Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Addiction Technology Transfer Centers Cooperative Agreements

(Short Title: ATTC)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-17-005

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

PART 1: Programmatic Requirements

Note to Applicants: This document MUST be used in conjunction with SAMHSA's "Funding Opportunity Announcement (FOA) PART II: Administrative and Application Submission Requirements for Discretionary Grants and Cooperative Agreements." PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You MUST use both documents in preparing your application.

Key Dates:

Application Deadline	**Applications are due by February 9, 2017.**
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 the application deadline. Comments from the Single State Agency are due no later than 60 days after the 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) 2017 Addiction Technology Transfer Centers (ATTC) Cooperative Agreements. The purpose of this program is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides substance use disorder (SUD) treatment and recovery support services. This is done by accelerating the adoption and implementation of evidence-based and promising SUD treatment and recovery-oriented practices and services; heightening the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other co-occurring health disorders; and fostering regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community. The ATTC Network grantees will work directly with SAMHSA and amongst themselves on activities aimed at improving the quality and effectiveness of treatment and recovery, as well as work directly with providers of clinical and recovery services, and others that influence the delivery of services, to improve the quality of workforce training and service delivery. As part of this work, the ATTC program will also support Opioid Treatment Programs (OTPs) to develop their workforce capacity. The desired outcome of the ATTC program is to increase the capacity of specialized behavioral and primary healthcare providers to provide high quality, effective services for clients with SUD and co-occurring disorders.

Funding Opportunity Title:	Addiction Technology Transfer Centers Cooperative Agreements (Short Title: ATTC)
Funding Opportunity Number:	TI-17-005
Due Date for Applications:	February 9, 2017
Anticipated Total Available Funding:	$8.92 million
Estimated Number of Awards:	11
Estimated Award Amount:	ATTC National Coordinating Office: up to $1,175,294 (With $400,000 specific for OTPs) ATTC Regional Centers: up to $775,294 (See Appendix C)

Cost Sharing/Match Required:	No
Length of Project Period:	Up to five (5) years
Eligible Applicants:	Domestic public and private nonprofit entities [See Section III-1 of this FOA for complete eligibility information.]

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

IMPORTANT: SAMHSA is transitioning to the National Institutes of Health (NIH)'s electronic Research Administration (eRA) grants system. Due to this transition, SAMHSA has made changes to the application registration, submission, and formatting requirements for all Funding Opportunity Announcements (FOAs). All applicants must register with NIH's **eRA Commons** in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-3 and Section II-2 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

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) 2017 Addiction Technology Transfer Centers (ATTC) Cooperative Agreements. The purpose of this program is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides substance use disorder (SUD) treatment and recovery support services. This is done by accelerating the adoption and implementation of evidence-based and promising SUD treatment and recovery-oriented practices and services; heightening the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other co-occurring health disorders; and fostering regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community. The ATTC Network grantees will work directly with SAMHSA and amongst themselves on activities aimed at improving the quality and effectiveness of treatment and recovery as well as work directly with providers of clinical and recovery services, and others that influence the delivery of services, to improve the quality of workforce training and service delivery. As part of this work, the ATTC program will also support Opioid Treatment Programs (OTPs) to develop their workforce capacity. The desired outcome of the ATTC program is to increase the capacity of specialized behavioral and primary healthcare providers to provide high quality, effective services for clients with SUD and co-occurring disorders.

In addition to individual competencies of providers, ATTCs will work with organizations involved in the delivery of services to strengthen their capacity to deliver effective, evidence-based services to individuals, including the full continuum of services spanning engagement, treatment, maintenance, and recovery. Ultimately, these efforts are intended to improve the quality of care that is delivered based on known evidence.

The new ATTC Network will comprise of 11 centers: one (1) ATTC National Coordinating Office and ten (10) ATTC Regional Centers localized within each Department of Health and Human Services (HHS) region of the U.S.

