Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Targeted Capacity Expansion: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS

Short Title: TCE-HIV: High Risk Populations

(Initial Announcement)

Request for Applications (RFA) No. TI-15-006

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

PART 1: Programmatic Guidance

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

Key Dates:

Application Deadline	**Applications are due by May 14, 2015.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2015 Targeted Capacity Expansion: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS grants. The purpose of this program is to expand substance use disorder treatment, behavioral health and HIV services for high risk populations including African American, Hispanic/Latino and other racial/ethnic minority men and women (ages 18 years and older), including heterosexual, lesbian, gay, bisexual, and transgender persons, Young Men who have Sex with Men (YMSM), Men who have Sex with Men (MSM), persons who were previously incarcerated, and their significant others, who have substance use disorders (SUD) and/or co-occurring substance use and mental disorders and are living with or at risk for HIV/AIDS (hereafter known as "the population of focus") in counties with the highest HIV prevalence rates (at or above 270 per 100,000). The expected outcomes for the program include reducing the negative impact of behavioral health problems; increasing access to and retention in treatment for behavioral health conditions; reducing the risk of HIV; reducing new HIV and viral hepatitis infections by increasing HIV and viral hepatitis testing and diagnosis; and increasing provision of or linkage to HIV care including antiretroviral therapy (ART). This program will ensure that the population of focus has access to and receives appropriate behavioral health services.

Funding Opportunity Title:	Targeted Capacity Expansion: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (Short Title: TCE-HIV: High Risk Populations)
Funding Opportunity Number:	TI-15-005
Due Date for Applications:	May 14, 2015
Anticipated Total Available Funding:	$12,534,336
Estimated Number of Awards:	Up to 25 awards

Estimated Award Amount:	Up to $500,000 per year (if using a certified Electronic Health Record (EHR) system or if using a non-certified EHR system but planning to certify) Up to $475,000 per year (if not using a certified EHR system or using a non-certified system with no plan to certify)
Cost Sharing/Match Required	No [See Section III-2 of this RFA for cost sharing/match requirements.]
Length of Project Period:	Up to 3 years
Eligible Applicants:	Eligible applicants are domestic nonprofit community-based organizations (CBOs) **in counties with HIV prevalence rates of 270/100,000** and federally recognized tribes and tribal organizations with HIV prevalence rates of 270/100,000 or higher.[1] **Documentation of an HIV prevalence rate of 270/100,000 or higher must be provided in Attachment 6 of the application. If applicants do not provide this documentation or the documentation provided does not demonstrate the specified rate, the application will be screened out and will not be reviewed.** [See Section III-1 of this RFA for complete eligibility information.]

[1] (HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2012, Volume 24. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, Table 20, HIV Diagnosis by State p.70 -71.). http://www.cdc.gov/hiv/library/reports/surveillance/2012/surveillance_Report_vol_24.html.

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 Targeted Capacity Expansion: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS grants. The purpose of this program is to expand substance use disorder treatment, behavioral health and HIV services for high risk populations including African American, Hispanic/Latino and other racial/ethnic minority men and women (ages 18 years and older), including heterosexual, lesbian, gay, bisexual, and transgender persons, Young Men who have Sex with Men (YMSM), Men who have Sex with Men (MSM), person who were previously incarcerated, and their significant others, who have substance use disorders (SUD) and/or co-occurring substance use and mental disorders and are living with or at risk for HIV/AIDS (hereafter known as "the population of focus") in counties with the highest HIV prevalence rates (at or above 270 per 100,000). The expected outcomes for the program include reducing the negative impact of behavioral health problems; increasing access to and retention in treatment for behavioral health conditions; reducing the risk of HIV; reducing new HIV and viral hepatitis infections by increasing HIV and viral hepatitis testing and diagnosis; and increasing provision of or linkage to HIV care including antiretroviral therapy (ART). This program will ensure that the population of focus has access to and receives appropriate behavioral health services.

For the purpose of this Request for Applications (RFA), linkage to care is defined as attendance at a routine HIV medical care visit within 3 months of HIV diagnosis and retention is defined as having had at least one HIV medical care visit in each six month period of a 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior six month period and the last medical visit in the subsequent six month period.[2]

This grant program is part of the Congressional Minority AIDS Initiative (MAI), which was developed to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS and to reduce HIV-related health disparities. This program also supports the goals of the National HIV/AIDS Strategy (NHAS), which include: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with

[2] http://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf

HIV, and 3) reducing HIV-related health disparities (p. vii, National HIV AIDS Strategy, Office of National AIDS Policy, the White House, Washington, DC, 2010).

