants are able to apply for \$800,000 annually (rather than \$760,000 annually) if one of the two conditions below is satisfied:

- A certified EHR is an electronic health record system that has been tested and certified by an approved Office of National Coordinator's (ONC) certifying body.
  - Identify the certified Electronic Health Record (EHR) system, defined as, an electronic health record system that has been tested and certified by an approved Office of National Coordinator (ONC) certifying body, that you, or the primary provider of clinical services associated with the grant (i.e. the grantee, sub-awardee or sub-contractor that is expected to deliver clinical services) have adopted to manage client-level clinical information;  
**or**
  - If your organization currently is using an EHR system that is **not certified** by ONC, demonstrate the implementation of the plan to gain certification. **(Note: Applicants may only apply for the larger award amount if the required documentation cited in the Evaluation Criteria is provided in Attachment 14).**

SAMHSA recognizes that MAT may be an important part of a comprehensive treatment plan; applicants may elect to provide MAT as an allowable activity. **Up to 10 percent of the direct service portion of the total award (i.e., \$52,000)** may be used to pay for appropriate FDA-approved medication treatment (e.g., methadone, injectable naltrexone, non-injectable naltrexone, disulfiram, acamprosate calcium, buprenorphine, etc.) when the adolescent and/or transitional aged youth has no other source of funds to do so. <sup>1</sup> MAT is an evidence-based substance abuse treatment protocol and SAMHSA supports the right of individuals to have access to appropriate MAT under the care and prescription of a physician.

Applicants that elect to provide MAT must discuss their plans in the Project Narrative of the application and document that the selected MAT has been FDA-approved for the population(s) of focus. **Grantees must identify the selected MAT provider(s) or organization(s) within 60 days of the award and submit signed and dated written agreements to their GPO for review and approval.**

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<sup>1</sup> National Association of State Alcohol and Drug Abuse Directors, Inc. (2014). State Adolescent Substance Use Disorder Treatment and Recovery Practice Guide. Retrieved from <http://nasadad.org/wp-content/uploads/2014/10/State-Adolescent-Substance-Use-Disorder-Treatment-and-Recovery-Practice-Guide.pdf>.

## 2.3 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In [Section B](#) of your Project Narrative, you will need to:

- Identify the evidence-based practice assessment and treatment practice(s) you propose to implement for the specific population(s) of focus.
- Identify and discuss the evidence that shows that the practice(s) is (are) effective for the specific population(s) of focus.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

[Note: See PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

Below is a list of examples of evidence-based practices that are appropriate for the population of focus; this is not an exhaustive list:

- The Seven Challenges;
- Multidimensional Family Therapy (MDFT);
- Adolescent Community Reinforcement Approach (A-CRA);
- Brief Strategic Family Therapy;
- Family Behavior Therapy;
- Functional Family Therapy;
- Multisystemic Therapy (MST) for Juvenile Offenders;
- Chestnut Health Systems - Bloomington Adolescent Outpatient (OP); and
- Intensive Outpatient (IOP) Treatment Model.

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See [Appendix I](#) for additional information about using EBPs.

This program is focused on improving quality and services while implementing an evidence-based treatment intervention, as well as the implementation of a full bio-psycho-social assessment instrument(s) that is developmentally appropriate for the population(s) of focus, and has been shown to be a reliable and validated instrument(s) for adolescents and/or transitional aged youth. It is also designed to provide states with the knowledge and experience necessary to select an evidence-based practice for eventual state-wide adoption.

SAMHSA will make final decisions to approve proposed evidence-based interventions and assessment tools. If the application is funded but SAMHSA does not approve the evidence-based intervention(s) and/or assessment tool(s), then SAMHSA will work with the applicant to select a different evidence-based intervention(s). [Note: These grants are not designed to fund the development of new assessment tools and systems.]

Applicants must propose an evidenced-based assessment tool(s), which meet(s) **all** of the following criteria: 1) provides comprehensive clinical assessments that inform diagnosis, treatment planning, and placement at the individual level; 2) is cost effective to train (agency, state, etc.), implement, and certify on a statewide level (established certified training curriculum); 3) has a software infrastructure that will or can easily be integrated with electronic medical records systems that will be used at the selected provider organizations; 4) has an integrated focus on co-occurring substance use and mental disorders; 5) has been reliably (.80 or greater) validated across various treatment sites and is a standardized measure; 6) assesses family, personal strengths, and social supports; and 7) has been shown to be reliable and validated with adolescents and/or transitional aged youth.

Applicants are strongly encouraged to select an EPB that allows for a state-wide in state training presence to ensure sustainability. [Note: "In state training presence" means that one or more EBP trainers would be approved by the developer to train clinicians from across agencies throughout the state and not be limited to training only clinicians in the agency where they are employed.]

Assessment and treatment models should be comprehensive in treating SUD (e.g., alcohol dependence, opioid dependence) and/or co-occurring substance use and mental disorders (e.g., depression, PTSD) which encompasses the complexities of addiction, mental health (including trauma), and recovery.

**The Statement of Assurance must be included in Attachment 1 of your application. Applicants must sign the Statement of Assurance (See [Appendix II](#)) to certify that, if funded, they will:**

- Contact the developer/trainer of the assessment instrument and treatment intervention and provide cost estimates for all three years of the award to the GPO prior to implementation of the intervention.
- Provide a plan for training, certification, and ongoing support for the chosen instrument and a letter from the developer/trainer, which indicates they can support the training, certification and ongoing monitoring requirements for each community-based provider site for all three years of the award to the GPO prior to implementation of the assessment.
- Provide a plan for incremental expansion of the evidence-based assessment and the treatment practice to reach state-wide over the three-years of the award. This should include a train-the-trainer model and applicants are strongly

encouraged to select a practice that allows an in state training presence for sustainability purposes.

Grantees may expend **up to \$140,000** to fully implement an intervention(s) and clinical assessment(s) in the first year while training and certification are in process. In subsequent years, grantees may expend grant funds **up to \$70,000** for any on-going or expansion providers for training and certification/licensure in the selected intervention. These funds may be used for the training, coaching, certification, licensure, materials, site visits from the developer, and any other costs cited by the developer for certified/licensed use of the intervention.

States may choose to implement a program that exceeds the above specified costs limits, but must cover these costs outside of grant funds. However, all costs for reaching and maintaining certification, licensure, and “train-the-trainer” capability and in-state training (which is all costs related to the intervention which are not directly for staff salaries) may not be charged to the grant if they exceed the maximum allowed.