A strong National Coordinating Office will facilitate the collaboration among ATTC Regional Centers and increase opportunities to strengthen the scope and the outcomes of the program. The ten (10) ATTC Regional Centers will work under the leadership and in coordination with the ATTC National Coordinating Office to improve the workforce capacity to address behavioral health issues at the regional and local levels. Together, the ATTC network will provide comprehensive support with respect to co

Through the funding of this effort, SAMHSA expects to support national and regional activities focused on: 1) preparing tools needed by practitioners to improve the quality of service delivery (http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2015/Psychosocial-Report-in-Brief.pdf); and 2) providing intensive technical assistance to provider organizations to improve their processes and practices in the delivery of effective SUD treatment and recovery services. Training and technical assistance in specific evidence-based practices (EBPs) will still be available and provided in response to specific organizational goals and more often via self-paced online courses and distance learning paired with a hub and spoke network technology[1] or mobile apps that support individuals in using newly learned skills. Grantees will be expected to work collectively on workforce development and quality improvement activities and independently respond to regionally generated technical assistance needs.

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

2. EXPECTATIONS

SAMHSA's grants for training and technical assistance are intended to fund practices that have a demonstrated effectiveness in transferring knowledge, skill acquisition, and service implementation and are appropriate for the specific technical assistance recipients of the grant program.

SAMHSA will make 11 cooperative agreement awards to support the following number/types of ATTCs:

- One (1) ATTC National Coordinating Office; and

[1] Miller, B.M., Moore, D.E. Jr., Stead, W.W., & Balser, J.R. (2010). Beyond Flexner: a new model for continuous learning in the health professions. *Academic Medicine*, 85(2), 266–272.; McGeary, D.D., McGeary, C.A., & Gatchel, R.J. (2012). A comprehensive review of telehealth for pain management: where we are and the way ahead; *Pain Practice*, 12(7): 570-577.

- Ten (10) ATTC Regional Centers (one within each HHS region).

For more information on the states covered by the Regional ATTCs, and award amounts for each ATTC, see **Appendix C.**

In the past, ATTC activities have been devoted mostly to brief skills training, conferences, workshops, and publications development. While still important, the work of the ATTC network is shifting from a focus of primarily training individuals using didactic training approaches to one that works with organizations to develop or improve the quality of services and interventions that are provided across the prevention, treatment, and maintenance (recovery) continuum outlined by the Institute of Medicine. Using a systems change approach, the goal is to improve organizations and systems of care, enhancing access, engagement, and outcomes based in a continuous quality improvement framework; not limited to training and knowledge enhancement alone.

With the support and coordination from the ATTC National Coordinating Office, the ATTC Regional Centers will work together to: 1) prepare tools and strategies needed to improve the quality of service delivery; and 2) provide more intensive technical assistance to improve processes and practices in the delivery of SUD treatment and recovery services. Taken together, these efforts should result in an increased capacity of specialized behavioral healthcare and primary healthcare providers to provide high quality, effective services for clients. This should be done by helping states, other health authorities and healthcare leaders, and providers through the use of training and technical assistance, including use of technologies such as smartphones and web-based technology, in urban and rural areas. This effort is expected to result in an increase of client access to treatment and recovery supports, client retention in treatment and recovery oriented programs, and measurably improved client outcomes.

The key staff for this program will be the Project Director and Co-Director.

2.1 Required Activities

The ATTC grant funds must be used to support the following activities:

2.1.1 ATTC National Coordinating Office:

The ATTC National Coordinating Office must provide the following services:

- The primary function of the ATTC National Coordinating Office is to build and maintain a comprehensive infrastructure for the ATTC Network that promotes internal and external communication and collaboration for the purpose of supporting SAMHSA's workforce development and quality improvement missions, goals, and objectives.

- Collaborate with CSAT and the other ATTC Regional Centers in identifying and facilitating cross-regional and/or Network-wide activities to promote the adoption

of evidence-based and promising SUD treatment and recovery practices, recovery-oriented systems of care, and other topics of importance to the SUD treatment/recovery field.

- Provide oversight and facilitate collaboration among ATTC Regional Centers to identify and increase opportunities to leverage funds to strengthen the impact of the overall program; prevent duplication of efforts; and promote better collaboration with other SAMHSA and other HHS and federal agency initiatives [Health Resources and Services Administration (HRSA), Indian Health Service (IHS), National Institute on Drug Abuse (NIDA), Department of Defense (DOD), Veteran Administration (VA), etc.], and state initiatives.