The National Institute on Drug Abuse (NIDA) Research Report indicates that the interactions of drug abuse and HIV/AIDS extend far beyond injection drug use. The report has three key findings: 1) drug abuse impairs judgment and good decision making, leaving people prone to engage in HIV risk behaviors, including risky sexual behavior and non-adherence to HIV treatment; 2) drug abuse adversely affects health and may exacerbate disease progression; and 3) because of these linkages, drug abuse treatment *is* HIV prevention. (View the Report at https://www.drugabuse.gov/sites/default/files/rrhiv.pdf)

According to National Survey on Drug Use and Health (NSDUH) data collected between 2009 to 2013[3], about one in seven individuals with HIV/AIDS had used an illicit drug intravenously in their lifetime (13.52 percent), slightly more than two thirds had used an illicit drug but not intravenously (67.45 percent), and 19.02 percent had never used an illicit drug. Nearly one quarter of persons with HIV/AIDS were in need of treatment for alcohol use or illicit drug use in the past year (22.96 percent).

This program also aligns with the goals of the HHS Action Plan for the Prevention, Care and Treatment of Viral Hepatitis[4] which addresses the need for reducing viral hepatitis related to improper and/or illicit drug use behavior.

HIV-infected persons, MSM, and intravenous drug users (IDUs) are disproportionately affected by viral hepatitis and related adverse health conditions. Grantees will be required to integrate their efforts to reduce the rate of HIV with activities to prevent new viral hepatitis infections, identify hepatitis infected persons via testing, and improve referrals and linkages to care and treatment. Grantees must make every attempt to identify persons infected with viral hepatitis early in the course of their disease. All clients who are considered to be at risk for vital hepatitis (B and C), as specified by United States Preventive Services Task Force (USPSTF) recommendations for hepatitis B[5] and hepatitis C[6,7] screening, must be tested for viral hepatitis (B and C). All clients testing positive for viral hepatitis (B or C) must be referred for treatment.

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[3] SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009-2013: Special unpublished tabulation.

[4] Combating the Silent epidemic of Viral Hepatitis: Action Plan for the Prevention, Care & Treatment of Viral Hepatitis. http://www.hhs.gov/ash/initiatives/hepatitis/actionplan_viralhepatitis2011.pdf

[5] *Final Recommendation Statement: Hepatitis B Virus Infection: Screening, 2014a*. U.S. Preventive Services Task Force. October 2014.

Applicants are encouraged to use a trauma informed approach following SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach* (http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884).

The TCE-HIV: High Risk Populations program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

The TCE-HIV: High Risk Populations grant program supports the SAMHSA Healthcare and Health Systems Integration Strategic Initiative. For more information on SAMHSA's six strategic initiatives visit http://www.samhsa.gov/about-us/strategic-initiatives.

This grant program is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after the award. Service delivery should begin by the 4th month of the project at the latest.

TCE-HIV: High Risk Populations grants are authorized under Section 509 of the Public Health Service Act. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

SAMHSA expects grantees to engage the population of focus and link them to appropriate community-based behavioral health services/systems including primary HIV care and ART, primary health care and other recovery support services.

For the purposes of this RFA, appropriate behavioral health services include engagement services (e.g., outreach, assessment, service planning); outpatient

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http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-b-virus-infection-screening-2014

[6] *Final Recommendation Statement: Hepatitis C: Screening*. U.S. Preventive Services Task Force. December 2014. http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-c-screening

[7] *Final Recommendation Statement: Hepatitis B in Pregnant Women: Screening*. U.S. Preventive Services Task Force. October 2014. http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-b-in-pregnant-women-screening

treatment services; intensive outpatient treatment services; substance use or mental disorders residential treatment services; medication-assisted treatment (MAT); community support services such as case management (e.g., assessment, planning, linking, monitoring, and advocacy) and recovery support services http://www.samhsa.gov/recovery.