## **2.4 Data Collection and Performance Measurement**

All SAMHSA grantees are required to collect and report certain client-level data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in [Section E: Data Collection and Performance Measurement](#) of your application. In addition to demographic data (gender, age, race, and ethnicity) on all clients served, grantees will be required to report performance on the following performance measures: abstinence from use, housing status, employment status, criminal/juvenile justice system involvement, access to services, retention in services, and social connectedness. 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. An example of the type of data collection tool required can be found at <http://www.samhsa-gpra.samhsa.gov>.

Data will be collected via a face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Grantees will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Once data are collected, grantees are required to utilize the Common Data Platform (CDP), SAMHSA’s web-based data collection and reporting tool. All data must be submitted through the CDP within seven days of data collection.

When the state conducts training events, they must also collect data on overall satisfaction with event quality and application of event information (see Section [2.1](#)). In addition to these client measures, grantees will be expected to collect and report on the

Office of Management and Budget (OMB) approved state infrastructure measures. These measures can be found in [Appendix VI](#).

**Grantees and sub-awardees will be provided extensive training on the CDP system and its requirements post award.**

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 disparities in access, service use and outcomes nationwide.

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

## **2.5 Performance Assessment**

Grantees must periodically review both the infrastructure and client-level 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 annually.

At a minimum, your performance assessment should include the OMB approved infrastructure measures (see [Appendix VI](#)) and the required GPRA performance measures identified above. You may also consider outcome and process questions, such as the following:

*Outcome Questions:*

- What was the effect of the intervention on key outcome goals?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual identity (sexual orientation/gender identity)?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?
- How has the array of publicly supported treatment and recovery services and supports for the population of focus expanded over the program period?

- What treatment/recovery services for the population of focus were reimbursed by Medicaid/CHIP at the outset and conclusion of the project? Was there an increase?
- What treatment/recovery services for the population of focus were reimbursed by other federal/state/territorial/tribal funds (please specify) at the beginning and ending of the project? Was there an increase?
- To what degree has there been an increase in the number of clinicians trained/certified in evidence-based practices?
- How has the grantee/provider partnership identified barriers/solutions to widen the use of effective evidence-based practices for the population of focus?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

*Process Questions:*

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, including the use of the 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)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program?
- Have evidence-based practices been adopted and disseminated state-wide?
- In what ways is the state moving toward a more coordinated effort to serve the population of focus and their families/primary caregivers? What are the drivers?
- Is capacity being increased? What has been the impact on health disparities in the population served?

The performance assessment report should be a component of or an attachment to the progress report submitted in October of each grant year.

**Up to 15% percent (i.e., \$42,000) of the portion of the grant award for infrastructure improvement and up to 15% percent (i.e., \$78,000) of the portion of**

**the grant award for the provision of direct services may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections [2.4](#) and [2.5](#) above.**

## **2.6 Grantee Meetings**

Grantees must plan to send a minimum of three people (including the State Youth Coordinator and Authorized Representative) to one joint grantee meeting in year one and year three of the grant. 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 three days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## **II. AWARD INFORMATION**

**Funding Mechanism:** Cooperative Agreement

**Anticipated Total Available Funding:** \$9.6 million

**Estimated Number of Awards:** Up to 12 awards

**Estimated Award Amount:** Up to \$800,000 per award (if using a certified EHR system or if using a non-certified EHR system but planning to certify)  
Up to \$760,000 per award (if not using a certified EHR system or using a non-certified system with no plan to certify)

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

**Proposed budgets cannot exceed \$800,000 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.

### **Cooperative Agreement**

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

### Role of Grantee:

- Complies with the terms and conditions of the grant;
- Monitors and ensures that sub-recipients collect and report GPRA data and agree to provide SAMHSA with the data required for GPRA;
- Collaborates with CSAT staff and SAMHSA contractor(s) in project design, implementation, and monitoring;
- Demonstrates links to and coordination with agencies serving adolescents and transitional aged youth at the state/territory/tribal level through MOAs, MOUs, etc.;
- Collects, evaluates, and reports grantee infrastructure process and outcome data;
- Responds to requests for program-related data;
- Documents intended and actual systemic changes resulting from the project's activities; and
- Prepares and submits SAMHSA/CSAT required reports within prescribed timeframes.

### Role of SAMHSA Staff:

- Provides guidance and technical assistance to grantees in implementing project activities throughout the course of the project;
- Reviews and approves each stage of project activities (e.g., approves the following: proposed evidenced-based intervention(s) and assessment(s), MOAs/ MOUs, financial maps, allowable activities, multi-year workforce implementation plans, semi-annual reports, local community-based provider sites, etc.);
- Works collaboratively with the grantee on the activities involved with the infrastructure, process, and outcome evaluation development and implementation; oversees with the grantee the sub-recipients' GPRA data activities;
- Conducts site visits to monitor the development and implementation of adolescent/ transitional age services infrastructure and substance use and co-occurring mental health and substance abuse disorders treatment service

provision at local community-based treatment provider sites (sub-recipients);

- Provides guidance on how to access resource allocation strategies; and
- Works cooperatively with the grantee to sustain the systems changes achieved through the project.

### III. ELIGIBILITY INFORMATION

#### 1. ELIGIBLE APPLICANTS

Eligible applicants are the entity within the state/territory/federally recognized American Indian/Alaska Native tribe or tribal organization responsible for leading treatment and recovery support services for adolescents and/or transitional aged youth with substance use disorder or co-occurring substance use and mental disorders. In the case of applicants that select both populations of focus and the responsible lead is housed in two separate entities within the state/territory, the two entities must collaborate in determining which entity will be the applicant. Additionally, the two entities must collaborate in carrying out the award requirements and include this documentation in **Attachment 8** of the application.

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

To determine readiness, capacity, and experience for applying to SYT-I all applicants **must complete the Applicant Self-Assessment in [Appendix V](#) and answer “yes” to all of the questions or the application will be screened out and will not be reviewed.**

SAMHSA seeks to further expand the impact and geographical distribution of the State Youth Treatment program across the nation; therefore, states/territories/tribes that received an FY 2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination are not eligible to apply.