- Serve as the focal point at the ATTC Network in order to ensure a coordinated approach to meeting training and technical assistance needs in all HHS regions.

- Bring awareness of and supporting collaboration with other SAMHSA initiatives by communicating information about SAMHSA's initiatives to all ATTC Regional Centers, and disseminating information of national significance to the Centers through regular communication and intra-Network training and technical assistance efforts.

- Multiply the impact of ATTC projects by providing a platform for intra-Network cooperation, allowing more staff and resources to be brought to bear on issues; by leveraging resources to focus on multiple issues at the same time; and by focusing the strengths of each Regional Center on appropriate projects, enhancing the overall quality of each project.

- Coordinate workgroups among the ATTC Regional Centers to address technology transfer and workforce development activities focusing on SAMHSA's strategic initiatives (http://www.samhsa.gov/about-us/strategic-initiatives) and on evidence-based interventions for special populations (Hispanic/Latino, African American, Native American communities, LGBT communities, etc.).

- Recognize opportunities and organize external partnerships for strategic collaborations to collectively advance the field by retaining a global perspective of the role of the ATTC Network as one of SAMHSA's flagship programs; by maintaining familiarity with the strengths, interests, needs, skills, and activities of each ATTC Center; and by establishing working relationships with the leadership of national organizations.

- Increase the accessibility of ATTC resources by serving as a central point of entry to connect with ATTC experts; coordinate and maintain the ATTC Network website in collaboration with all ATTC Centers; maintain a robust online learning management system for all ATTC distance education courses; provide a clearinghouse for ATTC products that have been developed independently and

have not gone through the official SAMHSA clearance process; and maintain an up-to-date listing of all upcoming ATTC events in a centralized location.

- Ensure a coordinated approach to meeting training and technical assistance needs by identifying and facilitating cross-regional and Network-wide activities; tracking products and projects to avoid duplication of time, funds, and effort; collecting data from all ATTC centers to report to SAMHSA and writing reports; offering resources to enhance collaboration (i.e., project management software, telephone and web conferencing services, meeting planning and logistics services, electronic distribution networks, technical writing, editing and graphic design services); and devoting staff and financial resources to leading the process of developing and implementing national projects and products.

- Provide conceptual and logistical support for the ATTC Steering Committee, annual Network Meeting, and other meetings as required, including developing agendas, meeting materials, and meeting summaries; securing hotel sleeping rooms and meeting space according to U.S. Federal Government cost norms and regulations; arranging for speakers/presenters; and coordinating and facilitating meeting follow-up activities (meals cannot be supported as part of meeting activities).

- Coordinate ATTC linkages with national professional organizations to provide presentations, workshops, etc., and/or have exhibits at national meetings, as well as presentations on behalf of the ATTC Network at meetings with a national audience or with an audience from multiple Regional Centers.

- Provide and maintain links/files of web-based or online training to the SAMHSA Knowledge Network according to the approved SAMHSA policies and protocols.

- Provide leadership and coordination for the "OTP Workgroup" to work with Federally Qualified Health Centers (FQHCs) and OTPs to provide training/technical assistance specific to the development of the workforce serving individuals with opioid use disorders (OUDs). The focus of the training and technical assistance should be on the diagnosis and treatment of hepatitis and other emerging issues. Using innovative technology to provide OUD diagnosis and treatment training and technical assistance in response to specific goals from the Division of Pharmacological Therapies (DPT) from CSAT; emphasis should be put on self-paced online courses and distance learning paired with a hub and spoke network technology (such as Project ECHO) as well as mobile apps that support individuals in utilizing newly learned skills. **Note: This activity must comprise $400,000 of the proposed budget. Since $400,000 is specific to OTP activities, this funding will need to be tracked separately.**

- Coordination with Project ECHO sites is an allowable activity, however not required (http://content.healthaffairs.org/content/early/2011/05/17/hlthaff.2011.0278.full.html).

- The applicants may devote up to 60 percent of their award towards technical assistance.

2.1.2 ATTC Regional Centers:

With the guidance of the ATTC National Coordinating Office, the ten (10) ATTC Regional Centers must provide the following services:

- Promote regional and local communication and collaboration for the purpose of supporting SAMHSA's workforce development and quality improvement missions, goals, and objectives.