Applicants must provide services to one or more of the following populations at greatest risk for or living with HIV/AIDS including African American, Hispanic/Latino and other racial/ethnic minority men and women (ages 18 years and older):

- heterosexual, lesbian, gay, bisexual, and transgender persons and persons who were previously incarcerated, and their significant others;
- YMSM (ages 18-29); and
- MSM (ages 30 and older).

SAMHSA encourages the provision of services to YMSM. According to recent CDC data[8], young African American MSM are significantly affected and now account for more new HIV infections in the United States (4,800 in 2010) than any other subgroup by race/ethnicity, age, and sex. Applicants are not required to focus solely on YMSM. However, applicants who propose to provide services to YMSM are asked to describe their experience and effectiveness in serving this population within the last two years.

Required Activities:

You must use grant funds primarily to support allowable direct services. This includes the following types of activities:

SUD/Co-Occurring Disorders Treatment Services:

- Applicants must propose to **expand** substance use and/or co-occurring substance use and mental disorders treatment, and recovery support services, and/or to **enhance** substance use and/or co-occurring substance use and mental disorders treatment, and recovery support services. Applicants must demonstrate that service providers have the necessary cultural, gender, and sexual orientation competencies to serve the proposed population(s) by providing clear examples of previous work with the population(s) of focus.
    - **Service Expansion:** Applicants may propose to **increase access and availability of services to a larger number of clients as a result of the award.** For example, if a treatment organization currently serves 50

[8] CDC Facts Sheet – HIV Among Gay and Bi-Sexual Men (September 2014): www.cdc.gov/nchhstp/newsroom/docs/CDC-MSM-508.pdf

persons per year and has a waiting list of 50 persons (but no funding to serve these persons), the applicant may propose to expand service capacity to be able to admit some or all of those persons on the waiting list. Applicants must state clearly the number of additional clients to be served during each year of the proposed grant.

- **Service Enhancement:** Applicants may propose to improve **the quality and/or intensity of services,** for instance, by adding evidence-based practices or approaches to treatment, or adding a new service to address emerging trends or unmet needs. For example, a treatment project may propose to add intensive gender-specific programming to the current treatment protocol for a population of women and their children being served by the program. **Applicants proposing to enhance services must indicate the number of clients who will receive the new enhancement services.**

- Applicants must also screen and assess clients for the presence of co-occurring mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having co-occurring disorders. [For more information on the process of selecting screening instruments to identify co-occurring mental and substance use disorders, go to www.samhsa.gov/co-occurring/].

- Applicants must also develop linkages/partnerships, as evidenced by memoranda of agreement or contracts with community-based organizations with experience in providing other services not provided by the grantee necessary for optimizing health outcomes for clients. Applicants must specify the roles of collaborating organizations in responding to the targeted need. Memoranda of agreement and contracts must specify the terms and conditions of the services to be provided, including the level and intensity of these services. A list of participating and coordinating organizations and the services they will provide must be included in **Attachment 1.**

HIV Testing and Case Management Services:

- All clients and their drug-using and /or sexual partners must be offered HIV rapid preliminary antibody testing at enrollment, including rapid fourth-generation HIV diagnostic testing. Quality assurance measures must be developed and implemented to appropriately conduct HIV testing.

- Clients who test positive for HIV must be provided or linked to confirmatory testing, with follow-up by the grantee on the client's HIV status, as appropriate (clinician, case manager, etc.).

- All grantees must provide on-site HIV testing in accordance with state and local requirements, including linking clients who request to be tested offsite to facilities that are certified by the local health department. The cost of HIV test kits, test controls, other supplies (e.g., gloves, biohazardous waste containers, etc.), staff time, and training must be incorporated into the grant application budget.

- Applicants must develop a plan for case management of all clients who have a preliminary positive HIV and confirmatory HIV test result as described in Section C of the Project Narrative. The process of case management includes: comprehensive assessment of the client's needs and development of an individualized service plan.

Grantees will be required to report the number of HIV test kits and counseling sessions purchased with SAMHSA grant funds; data on rapid HIV and confirmatory test results; risk behaviors and other data that may be required by SAMHSA. When necessary, grantees will be expected to work with providers with whom they have linkages/partnerships or to whom they make referrals in order to gather this data.