Eligibility is limited because this program is designed to bring together stakeholders across the systems serving adolescents and transitional aged youth to develop and/or enhance a coordinated network that will develop policies, expand workforce capacity,

bring evidence-based practices to scale statewide, and implement financial mechanisms and other reforms to improve the integration and efficiency of the adolescent substance use, co-occurring substance use and mental disorders treatment, and recovery support system. Entities within the state/territory/tribe, which are responsible for leading treatment and recovery support services for adolescents and/or transitional aged youth with SUD or co-occurring substance use and mental disorders, are in the unique position to coordinate these efforts because they have authority to coordinate agencies across the state/territory/tribe, implement policy changes, and develop financing structures necessary for the program. Although community-based treatment providers play a pivotal supporting role in adolescent and transitional aged youth treatment and services, they are not the catalysts for cross-agency coordination, workforce development, or licensure/certification/credentialing at the state/territorial/tribal level. Therefore, public and private non-profit entities and community-based treatment providers are not eligible to apply for this funding opportunity.

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

Cost sharing/match is not required in this program.

## **3. EVIDENCE OF EXPERIENCE AND CREDENTIALS**

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. Selected provider organizations must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client for substance abuse treatment services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each substance abuse treatment provider organization must have at least two years' experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last two years); and
- Each substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation and certification requirements, as of the due date of the application.

**[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. See Appendix II, Statement of Assurance, in this document.]**

Following application review, if your application's score is within the funding range, the government project officer (GPO) may contact you to request that the following documentation be sent by overnight mail, or to verify that the documentation you submitted is complete:

- a letter of commitment from every mental health/substance abuse treatment provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided;
- official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable local (city, county) and state requirements for licensing, accreditation and certification; OR 2) official documentation from the appropriate agency of the applicable state, county or other governmental unit that licensing, accreditation and certification requirements do not exist; and
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation and certification requirements do not exist.

If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.

#### **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 E. Sections A-E together may not be longer than 40 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 45, it is 41 pages long, not 40 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 F and G. There are no page limits for these sections except for Section F, 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).

- Applicants for this program are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form is posted on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms-resources>.
- **Attachments 1 through 14** – Use only the attachments listed below. Attachments 1-6 are required. Attachments 7-14 are based on your program design, use of EHRs, and selection of infrastructure activities in Section I.2.1. If your application includes any attachments not required in this document, they will be disregarded. There are no page limitations for Attachments. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
  - **Attachment 1:** 1) Statement of Assurance (provided in [Appendix II](#) of this announcement) signed by the Authorized Representative of the applicant organization identified on the first page (SF-424) of the application, that assures SAMHSA that all providers involved with project will meet the 2-year experience requirement, and are appropriately licensed, accredited and certified; 2) Applicant Self-Assessment Tool provided in [Appendix V](#) of this announcement; and 3) Identification of other organization(s) that will participate in the proposed project including a description of their roles and responsibilities and letters of commitment from these organizations.

- **Attachment 2:** Written agreement of the Interagency Council. The written agreement must: identify the parties involved in the Council, describe the specific roles and responsibilities of each party, include a summary of the essential terms of the agreement, discuss the Council's operating procedures, and be signed and dated by the Council's Lead. The written agreement must be accompanied by: a roster of the Council members, which identifies the agency/system that they represent and letters of commitment from, at least, the six previously named key collaborating agencies/systems (i.e., State Medicaid Agency, State Health Department, education, criminal/juvenile justice, mental health, and child welfare).
- **Attachment 3:** 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 3.
- **Attachment 4:** Sample Consent Forms
- **Attachment 5:** Financial map of financial resources expended in FY 2011 or later for services for SUD and/or co-occurring substance use and mental disorders (e.g., screening, assessment, treatment, continuing care, recovery support services) for the population of focus. At a minimum, the financial map must consist of tables which: 1) identify screening, assessment, treatment services and recovery supports needed for a comprehensive continuum of services for adolescents and/or transition age youth with SUD and/or substance use and co-occurring mental health disorders; 2) identify the federal and state funding sources supporting the provision of these services in a specific fiscal year; 3) identify the federal, state and aggregate amounts spent from each funding source by service in a specific fiscal year; and 4) identify the number of unique users served through the expenditures in a specific fiscal year, where possible. The tables must be accompanied by service definitions, an acronyms table, and a narrative analyzing findings of the mapping exercise complemented with charts and graphs.
- **Attachment 6:** Workforce Training Implementation Plan - 2013-2015 state-/territorial-/tribal-wide multi-year workforce training implementation plan to provide training in the evidence-based assessment and treatment model as well as training in content and skills related to SUD treatment (e.g., child development, trauma focused treatment, neuroscience) to the

specialty adolescent and/or transitional age youth behavioral health (SUD and/or co-occurring substance use and mental disorder) treatment and recovery workforce. The plan must also include training staff in other agencies serving adolescents and transitional aged youth including primary care on SUD related content (e.g., symptoms of SUD, Screening, referral).

- **Attachment 7:** Sustainability Plan - 2015-2017 sustainability plan, which at a minimum, is time framed and discusses key activities, milestones, and responsible staff for implementing the activities encompassed in this project.
- **Attachment 8:** If applicable, applicants that select both populations of focus and the responsible lead is housed in two separate entities within the state/territory/tribe, the two entities must collaborate in determining which entity will be the applicant. Additionally, the two entities must collaborate in carrying out the award requirements, as demonstrated by the submission of signed and dated documentation of each entity's roles and responsibilities.
- **Attachment 9:** If applicable, applicants that have the State Adolescent Treatment/Youth Coordinator selected at the time of application should include his/her resume and an employment contract.
- **Attachment 10:** If applicable, applicants that have the Family and Youth Coordinator selected at the time of application should include his/her resume and an employment contract.
- **Attachment 11:** If applicable, applicants that have the family and youth structure(s) developed at the time of application should include documentation of existence of the structure, along with, a detailed three-year work plan of what the structure will accomplish during the award.
- **Attachment 12:** If applicable, applicants that have the Substance Abuse Financing Subcommittee of the Interagency Council established at the time of application should submit the Subcommittee's Charter and a detailed three-year plan.
- **Attachment 13:** If applicable, applicants that have a state-level SAMHSA-funded CMHI grantee in the state/territory/tribe and have established formal collaborative relationships with them should submit those agreements. At a minimum, the agreement must identify the parties involved; describe the specific roles and responsibilities of each party;

include a summary of the essential terms of the agreement; and be signed and dated by the parties involved.