- Build and maintain collaborative relationships with key stakeholders in their region (including SAMHSA Regional Administrator; state and local governments; HRSA and IHS offices; behavioral health provider associations; professional, recovery community, and faith-based organizations; academic institutions; counselor credentialing bodies; Regional Indian Health Boards; and others) to advance the professional development of students and practitioners in the substance use disorders treatment and recovery field.

- To the extent possible, avoid duplication of effort and maximize the impact of activities and services within the region by coordinating activities with Single State Agencies (SSAs), treatment providers associations, Centers for the Advancement of Prevention Technology, HHS training centers focused on issues of SUDs or closely related topics (e.g., HHS Office of Population Affairs' Regional Training Centers, HRSA's AIDS Education Training Centers, Center for Disease Control's Prevention Training Centers), and other related organizations.

- Provide technical assistance and training using innovative technology to work with providers and organizations to develop a quality improvement infrastructure that will address the needs of treatment and recovery service organizations as well as patients and families to assess program quality.

- Help prepare the workforce to deliver services in a recovery-oriented system of care. For a working definition of recovery, principles of recovery, and elements of a recovery-oriented system of care, see **Appendix D**.

- Serve as a resource for provider organizations (specialized behavioral healthcare and primary healthcare workforce that provides SUD treatment and recovery support services) to prepare tools needed by practitioners to improve the quality of service delivery; develop and test tools for patients and families to assess treatment quality.

- Provide intensive technical assistance to provider organizations (specialty care and primary healthcare) to improve their processes and practices in the delivery of SUD treatment and recovery services.

- Use innovative technology transfer strategies to provide training and technical assistance in specific EBPs in response to specific organizational goals – emphasis should be put on self-paced online courses and distance learning paired with a hub and spoke network technology (such as Project ECHO) as well as mobile apps that support individuals in using newly learned skills.

- Coordination with Project ECHO sites is an allowable activity, however not required (http://content.healthaffairs.org/content/early/2011/05/17/hlthaff.2011.0278.full.html).

- Serve as a resource for community-based and faith-based organizations, recovery community groups, consumers and family members, Native American and tribal communities, and other stakeholders, including racial/ethnic or LGBT-specific organizations, on treatment for SUDs, including medication-assisted treatment, and recovery-oriented systems of care.

- Enhance the clinical and cultural competencies of mental disorder and SUD treatment practitioners, including the capacity to deliver services in accordance with the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare (National CLAS Standards).

- Provide and maintain culturally and linguistically appropriate internet-based information and resources.

- Participate in cross-regional and/or Network-wide activities coordinated by the ATTC National Coordinating Office to promote the adoption of evidence-based and promising practices, recovery-oriented systems of care, educational standards, and other topics of importance to the SUD treatment/recovery field.

- Provide and maintain links/files of web-based or on-line training to the SAMHSA Knowledge Network according to the approved SAMHSA policies and protocols.

- Under the direction and coordination of the ATTC National Coordinating Office, serve as the regional representative at the "OTP Workgroup" in order to work with FQHCs and OTPs to provide training/technical assistance specific to the development of the workforce serving individuals with OUDs. **(NOTE: This activity will be organized and funded by the ATTC National Coordinating Office.)**

The applicants may devote up to 60 percent of their award towards technical assistance.

2.2 Other Expectations

Target Audience:

Awardees should target administrators and clinicians, treatment provider associations, academicians, multidisciplinary behavioral health professionals and organizations, faith and recovery community leaders, recovery coaches, SAMHSA Regional Administrators, SSAs, and other stakeholders.

Advisory Board:

Each ATTC Regional Center and the ATTC National Coordinating Office must establish an Advisory Board comprised of relevant stakeholders including, at a minimum, representatives of the SSAs from the states served and from provider associations, the provider community, and the recovery community in the region. Advisory Board membership must also include at least one member from a peer-run Recovery Community Organization (RCO). There must be equitable geographic and cultural diversity coverage on the Advisory Boards. The Advisory Boards must be convened at least once per year for the purpose of advising the ATTCs on the workforce interests, needs, and capacities in the region and nation. They will also provide guidance on strategic directions for the upcoming year and review progress and accomplishments of the past year.