Viral Hepatitis Testing and Referral:

- All clients who are considered to be at risk for vital hepatitis (B and C), as specified by United States Preventive Services Task Force (USPSTF) recommendations for hepatitis B[9] and hepatitis C[10,11] screening, must be tested for viral hepatitis (B and C) in accordance with state and local requirements, either onsite or through referral. **Exactly five percent (e.g., $25,000)** of grant funds **must** be used for the following hepatitis testing and services (based on risk and United States Preventive Services Task Force guidelines):

    - Viral hepatitis B and C (antibody and confirmatory) testing;

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[9] *Final Recommendation Statement: Hepatitis B Virus Infection: Screening, 2014a*. U.S. Preventive Services Task Force. October 2014. http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-b-virus-infection-screening-2014

[10] *Final Recommendation Statement: Hepatitis C: Screening*. U.S. Preventive Services Task Force. December 2014. http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-c-screening

[11] *Final Recommendation Statement: Hepatitis B in Pregnant Women: Screening*. U.S. Preventive Services Task Force. October 2014. http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-b-in-pregnant-women-screening

- Viral hepatitis A and B vaccination;
- Purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.); and
- Training for staff related to viral hepatitis (B and C) testing.

- Applicants must provide a plan for providing referrals and linkages to follow-up care and treatment for all individuals infected with viral hepatitis (B or C) in Section C of the Project Narrative. Memoranda of agreement demonstrating that you have partnerships and linkages with appropriate treatment providers must be included in **Attachment 1** of your application.

Grantees must report all positive viral hepatitis test results to the local and state health department, as appropriate.

Grantees will be required to report to SAMHSA on the number of viral hepatitis test kits purchased with SAMHSA grant funds; the number of positive tests; and data on referrals and linkages to follow-up care. When necessary, grantees will be expected to work with providers with whom they have linkages/partnerships or to whom they make referrals in order to gather this data.

Allowable Activities:
Other allowable activities include but are not limited to the following:

- Medication Assisted Treatment (MAT) is an evidence-based substance abuse treatment therapy. SAMHSA supports the right of individuals with an opioid or alcohol use disorder to be given access to MAT as appropriate under the care of a physician. Recognizing that MAT may be an important part of a comprehensive treatment plan, SAMHSA grantees may use up to 5 percent of the annual grant award to pay for FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium) as part of a comprehensive treatment plan when the client has no other source of funds to do so.
    - If a client presents with an opioid use disorder, the grantee may offer appropriate MAT services or refer appropriately. If a client is on or has been prescribed a medication for the treatment of an opioid use disorder when they enter the program, they must be allowed to continue on that treatment.
    - Applicants must affirm in the Statement of Assurance in Appendix II, that the TCE-HIV project for which funds are sought will not deny appropriate

and eligible clients access to the program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium). Specifically, methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder must be permitted. Similarly, medications available by prescription must be permitted under the following conditions:

- the client is receiving those medications as part of treatment for a diagnosed substance use disorder
- a licensed clinician, acting within their scope of practice, has examined the client and determined that the medication is an appropriate treatment for their substance use disorder
- the medication was appropriately authorized through prescription by a licensed prescriber.

In all cases, medication assisted treatment (MAT) must be permitted to be continued for as long as the prescriber determines that the medication is clinically beneficial. This Assurance must be included in Attachment I of the application.

- Training/workforce development to help your staff or other collaborating providers identify mental health or substance abuse issues or provide effective services consistent with the purpose of this grant program.

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 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 for Health Information Technology's (ONC) certifying body. Applicants may apply for $500,000 annually (rather than $475,000 annually) if one of the two conditions below is satisfied:

- Use of a certified EHR (an electronic health record system that has been tested and certified by an approved ONC certifying body).

- You must identify the certified EHR system 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 apply for the larger award amount only if the required documentation cited in the Evaluation Criteria, Section C #11, is provided in Attachment 5).

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 identity 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 are strongly encouraged to use a Certified Applications Counselor as part of the program to help with this facilitation activity. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior 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 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate.

2.1 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:

- Describe the Evidence-Based Practice (EBP) that will be used to deliver substance use and/or co-occurring substance use and mental disorders treatment and/or recovery support, HIV and hepatitis testing, case management services, and justify its use for your population of focus and your proposed program.

- Identify the evidence-based 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.

- If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.

- 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.