- **Attachment 14:** If applying for \$800,000, applicants must provide documentation on the use of either a certified EHR or the implementation of a plan to gain certification. Documentation requirements are specified in the Evaluation criteria. If these documents are not provided, applicants will not be eligible to receive the larger award.

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 2, 2015**.

## 3. FUNDING LIMITATIONS/RESTRICTIONS

- **Up to 35 percent (i.e., \$280,000) of the total grant award** may be used for infrastructure improvements at the state/territorial/tribal level.
  - **Up to 15 percent (i.e., \$42,000) of this amount** may be used for data collection, performance assessment, and local evaluation of infrastructure improvements.
- **At least 65 percent (i.e., \$520,000) of the total award** must be used for components needed for the provision of direct treatment for SUD and/or co-occurring substance use and mental disorders and recovery support services for adolescents and/or transitional aged youth and their families/primary caregivers.
  - **Up to 15 percent (i.e., \$78,000) of this amount** may be used for data collection, performance assessment, and local evaluation of infrastructure change (see Sections [1-2.4](#) and [2.5](#)).
  - **Up to 10 percent (i.e., \$52,000) of this amount** may be used for electronic health records (see [Appendix VII](#)).
  - Grantees may expend up to \$140,000 to fully implement an intervention(s) and clinical assessment(s) in the first year while training and certification are in process. In subsequent years, grantees may expend grant funds up to \$70,000 for any on-going or expansion providers for training and certification/licensure in the selected intervention. These funds may be used for the training, coaching, certification, licensure, materials, site visits from the developer, and any other costs cited by the developer for certified/licensed use of the intervention.
  - **Up to 10 percent (i.e., \$52,000) of this amount** may be used to provide MAT, if grantees elect to provide this allowable activity.

Please 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-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-E) together may be no longer than 40 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response 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: Population of Focus and Statement of Need (15 points)**

1. Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics and sexual identity (sexual orientation, gender identity).
2. Discuss the relationship of your population of focus to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services, citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of this RFA.
3. Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the

population(s) of focus based on data. Identify the source of the data. 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.

4. Thoroughly discuss the current infrastructure so that a baseline is created in comparison to the proposed infrastructure changes. Describe the infrastructure changes you plan to implement and how they will enhance/improve treatment service effectiveness.

### **Section B: Proposed Evidence-Based Service/Practice (25 points)**

1. Describe the purpose of the proposed project, including its goals and objectives. These must relate to the purpose outlined in the RFA and performance measures you identify in Section E: Data Collection and Performance Measurement.
2. Describe the selected evidence-based assessment (s) and intervention (s) for the population of focus. Justify its use for your population of focus and proposed program. Describe how the proposed practice will address the following issues in the population(s) of focus: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status); language and literacy; sexual identity (sexual orientation, gender identity); and disability. [See [Appendix I: Using Evidence-Based Practices \(EBPs\)](#).]
3. 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. Describe how the proposed practice will address the following issues in the population(s) of focus: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status); language and literacy; sexual identity (sexual orientation, gender identity); and disability.
3. Explain how your choice of an EBP or practice will help you address disparities in service access, use and outcomes for subpopulations.
4. If applicable, describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary.

5. If you plan to provide MAT, describe the need for MAT and the MAT EBP that would be selected for the population. Document research that supports the use of the MAT for the selected age group. If you do not plan to provide MAT, include a statement to that effect.

### **Section C: Proposed Implementation Approach (30 points)**

1. If you are applying for \$800,000, document how you are either utilizing a certified EHR system or implementing a plan to gain certification for an existing system. In order to be eligible for this award amount, you must provide the documentation identified. If you are using a certified EHR system, provide you must include a legible copy of a fully executed contract with your EHR vendor in **Attachment 14** of your application and a screenshot of current certification from ONC available at <http://www.healthit.gov/policy-researchers-implementers/certified-health-it-product-list-chpl>. You must provide the full product name and the CHPL Product Number of the EHR product. If you are using a **non-certified** system, you must demonstrate that you are in process of implementing a plan to gain certification and provide a letter of commitment identifying the planned date for certification and a current maintenance and support contract from your EHR vendor in **Attachment 14**.
2. 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](#). Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than five months after grant award. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.] These requirements include but are not limited to:
  - Describe your approach to hiring a State Adolescent Treatment/Youth Coordinator or if the state has an existing State Adolescent Treatment/Youth Coordinator describe how these grant funds will be used for a position(s) that complements/supports the Coordinator.
  - Describe your plan to implement an Interagency Council comprising relevant cross-Agency officials that carry out activities described in Section I-2.1.
  - Describe your plan to use findings from the financial map (provided in Attachment 5) to identify, link and coordinate with financing sources.
  - Describe your approach to using a workforce map to recruit, prepare and retain a qualified workforce to serve the population of focus.

- Describe your three-year statewide workforce training implementation plan (submitted in Attachment 6).
  - Describe your three-year work plan for implementing this program, including carrying out the required and allowable activities of this award.
  - Describe your approach to developing/implementing sustainability plans for maintaining the Project when this award ends.
  - Identify the two infrastructure activities you selected from Section I.2.1. Describe how each of these activities will be implemented to meet the requirements of the RFA.
3. Describe how the proposed activities above 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>. The proposed activities should include the requirements outlined in [Section I-2: Expectations](#). These requirements include but are not limited to:
  4. Describe how a minimum of four provider organizations will be selected. Describe your plan for ensuring effective and efficient service delivery by these providers. For tribes/territories with a low number of provider organizations from which to choose, identify and justify the number selected.
  5. Describe how providers will screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.
  6. 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 letters of commitment from these organizations in **Attachment 1** of your application. Discuss plans to collaborate with state-level SAMHSA-funded CMHI grantees, if one or more are currently funded in the state/territory/tribe.
  7. State the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Explain how you arrived at this number. You are required to include the numbers to be served by race, ethnicity, gender, and sexual orientation.]

## **Section D: Staff and Organizational Experience (10 points)**

1. Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
2. Provide a complete list of staff positions for the project, including the State Adolescent/Youth Coordinator and Family and Youth Coordinator, showing the role of each and their level of effort and qualifications.
3. Discuss the role of senior grantee agency staff and their involvement in supervision and support of the SYT-I staff.
4. Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).
5. Describe how your staff will ensure the input of youths and family members/primary caregivers in assessing, planning and implementing your project.
6. Discuss how the applicant organization has used qualitative and quantitative data for continuous quality improvement.