Organizational Models for Serving Multiple States in a Region

ATTC Regional Centers will be serving several states (**See Appendix C**). It is not necessary to have staff in each state, but applicants must explain how they will maintain ongoing and effective communication with key stakeholders such as the SSA, provider associations, provider community, and recovery community, in each state, and how they will respond to needs equitably throughout the region. **NOTE**: **An applicant must be located in one of the states in the region in order to apply as a Regional ATTC.**

Additional Expectations:

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. (See PART II-Appendix E, Addressing Behavioral Health Disparities.)

Although people with behavioral health conditions represent about 25 percent of the U.S. adult population, they account for nearly 40 percent[2] of all cigarettes smoked and

[2] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). *The NSDUH Report: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked.* Rockville, MD. http://media.samhsa.gov/data/spotlight/spot104-cigarettes-mental-illness-substance-use-disorder.pdf

can experience serious health consequences[3]. A growing body of research shows that quitting smoking can improve mental health and SUD recovery outcomes. Research shows that many smokers with behavioral health conditions want to quit, can quit, and benefit from proven smoking cessation treatments. SAMHSA strongly encourages all grantees to adopt a tobacco-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

SAMHSA encourages all grantees to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider prioritizing this population for services, where appropriate. SAMHSA will encourage its grantees to use and provide technical assistance regarding locally customized web portals that assist veterans and their families with finding behavioral health treatment and support.

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in Section D: Data Collection and Performance Measurement of your application. Grantees will be required to report performance on the following performance measures:

- Number of events per year;
- Number of participants per year;
- Participants' level of satisfaction with events;
- Usefulness of information presented at events; and
- Application of information from each event.

This information will be gathered using a uniform data collection tool provided by SAMHSA. Grantees will be required to submit data via SAMHSA's data-entry and reporting system; access will be provided upon award. An example of the type of data collection tool required can be found at https://www.samhsa.gov/grants/gpra-measurement-tools. Data are to be collected at the end of each event and 30 days following the event using the ATTC CSAT Customer Satisfaction forms and submitted using the Web-based CSAT GPRA data collection system (SAIS) within 7 days after

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3 U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

data is collected. Grantees are expected to obtain an 80 percent follow-up rate at 30 days post event. GPRA data will be reported to the public as part of SAMHSA's Congressional Justification, the Office of Management and Budget (OMB), and Congress as part of SAMHSA's budget request. The GPRA forms and the data collection system from SAMHSA are both in the process of being revised and updated. Changes in the system and data collection will take place during the life of this cooperative agreement and grantees are expected to comply with the adjustments.

In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

2.4 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above), 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 progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted 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 training and technical assistance on participants?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual orientation/gender identity
- How durable were the effects?

Process Questions:

- How closely did implementation match the plan for delivery of training and technical assistance?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?

- What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?

- What effect did the changes have on the planned training and technical assistance and performance assessment?

- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.3 and 2.4 above. Be sure to include these costs in your proposed budget (see Appendix B).

2.5 Grantee Meetings

Grantees may be required to attend up to six meetings per year. There will be three (3) mandatory ATTC Steering Committee Meetings each year, which will be policy and planning meetings limited to ATTC Directors and Co-Directors. The Steering Committee Meetings will be convened to establish Network-wide strategic priorities, set direction and policy for the ATTC Network and Regional Centers, share common challenges and lessons learned, and exchange information on new and emerging evidence-based clinical and technology transfer practices. One (1) of the three (3) meetings shall take place in the Washington, D.C. area.