- If applicable, describe any modifications/adaptations made to the proposed evidence-base practice(s) to meet the goals of your project providing a justification that clearly states how these changes will improve program outcomes.

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

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See Appendix I of this document for additional information about using EBPs.

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the

required data in Section 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 GPRA performance measures: abstinence from use, housing status, employment status, criminal 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 https://cdp.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.

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

SAMHSA has aligned its HIV and viral hepatitis testing and data collections efforts with the HHS Secretary's mandate to standardize indicators for HIV prevention, treatment and care services. To meet these requirements, grantees may need to report on the HHS Common Indicators for HHS-funded HIV Programs and Services, available at: http://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf.

The collection of these data will enable CSAT 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.

In addition to these measures, grantees will be expected to report biannually on their progress and performance on achieving the goals and objectives of the grant project.

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

In addition to these measures, grantees will be required to complete the 'SAMHSA/CSAT MAI Rapid HIV and Hepatitis Testing Clinical Information Form' in order to collect and report information to SAMHSA for all grant clients being offered a Rapid HIV and Hepatitis Test. The information to be collected for each grant client who is offered a Rapid HIV and Hepatitis Test includes, but is not limited to substance abuse

treatment site characteristics, demographics, reason for test or refusal to take test, risk behaviors, rapid HIV testing results and retesting results, rapid Hepatitis testing results, type of service provided and confirmatory test results. Access to this form will be provided post grant award.

2.3 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. Using a prescribed reporting template, grantees will be required to submit a performance assessment report to include progress achieved, barriers encountered, and efforts to overcome these barriers at least semi-annually.

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

Outcome Questions:

- What was the effect 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?

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)?

- How many individuals were reached through the program?

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.

2.4 Infrastructure Development (Maximum of 15 percent of total grant award)

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use up to 15 percent of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion/enhancement of the grant project, and describe your use of grant funds for these activities in Section A of the Project Narrative.

- Developing partnerships with other service providers for service delivery.

- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.

- Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.

2.5 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in each year of the grant; however, SAMHSA staff

may determine that these meetings will be held virtually or every two years. 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 2 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Grant

Anticipated Total Available Funding: $12,534,336

Estimated Number of Awards: Up to 25 award

Estimated Award Amount: Up to $500,000

Length of Project Period: Up to 3 years

Proposed budgets cannot exceed $500,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic nonprofit community-based organizations (CBOs) **in counties with HIV prevalence rates of 270/100,000** and federally recognized tribes and tribal organizations with HIV prevalence rates of 270/100,000 or higher.[12]

Data must be provided to verify eligibility. Counties may use AIDS Vu data available at http://aidsvu.org/data-methods/data-methods-state-county/, data from county health departments, or data from CDC's national HIV surveillance database housed in the

[12] (HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2012, Volume 24. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, Table 20, HIV Diagnosis by State p.70 -71.). http://www.cdc.gov/hiv/library/reports/surveillance/2012/surveillance_Report_vol_24.html.

Division of HIV Prevention's HIV Incidence and Case Surveillance Branch. Tribes may use local tribal epidemiologic data.

Documentation of an HIV prevalence rate of 270/100,000 or higher must be provided in Attachment 6 of the application. If applicants do not provide this documentation or the documentation provided does not demonstrate the specified rate, the application will be screened out and will not be reviewed.

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.

Eligibility for this grant program is limited in support of the National HIV/AIDS Strategy (NHAS), which clearly articulates the need for resources to be strategically concentrated in areas with high rates of HIV infection, and the need to target specific population subgroups at higher risk, such as men who have sex with men. In addition, SAMHSA believes that in order to achieve the goals of this program and increase access to care and services for racial and ethnic minorities at high risk for or living with HIV/AIDS, grant funds must go directly to community-based organizations, tribes and tribal organizations. **Therefore, state and local governments are not eligible to apply.**

Current SAMHSA funded TCE-HIV grantees awarded under the FY 2012 TCE-HIV program (TI-12-007) and the FY 2013 TCE-HIV: Minority Women program (TI-13-011) are not eligible to apply for this program because they currently have funding to engage in the aforementioned activities. This will allow for services to be implemented more broadly in additional communities.