## **Section E: Data Collection and Performance Measurement (20 points)**

1. Document your ability to collect and report on the required performance measures as specified in [Section I-2.4](#) of this RFA. Describe your plan for data collection, management, analysis and reporting. If applicable, specify and justify any additional measures or instruments you plan to use for your grant project.
2. Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed and reduced.
3. Describe your plan for conducting the performance assessment as specified in [Section I-2.5](#) of this RFA and document your ability to conduct the assessment.

## **SUPPORTING DOCUMENTATION**

### **Section F : Biographical Sketches and Job Descriptions**

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

## Section G : Confidentiality and SAMHSA Participant Protection/Human Subjects

You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section G of your application. See [Appendix III](#) 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>.

Grantees must submit infrastructure-level performance data biannually to the GPO in the spring and fall in each year of the award. **Grantees must submit baseline infrastructure-level performance data to the GPO within 90 days of award.** The OMB-approved infrastructure performance measures may be found in [Appendix VI](#).

## VII. AGENCY CONTACTS

For questions about program issues contact:

Twyla Adams  
Center for Substance Abuse Treatment, Division of Services Improvement  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 5-1097  
Rockville, Maryland 20857  
(240) 276-1576  
[Twyla.adams@samhsa.hhs.gov](mailto:Twyla.adams@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 – Using Evidence-Based Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain practices for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other practices that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with a practice that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

- Document the evidence that the practice(s) you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA’s goals for this grant program.
- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) to meet the needs of your population(s) of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population(s) of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose this evidence-based practice over other evidence-based practices.
- In the case of selecting MAT, justify the use of multiple evidence-based practices. Discuss how the use of multiple evidence-based practices will be

integrated into the program. Describe how the effectiveness of each evidence-based practice will be quantified in the performance assessment of the project.

- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

### **Resources for Evidence-Based Practices:**

You will find information on evidence-based practices at <http://store.samhsa.gov/resources/term/Evidence-Based-Practice-Resource-Library>. SAMHSA has developed this website to provide a simple and direct connection to websites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Resource Library* provides a short description and a link to dozens of websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

In addition to the website noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

[Note: Please see PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

## Appendix II – Statement of Assurance

As the Authorized Representative of [*insert name of applicant organization*]  
\_\_\_\_\_, I assure SAMHSA that all participating service provider organizations that will be involved with this project meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. A minimum of four provider organizations must be selected within 60 days of the award. I will provide the assigned SAMHSA Government Project Officer (GPO) signed and dated written agreements with each of the selected provider organizations, including verification that they meet the requirements listed below.

- a letter of commitment from every mental health/substance abuse treatment service provider organization selected prior to award that is listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; OR 2) official documentation from the appropriate agency of the applicable state, county or other governmental unit that licensing, accreditation and certification requirements do not exist.<sup>2</sup> (Official documentation is a copy of each service provider organization's license, accreditation and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation and certification; OR

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<sup>2</sup> Tribes and tribal organizations are exempt from these requirements.

2) documentation from the tribe or other tribal governmental unit that licensing, accreditation and certification requirements do not exist.

I also assure SAMHSA that, if funded, I will:

- Contact the developer/trainer of the assessment instrument and treatment intervention and provide cost estimates for all three years of the award to the GPO prior to implementation of the intervention.
- Provide a plan for training, certification, and ongoing support for the chosen instrument and a letter from the developer/trainer, which indicates they can support the training, certification and ongoing monitoring requirements for each community-based provider site for all three years of the award to the GPO prior to implementation of the assessment.
- Provide a plan for incremental expansion of the evidence-based assessment and the treatment practice to reach state-wide over the three-years of the award. This should include a train-the-trainer model and applicants are strongly encouraged to select a practice that allows an in state training presence for sustainability purposes.

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Signature of Authorized Representative

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Date

# Appendix III – 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. Be sure to discuss these elements as they pertain to on-line counseling (i.e., telehealth) if they are applicable to your program. 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 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 3**, “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 4, “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 IV - Comparison of SYT-I and SYT-P

	<b>SYT-I (TI-15-004)</b>	<b>SYT-P (TI-15-005)</b>
<b>Purpose</b>	To provide funding to states to improve treatment for adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders by assuring youth state-wide access to evidence-based assessments and treatment models and recovery services supported by the <u>strengthening of the existing infrastructure system and provision of direct treatment services.</u> <b>This is both an infrastructure and services award.</b>	To provide funding to states to develop a comprehensive strategic plan in order to improve treatment for adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders by <u>strengthening of the existing infrastructure system.</u> <b>This is an infrastructure only award.</b>
<b>Application Requirements</b>	Applicants to SYT-I must minimally have the six core state infrastructure components in place. They must demonstrate they are no longer in the planning phase, but have the presence of each core infrastructure component. The applicant will require numerous attachments to verify they meet the core components (i.e., written agreement for an Interagency Council, FY 2011 or later cross-agency state financial map, 2013-2015 state -wide workforce development plan, state -wide workforce narrative map, documentation of the existence of a robust state data collection system, and 2015-2017 sustainability plan). Additionally, applicants to SYT-I must submit narrative and attachments related to the provision of direct treatment services.	Applicants to SYT-P must submit significantly fewer attachments in the application since they have a less developed state infrastructure system and cannot use award funds to provide direct treatment services.
<b>Award Requirements</b>	Grantees are required to execute activities to strengthen an existing state infrastructure system and provide direct treatment services.	Grantees are required to execute activities to strengthen a state infrastructure system; award funds cannot be used to provide direct treatment services.

<b>Eligibility</b>	States, which received awards under TI-13-014 (FY 2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination), are not eligible to apply to this funding opportunity.	States, which received awards under TI-12-006 (FY 2012 Cooperative Agreements for State Adolescent Treatment Enhancement and Dissemination) <u>and</u> TI-13-014 (FY 2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination), are not eligible to apply to this funding opportunity.
<b>Length of Award</b>	3 years	2 years
<b>Award Amount</b>	Up to \$800,000 per year	Up to \$250,000 per year

SYT-I differs from SYT-P in that in addition to strengthening the existing state infrastructure system, SYT-I includes the provision of direct treatment services. States appropriate for SYT-I have a more developed infrastructure system for the population of focus with SUD and/or co-occurring substance use and mental disorders. Specifically, entities applying for SYT-I must have **all** six of the following core state infrastructure components in place at the time of application:

1. An Interagency Council comprised of agencies serving adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders. At a minimum, the Council must meet quarterly and be comprised of representation from at least the following six agencies: State Medicaid Agency, State Health Department, education, juvenile justice, mental health, and child welfare. Minimum representation must also include at least one youth in recovery from SUD and/or co-occurring substance use and mental disorders and one family member/primary caregiver of a youth with SUD and/or co-occurring substance use and mental disorders.
2. A cross-agency state-wide financial analysis of available federal and state financial resources to deliver evidence-based SUD substance use and/or co-occurring substance use and mental disorders treatment and recovery support services to adolescents and/or transitional aged youth and their families. At a minimum, the financial analysis must include: financial resources expended in FY 2011 or later for services related to SUD and/or co-occurring substance use and mental disorders (e.g., screening, assessment, treatment, continuing care, recovery support services) for the population of focus; and at a minimum, the federal and state Medicaid/CHIP, Substance Abuse and Prevention Block Grant, and state SUD funding streams.