Each year, there will also be one (1) ATTC Network Meeting, held in conjunction with one of the Steering Committee Meetings. The ATTC Network Meeting will include not only the ATTC Directors, but also other staff of the Centers and National Coordinating Office (e.g., Training Director, Curriculum Designers, Exhibit Managers, etc.) for the purpose of promoting cross-site collaboration and learning among the staff of the various ATTC Centers. You must include a detailed budget and narrative for this travel in your budget. **The applicants may devote up to 15 percent of their SAMHSA award toward Network-wide activities, including travel to meetings.**

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: $8.92 million

Estimated Number of Awards: 11

Estimated Award Amount: ATTC National Coordinating Office: up to $1,175,294 (up to $400,000 specific for OTPs)

ATTC Regional Centers: up to $775,294

Length of Project Period: Up to five (5) years

Proposed budgets cannot exceed the estimated award amounts listed above 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.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2017 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

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:

Grantees are expected to participate and cooperate fully with CSAT staff and each other in the implementation of the program. Activities must include: (1) compliance with all terms and conditions of the cooperative agreement; (2) cooperation with CSAT staff in accepting guidance and responding to requests for information and data; (3) participation on the ATTC Steering Committee, as well as topical work groups established to facilitate accomplishment of Network-wide activities; and (4) authorship or co-authorship of publications to make results of the program available to the field.

Role of SAMHSA Staff:

CSAT staff will actively participate in these cooperative agreements, serving as collaborators with project directors from the Regional ATTCs, and the ATTC National Coordinating Office. Staff involvement will include, but is not limited to, the following: (1) providing guidance on evidence-based and promising treatment/recovery practices; (2) assisting in the coordination with SAMHSA's Regional Administrators; (3) providing technical assistance on technology transfer and to enhance potential replication of activities and services across Centers; (4) planning meetings designed to support activities of the ATTC Centers and Network as a whole; (5) participating on the ATTC Steering Committee and participating on ATTC topical work groups established to facilitate accomplishment of Network-wide activities; (6) conducting periodic site visits; (7) evaluating and approving progress reports to ensure that the objectives, terms, and

conditions of the project are accomplished; (8) providing guidance regarding any CSAT modification in program direction and priorities; (9) providing guidance on Network-wide initiatives; (10) overseeing the development and implementation of a multi-site evaluation in partnership with evaluation contractors and grantees; and (11) authoring or co-authoring publications to make the results of this program available to the field. Federal staff will also be responsible for providing direct guidance on the requirements of the OTP education efforts to be led by the ATTC National Coordinating Office in collaboration with that ATTC Regional Centers; and submitting required clearance packages to the OMB using information and materials provided by the grantee and evaluation contractor.

Role of ATTC Steering Committee

Comprising the Directors of the 11 ATTC awardees and the CSAT Project Officer, the ATTC Steering Committee will provide policy and strategic direction for the ATTC Network consistent with all applicable HHS and SAMHSA policy guidance statements. The Project Director of the ATTC National Coordinating Office will be the Chair of the Steering Committee. The Steering Committee will identify subjects for the topical (Network-wide) work groups. The first meeting of the Steering Committee will be convened at the request of the CSAT Project Officer and it will take place in Washington, D.C.

The Steering Committee will follow the guidelines specified in 45 CFR Part 74.36 on data sharing, access to data and materials, and publications. Publications will be written and authorship decided using procedures adopted by the Steering Committee. The quality of publications will be the responsibility of the authors, although a draft must be provided to CSAT prior to publication. No additional SAMHSA/CSAT clearance will be required, except that publications for which SAMHSA staff is included as an author or coauthor must receive internal agency clearance prior to publication.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example:

- State and local governments;
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations (UIOs), and consortia of tribes or tribal organizations;
- Public or private universities and colleges; and
- Community- and faith-based organizations.

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs 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 AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

An UIO (as identified by the Office of Indian Health Service Urban Indian Health Programs through active Title V grants/contracts) is defined as a non-profit corporate body situated in an urban center governed by an urban Indian-controlled board of directors, and providing for the maximum participation of all interested individuals and groups, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 503(a) of 25 U.S.C. § 1653. UIOs are not tribes or tribal governments and do not have the same consultation rights or trust relationship with the federal government.

While any eligible organization may apply for any of the 11 ATTC Centers, a separate application must be submitted for each type of ATTC (ATTC National Coordinating Office and ATTC Regional Center). Each organization may submit only one application per type of ATTC. The maximum number of applications SAMHSA will review for any organization is two (2). Each applicant organization may receive only one (1) award. If an applicant submits two high scoring applications, award decisions will be made in the following priority order: 1) ATTC National Coordinating Office; and 2) ATTC Regional Centers. Only one ATTC Regional Center award will be made per region (See Appendix C).