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. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client (e.g., substance use and/or co-occurring substance use and mental disorders 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/mental health treatment provider organization must have at least 2 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 2 years); and

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

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections 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 6** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2, 5, and 6. 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) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of commitment from these direct service provider organizations; **(Do not include any letters of support – it will jeopardize the review of your application if you do.)** (4) the 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 listed providers meet the 2-year experience requirement, are appropriately licensed, accredited and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.

- **Attachment 2**: Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

- **Attachment 3**: Sample Consent Forms

- **Attachment 4**: Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).

- **Attachment 5:** If applying for $500,000 per year, applicants must provide documentation on either the use of a certified EHR or the implementation of a plan to gain certification. Documentation requirements are specified in the Evaluation Criteria, Section C #11. If these documents are not provided in **Attachment 5**, applicants will not be eligible to receive the larger award.

- **Attachment 6:** Documentation of an HIV prevalence rate of 270/100,000 or higher must be provided. If applicants do not provide this documentation or the documentation provided does not demonstrate the specified rate, the application will be screened out and will not be reviewed.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **May 14, 2015**.

3. FUNDING LIMITATIONS/RESTRICTIONS

- Up to 15 percent of the total grant award may be used for developing the infrastructure necessary for expansion of services.

- Up to 20 percent of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.

- Up to 5 percent of the total grant award may be used to pay for FDA-approved medication as part of MAT (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium, etc.) as part of a comprehensive treatment plan when the client has no other source of funds to do so.

- Exactly five percent of grant funds must be used for the following hepatitis testing and services (based on risk and United States Preventive Services Task Force guidelines): viral hepatitis B and C (antibody and confirmatory) testing; viral hepatitis A and B vaccination; purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.); and training for staff related to viral hepatitis (B and C) testing.

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 30 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 (identify at least one or more of the required populations in Section 2 – Expectations) 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 the 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. Using data from the local health department, provide evidence of the need for the provision of substance use and/or co-occurring substance use and mental disorders treatment in your community, that the population(s) of focus are highly impacted by HIV/AIDS, and that you will serve high risk populations, including African American, Hispanic/Latino and other racial/ethnic minority men and women (ages 18 years and older), including heterosexual, lesbian, gay, bisexual, and transgender persons, and persons who were previously incarcerated, and their significant others, who have substance use or co-occurring substance use and mental disorders and are living with or at risk for HIV/AIDS.

4. If grant funds will be used for infrastructure development, describe the infrastructure changes you plan to implement and how they will enhance/improve service effectiveness. If you do not plan to use grant funds for infrastructure changes, indicate so in your response.

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

1. Describe the purpose of the proposed project (e.g., enhancing services, expanding services, or both), including its goals and objectives. These must relate to the intent of the RFA and performance measures you identify in Section E: Data Collection and Performance Measurement.

2. Describe the Evidence-Based Practices (EBPs) that will be used to deliver substance use and/or co-occurring substance use and mental disorders treatment and/or recovery support, HIV and hepatitis testing, case management services, and justify its use for your population of focus, your proposed program, and the intent of this RFA. 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. 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.

4. Explain how your choice of an EBP or practice will help you address disparities in service access, use and outcomes for subpopulations.

5. If applicable, describe any modifications/adaptations that will be made to the proposed evidence-base practice(s) to meet the goals of your project, and provide a justification that clearly states how these changes will improve program outcomes.

Section C: Proposed Implementation Approach (30 points)

1. If you propose to expand services to increase access and availability to a larger number of clients, for example, by expanding service capacity to be able to admit some or all persons on a waiting list, you must clearly state the number of additional clients to be served during each year of the proposed grant.

2. If you propose to enhance services by improving the quality and/or intensity of services, for instance, by adding evidence-based practices or approaches to treatment, or adding a new service to address emerging trends or unmet needs, you must indicate the number of clients who will receive the new enhancement services.

3. 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 4 months after grant award. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

4. Describe how you will identify, recruit and retain the population(s) of focus. Discuss how the proposed approach to identify, recruit and retain the population(s) of focus considers the language, beliefs, norms, values and socioeconomic factors of this/these population(s). If the population of focus includes YMSM, describe your experience and effectiveness in serving this population within the last two years.

5. Describe how the proposed activities will be implemented and how they will adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care. For additional information go to http://ThinkCulturalHealth.hhs.gov.