3. A state focus on the dissemination of evidenced-based assessment and interventions in the specialty adolescent and/or transitional age youth behavioral health (SUD and/or co-occurring substance use and mental disorder) treatment and recovery sector and the enhancement of competencies in related areas (e.g. trauma focused treatment, neuroscience of the youth brain). At a minimum, this focus must include state/territorial/tribal workforce implementation plans for 2013-2015.
4. An analysis of the state workforce's knowledge, skills, and abilities in providing evidence-based SUD substance use and/or co-occurring substance use and mental disorders treatment to adolescents and/or transitional aged youth and their families/primary caregivers. At a minimum, the workforce analysis must include a narrative description of the current state adolescent and/or transitional aged youth workforce, including the geographic distribution of all providers, the penetration to which providers are trained in EBPs, and the extent to which they are certified in those EBPs.
5. Readily accessible and reliable qualitative and quantitative data to: maintain a strong and dynamic knowledge of the needs of adolescents and/or transitional aged youth within the state with SUD and/or co-occurring substance use and mental disorders and gaps in addressing these needs; and monitor outcomes attributed to the current state infrastructure system. At a minimum, applicants must demonstrate how qualitative and quantitative data has been used for continuous quality improvement at both the client and infrastructure-levels.
6. A two-year plan to sustain the existing state infrastructure to further improve and expand access to treatment for adolescents and/or transitional aged youth by assuring youth state-wide access to evidence-based assessments and treatment models and recovery services. At a minimum, this plan must be time framed and discuss key activities, milestones, and responsible staff for implementing the activities encompassed in this project.

## Appendix V - Applicant Self-Assessment Tool

**Instructions:** Applicants must complete this form to identify if they are eligible to apply to SYT-I or SYT-P. The Authorized Representative must sign and date this form. This document will **not** be scored; however, it is a required component of the application and must be included as **Attachment 1**.

Answer the questions below. If you answer “no” to any question you are not eligible to apply for SYT-I.

1. Does your state/territory/tribe have an Interagency Council comprising agencies serving adolescents and/or transitional aged youth and their families/primary care givers with substance use disorders (SUD) and/or co-occurring substance use and mental disorders? (Note: In order to respond affirmatively, the Council must have representation from the State Medicaid Office, other relevant funders, youth and family representation) \_\_\_ Yes \_\_\_ No
2. Since 2011, has your state/territory/tribe conducted a cross agency financial analysis of available federal and state/territorial/tribal financial resources to deliver evidence-based SUD and/or co-occurring substance use and mental disorders treatment and recovery support services to adolescents and/or transitional aged youth and their families/primary caregivers? \_\_\_Yes \_\_\_No
3. Does your state/territory/tribe have a focus on the dissemination of evidenced-based assessment and interventions in the specialty adolescent and/or transitional age youth behavioral health (substance use disorder and co-occurring substance use and mental disorder) treatment and recovery sector? \_\_\_Yes \_\_\_No
4. Does your state/territory/tribe have a workforce training implementation plan for at least 2013-2015? \_\_\_Yes \_\_\_No
5. Does your state/territory/tribe have readily accessible and reliable qualitative and quantitative data to maintain a strong and dynamic knowledge of the needs of adolescents and/or transitional aged youth within the state/territory/tribe with SUD and/or co-occurring substance use and mental disorders, identification of gaps in addressing these needs, and monitor outcomes attributed to the current state/territorial/tribal infrastructure system? \_\_\_Yes \_\_\_No
6. Does your state/territory/tribe have a plan for sustaining the existing infrastructure to further improve/expand access to treatment for adolescents and/or transitional aged youth by assuring youth state/territorial/tribal-wide access to evidence-based assessments and treatment models and recovery services? \_\_\_ Yes \_\_\_ No

**If you answered “no” to any of the above questions** you are not eligible to apply to SYT-I. SYT-P may be more appropriate and allows applicants to compete for funds to strengthen the existing infrastructure through the development a comprehensive strategic plan to improve treatment for adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders.

**If you answered “yes” to all of the above questions** you are eligible to apply to SYT-I. SYT-I allows applicants to compete for funds to further strengthen the existing infrastructure system and the provision of direct treatment services to adolescents and/or transitional aged youth and their families/primary care givers with SUD and/or co-occurring substance use and mental disorders.

**Required Signature:**

As the Authorized Representative of [*insert name of applicant organization*]

\_\_\_\_\_, I hereby certify to the best of my ability that the above responses are honest and true.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## **Appendix VI – Bi-Annual Infrastructure Progress Development Measures**

### **STATE ADOLESCENT TREATMENT ENHANCEMENT AND DISSEMINATION & STATE ADOLESCENT AND TRANSITIONAL AGED YOUTH TREATMENT ENHANCEMENT AND DISSEMINATION BI-ANNUAL INFRASTRUCTURE PROGRESS DEVELOPMENT MEASURES**

OMB #: 0930-0344 Expiration Date: 10/31/2017

**Instructions:** Please respond to all questions in the survey using information collected and funded activities completed in the past 6-month period (since the last reporting period). Please do not copy and paste responses provided in previous bi-annual survey.

#### **Section I—Grantee Information**

Name of CSAT Government Project Officer  
Federal Grantee Number  
Project Name  
Name of the Grantee Organization  
Principal Investigator  
Project Coordinator  
Evaluator  
Office and Project Site Address  
Date of Survey Completed

#### **Section II—Current Staffing and Staff Changes (State/Territory/Tribe)**

#### **Section III—Project Narrative**

#### **Required Activities: State/Territorial/Tribal-Level Infrastructure Development Measures**

1. State/Territory/Tribe created, enhanced, and/or continued an interagency workgroup to improve the statewide infrastructure for adolescent and/or transitional age youth substance use treatment and recovery with membership including, but not limited to, representatives from: State-level mental health, education, health, child welfare, juvenile justice, and Medicaid agencies; youth;

and family members.

2. The number of policy changes completed as a result of the cooperative agreement. If policy changes were finalized during the last 6-month period, then please list and describe them.
  - a. Financing policies
  - b. Workforce policies
  - c. Other
3. State/Territory/Tribe developed and signed memoranda of understanding between State Adolescent Treatment Enhancement and Dissemination (SAT-ED)/State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination (SYT) awardee agency and each agency serving the target population (i.e., adolescents and/or transitional age youth) identified in the SAT-ED/SYT Request for Application.
4. State/Territory/Tribe identified how current Federal and State funds which include but are not limited to Medicaid/CHIP, SAPT Block Grant and other funding streams are expended to finance treatment and recovery supports for adolescent and/or transitional age youth with substance use and/or co-occurring mental health disorders by:
  - a. Starting a financial map.
  - b. Completing a financial map.
  - c. Other (please specify).
5. State/Territory/Tribe:
  - a. Has multi-source supported treatment and recovery system which includes but is not limited to Medicaid/CHIP, SAPT Block Grant, and other funding streams for adolescent and/or transitional age youth with substance use and/or co-occurring mental health disorders.
  - b. State/Territorial/Tribal agencies collaborate on providing comprehensive continuum of services; examples might include braiding/blending funding, coordination of benefits, eliminating double billing, expanding or protecting against cuts, etc.
6. State/Territory/Tribe has a statewide, multi-year workforce training implementation plan for:
  - a. The statewide specialty adolescent and/or transitional age youth behavioral health (substance use disorder /co-occurring substance use and mental disorder) treatment/recovery sector.
  - b. staff of other agencies serving the grant target population (i.e., adolescents and/or transitional age youth).

7. How is the State/Territory/Tribe spreading the evidence-based assessment and the evidence-based treatment practice (EBP) beyond the pilot sites through the learning laboratory?
  - a. Assessment
  - b. Evidence-based treatment practice
  
8. State/Territory/Tribe describes the recovery services and supports that are available to adolescents both statewide and at the pilot site level and identifies the funding sources that support these services.

**Grantees that are in year 3 or later**

9. State/Territory/Tribe completed a Year 3 financial map and conducted comparison with Year 1 financial map to document:
  - a. The increase of public insurance (Medicaid/CHIP) resources used to provide treatment/recovery services for adolescent and/or transitional age youth with substance use and co-occurring substance use and mental disorders.
  - b. The redeployment of other public financial resources to expand the continuum of treatment/recovery services and supports.

**Allowable Activities: State/Territorial/Tribal-Level Infrastructure Development Measures**

10. State/Territory/Tribe
  - a. Completed map of statewide adolescent and/or transitional age youth substance use disorder workforce, which includes all or some of the following variables: education level, number of continuing education and college level credits in youth and/or family related areas, certification and/or endorsement to work with the adolescent and/or transitional age youth population, certification in EBPs, and types of eligibility for insurance reimbursement.
    - i. What did the State/Territory/Tribe do?
    - ii. How did the State/Territory/Tribe do it?
    - iii. How will the map be used to improve the adolescent and/or transitional age youth substance use disorder workforce?
  
  - b. Describe the changes in the workforce within the State/Territory/Tribe.
    - i. Has it had challenges? If so, please describe.
  
11. State/Territory/Tribe

- a. Prepared faculty in appropriate college and educational settings to deliver curricula that focus on adolescent and/or transitional age youth-specific evidence-informed treatment for substance use disorders(e.g., train-the-trainer sessions).
  - i. What did the State/Territory/Tribe do?
  - ii. How did the State/Territory/Tribe do it?
  - iii. What were the results?
  
- b. Collaborated with institutions of higher learning to increase the number of individuals prepared to be adolescent and/or transitional age youth substance use disorder treatment professionals.
  - i. What did the State/Territory/Tribe do?
  - ii. How did the State/Territory/Tribe do it?
  - iii. What were the results?

### **Clinician Training Measures**

- 12. State/Territory/Tribe developed or improved State/Territorial/Tribal standards for licensure, certification, and/or accreditation of programs, which provide substance use and co-occurring mental disorder services for adolescent and/or transitional age youth and their families by:
  - a. Reviewing adolescent and/or transitional age youth substance use disorder and/or substance use disorder with co-occurring mental health disorder provider licensure standards.
  - b. Revising adolescent and/or transitional age youth substance use disorder and/or substance abuse disorder and co-occurring mental health disorders provider licensure standards.
  
- 13. State/Territory/Tribe developed and/or improved State/Territorial/Tribal standards for licensure, certification, and/or credentialing of adolescent and/or transitional age youth and family substance use and co-occurring mental disorders treatment counselors by:
  - a. Reviewing adolescent and/or transitional age youth substance use disorder and/or substance use disorder and co-occurring mental health disorder counselor licensure, certification, and/or credentialing requirements.
  - b. Revising adolescent and/or transitional age youth substance use disorder and/or substance use disorder and co-occurring mental health disorder counselor licensure, certification, and/or credentialing requirements.
  - c. Developing or adopting endorsement for adolescent and/or transitional age youth substance use disorder and/or substance use disorder and mental health disorder counselors.

- d. Developing or adopting a credential for adolescent and/or transitional age youth substance use disorder and/or substance use disorder and mental health disorder counselors.

### **Programmatic Structure**

#### 14. State/Territory/Tribe

- a. Continued existing family/youth support organizations to strengthen services for youth with or at risk of substance use disorders and or/or co-occurring problems.
- b. Created new family/youth support organizations to strengthen services for youth with or at risk of substance use disorders and/or co-occurring problems.
- c. Identified other things that the State/Territory/Tribe has done to promote coordination and collaboration with family/youth support organizations (e.g., hold Family Dialogue meeting at a State level).
- d. Identified existing family/youth support organizations for families of adolescent and/or transitional age youth with substance use disorders within the State/Territory/Tribe coordinated or collaborated with other existing family/youth support organizations at the national, state, and/or local levels.