6. Describe the process for the following:
    a. providing HIV rapid preliminary antibody testing to all clients at enrollment, as well as the referral process to appropriate confirmatory testing for those clients who test positive;
    b. providing case management services to all clients who have a preliminary positive HIV and confirmatory HIV test result. The process of case management includes: comprehensive assessment of the client's needs and development of an individualized substance use disorder and HIV service plans.
    c. providing onsite or referral to viral hepatitis (B and C) testing for all clients who are considered to be at risk as specified by CDC recommendations and in accordance with state and local requirements.
    d. providing referrals to treatment for all clients testing positive for viral hepatitis (B or C). Include memoranda of agreement or contracts from community organizations involved in the project in **Attachment 1**.

7. Describe how your organization will ensure that input from clients, families, and people in recovery will be integrated into the assessment, planning and implementation of your project.

8. Describe how you 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 persons identified as having such co-occurring disorders.

9. Describe how you will develop linkages with community-based organizations with experience in providing other services, not provided by your organization, necessary for optimizing health outcomes for clients. Identify the other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include memoranda of agreement or contracts from community organizations involved in the project in **Attachment 1**.

10. Provide a per-unit cost for this program. Justify that this per-unit cost is providing high quality services that are cost effective. Describe your plan for maintaining and/or improving the provision of high quality services that are cost effective throughout the life of the grant.

    [NOTE: One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20 percent for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved.]

11. If you are applying for $500,000, document how you are either utilizing a certified EHR system or implementing a plan to gain certification for an existing or new system. In order to be eligible for this award amount, you must provide the following documentation. If you are using a certified EHR system, you must include a legible copy of a fully executed contract with your EHR vendor in **Attachment 5** of your application and a screenshot of current certification from the 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 Certified Health IT Product List (CHPL) Product Number of the EHR product. If you are using a **non-certified** system, you must demonstrate that you are in the 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 5**.

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. Describe how you will assist clients to enroll in insurance programs. Grantees are strongly encouraged to consider the inclusion of a Certified Applications Counselor as part of the program.

3. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, such as the Project Manager, Project Coordinator, and Evaluator, showing the role of each and their level of effort and qualifications.

4. Discuss how key staff has demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).

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-2.2 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 data collection and reporting plan for the following:
    a. disposition of all clients referred to ART including number referred, the number currently receiving ART, and the number who have withdrawn from ART; and
    b. the number of viral hepatitis tests purchased with SAMHSA grant funds; number of positive tests; and data on referrals.

4. Describe your plan for conducting the local performance assessment as specified in Section I-2.3 of this RFA and document your ability to conduct the assessment.

NOTE: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

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-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/reporting-requirements. Per the guidance on the SAMHSA website, 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 semi-annually.

VII. AGENCY CONTACTS

For questions about program issues contact:

Stephen Carrington
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1009
Rockville, Maryland 20857
(240) 276-1611
Stephen.carrington@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857

(240) 276-1412
eileen.bermudez@samhsa.hhs.gov

Appendix I – Using Evidence-Based Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. E.g., , 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.
- If applicable, describe any modifications/adaptations made to the proposed evidence-base practice(s) to meet the goals of your project providing a justification that clearly states how these changes will improve program outcomes.
- Explain why you chose this evidence-based practice over other evidence-based practices.
- If applicable, 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 listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment from every mental health/substance abuse treatment service provider organization 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.[13] (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

[13] 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.

- The applicant organization will not: 1) deny any appropriate and eligible clients access to the program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium). Specifically, methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder must be permitted; and will not 2) mandate that a client no longer continue to use these medications as part of the conditions of the program.

_____ _____

Signature of Authorized Representative 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 targeted groups.

- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, in institutions, prisoners and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

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

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed $30.

- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s).

5. Privacy and Confidentiality

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

   - Describe:

     - How you will use data collection instruments.

     - Where data will be stored.

     - Who will or will not have access to information.

     - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

6. Adequate Consent Procedures

   - List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

   - State:

     - Whether or not their participation is voluntary.

     - Their right to leave the project at any time without problems.

     - Possible risks from participation in the project.

     - Plans to protect clients from these risks.

   - Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

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

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

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3**

- **"Sample Consent Forms"**, of your application. If needed, give English translations.

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

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that a Federal wide

Assurance (FWA) 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.