#### 15. The number of people newly credentialed/certified to provide substance use and co-occurring substance use and mental health disorders practices/activities, which are consistent with the goals of the cooperative agreement.

- a. Non – SAT-ED/SYT Locations
- b. Local provider sites

### **Required Activities: Local Community-Based Treatment Site-Level Infrastructure Development Measures**

16. Site name and date of contract for each site.

17. Type and date of contract for each EBP.

18. Type and dates of each EBP training that staff attended.

19. Type and number of currently employed staff certified as proficient in providing each EBP in the past 6-month period (e.g., since previous reporting period).

20. How long did it take for providers to start using each EBP (e.g., 1–3 months, 4–6 months, 7–9 months, 10–12 months, or unknown)?

21. Type and number of currently employed staff certified as proficient in training other local staff on how to provide each EBP.
22. Describe how you are defining and operationalizing family/youth involvement in the implementation of the EBPs.

**Optional Activities: Local Community-Based Treatment Site-Level Infrastructure Development Measures**

23. Utilizing Electronic Health Records and Evidence Based Practices:
  - a. Number of evidence-based assessments completed
  - b. Electronically transferring data into electronic medical or billing records.
  - c. Using data to generate clinical decision support (e.g. diagnosis, treatment planning, placement recommendations), and
  - d. Program planning (e.g., profiling initial needs at intake, reducing unmet needs within 3 months, identifying and reducing health disparities in unmet need by gender, race, or other target groups).
24. Number of assessed youth and type of insurance (e.g., Medicaid, CHIP, Other Federal/State, Other Private) actually billed.

**State Needs Description (Updated Biannually)**

25. What do you estimate is the number of adolescents and/or transitional age youth in need of treatment for substance use disorders in your state?
26. What percentages of adolescents and/or transitional age youth with substance use disorders do you estimate also have co-occurring mental health disorders?

## Appendix VII – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit:

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

For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see: <http://onc-chpl.force.com/ehrcert>

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

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

For questions on EHRs and HIT, contact:

[SAMHSA.HIT@samhsa.hhs.gov](mailto:SAMHSA.HIT@samhsa.hhs.gov).

**Appendix VIII - Active State - Level Comprehensive Community Mental Health Services for Children and their Families Program (CMHI) Grantees**

<b>FY 2012</b>		
<b>TRAC GRANT ID</b>	<b>GRANT NAME</b>	<b>STATE</b>
SM61220	DC Children's System of Care Expansion Implementation Project - The DC Gateway Project	DC
SM61221	Implementation of Children's Behavioral Health Services Expansion	VA
SM61224	Oklahoma's Weaving Access for All (WAFA)	OK
SM61226	Hawaii's System of Care Expansion Implementation Cooperative Agreements	HI
SM61228	Helping Our People: Advocating Hope (HOPAH)	NM
SM61231	Expanding Trauma-Informed System of Care Practices in Maine	ME
SM61233	Upstate New York System of Care Expansion Project	NY
SM61234	RI System of Care Expansion	RI
SM61235	Florida Children's Mental Health System of Care Expansion Implementation Project	FL
SM61237	Washington State System of Care Project	WA
SM61241	Strong Minds, Strong Futures; Colorado's Trauma-Informed System of Care	CO
SM61243	System of Care Expansion Planning Grant	AZ
SM61245	Humboldt County System of Care Expansion Implementation Project	CA
SM61247	Tennessee System of Care Statewide Expansion Initiative	TN
SM61249	NH Department of Health and Human Services	NH
SM61253	Maryland's Launching Individual Futures Together (LIFT)	MD

<b>FY 2013</b>		
<b>GRANT AWARD NUMBER</b>	<b>GRANT NAME</b>	
SM061252	The Div. Of Prevention and Behavioral Health Services of Delaware's Children'	DE
SM061250	Pennsylvania System of Care Expansion Implementation	PA
SM061238	System of Care Implementation Cooperative Agreements	MA
SM061239	Yellowhawk Tribal Health Center (YTHC) System of Care Cooperative Agreement	OR
SM061232	The MT OPI Tribal Wraparound Initiative seeks SAMHSA Support	MT
SM061222	Kentucky's System of Care Expansion Implementation	KY
SM061248	Safeguarding the Future	OR
SM061225	Ohio ENGAGE System of Care (SOC) Implementation Grant 2012	OH
SM061227	System of Care Expansion Implementation cooperative Agreement "Para I Famagu 'On"	GU
SM061219	Texas System of Care Expansion Implementation Cooperative Agreement	TX
SM061229	Connections: When we Work Together, Then We are Wise	MI

SM061244	Miami-Dade County FACES Wraparound Project Expansion	FL
SM061230	Mississippi Project Xpand	MS
SM061236	Nagi Kicopi	SD
SM061251	The Georgia Tapestry Project	GA
<b>FY 2014</b>		
<b>GRANT AWARD NUMBER</b>	<b>GRANT NAME</b>	<b>ORGANIZATION</b>
SM061631	Utah State Department of Human Services	UT
SM061648	New Mexico Communities of Care	NM
SM061642	NC SOC Expansion	NC
SM061647	Indian 2014 SOC Expansion Implementation Grant	
SM061646	Connecticut CONNECT Congregate Care Reduction & Diversion	CT
SM061651	IUY Pathways	IL
SM061635	Children Matter! Montgomery County	ADAMHS Board for Montgomery County
SM061632	Building Family, Youth and Community Capacity to Support SOC Implementation Project	AR
SM061639	Bexar CARES	TX
SM061640	Project Wraparound	City of Pasadena
SM061629	Comprehensive SOC for children & youth on the ToHo O'odham Nation	Tohono O'odham Community College
SM061645	Native Family Wellness Partnership	Tule River Indian Reservation
SM061628	Calcarq: Healing Our Youth and Families	Yukon-Kuskokwim Health Corporation
SM061637	Paving the Way	MMHR of Tarrant County
SM061633	The Palmetto Coordinated System of Care	SC
SM061638	HELPIng DC-SCORES	PA
SM061643	Saginaw MAX System of Care Expansion	MI
SM061650	Implementing Telehealth Srvcs. Using the SOC Model	Santee Sioux Nation
SM061630	Early Childhood System of Care Expansion Project	MS
SM061634	Lummi Nation System of Care Expansion Grant Program	Lummi Nation
SM061641	Bay Area Trauma informed Systems of Care (BATISC)	CA
SM061636	The Skuy soo hue-nem'-oh Initiative	Yurok Tribe