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

IV. APPLICATION AND SUBMISSION INFORMATION

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

1. ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in **Appendix B** of this document. **It is highly recommended that you use the sample budget format in Appendix B. This will expedite review of your application.**

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

Narrative are provided in **Section V** – Application Review Information of this document.

The Supporting Documentation section provides additional information necessary for the review of your application. This supporting documentation must be attached to your application using the Other Attachments Form from the Grants.gov application package. Additional instructions for completing these sections and page limitations for Biographical Sketches/Position Descriptions are included in PART II: Section II-3.1, Required Application Components, and Appendix D, Biographical Sketches and Position Descriptions. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Section II-3.1, Required Application Components.)

- **Attachments 1 through 4** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc. Use the Other Attachments Form from Grants.gov to upload the attachments.

  - **Attachment 1**: Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support. Reviewers will not consider them if you do.)**

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

  - **Attachment 3**: Sample Consent Forms

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

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **February 9, 2017**.

IMPORTANT: Due to SAMHSA's transition to NIH's eRA grants system, SAMHSA has made changes to the application registration, submission, and formatting requirements.

Please be sure to read PART II of this FOA very carefully to understand the requirements for SAMHSA's new grant system. Applicants will need to register with NIH'S eRA Commons in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses;
- The applicants may devote up to 15 percent of their SAMHSA award toward Network-wide activities, including travel to meetings;
- The applicants may devote up to 60 percent of their award towards technical assistance;
- For the ATTC National Coordinating Office award, $400,000 must be used for OTP activities (see Section I-2.1.1); and
- Even if an organization has an established indirect cost rate, under training grants, SAMHSA reimburses indirect costs at a fixed rate of eight percent of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of $25,000.

Be sure to identify these expenses in your proposed budget.

SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in PART II: Appendix C, Standard Funding Restrictions.

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

All SAMHSA grant programs are covered under Executive Order (EO) 12372, as implemented through HHS regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See PART II: Appendix B for additional

information on these requirements as well as requirements for the Public Health System Impact Statement.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.

- The Project Narrative (Sections A-D) together may be no longer than 25 pages.

- You must use the four (4) sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response, i.e., type "A-1", "A-2", etc., before your response to each question.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. **Only information included in the appropriate numbered question will be considered by reviewers.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (15 points)

1. Describe the catchment area for the proposed training and technical assistance (see Appendix C for a listing of the ATTC regions). Describe the training and technical assistance recipients and the methods that will be used to engage them.

2. Discuss the current state of knowledge regarding culturally and linguistically competent services in treatment services for SUDs, and describe how this knowledge will be disseminated and applied.

3. Describe the service gaps, barriers, and other problems related to the need for training and technical assistance.

4. **For the ATTC National Coordinating office**: In addition to the items 1-3 above, describe how the coordinating office will maintain an infrastructure for the entire ATTC network and provide guidance and coordination for the ATTC Regional Centers, as well as describe how the National Coordinating Office will address the OTP specific activities focusing on the diagnosis and treatment of hepatitis and other emerging issues.

Section B: Proposed Approach (35 points)

1. Describe the purpose of the proposed project, including its goals and measureable objectives. These must relate to the intent of the FOA and performance measures you identify in Section D: Data Collection and Performance Measurement.

2. Provide a chart or graph depicting a realistic time line for the entire five (5) years of the project period showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in Section I.2: Expectations. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

3. Describe how the key activities in your timeline will be implemented.

4. Describe how your activities will improve SUD treatment and recovery services and address disparities in the access, use, and outcomes of behavioral healthcare.

5. Describe how the proposed activities will adhere to the National CLAS Standards (go to http://ThinkCulturalHealth.hhs.gov). Select one element from each of the CLAS Standards: 1) Governance, Leadership, and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.

6. Demonstrate familiarity with state-of-the-art strategies and practices in accelerating the adoption and implementation of evidence-based and promising SUD addiction treatment and recovery-oriented practices and services. Describe how you will promote the adoption of these strategies/practices.

7. Describe, including their roles and responsibilities, the relationships you have with collaborative stakeholders/organizations that will be included in this project (e.g., state and local governments; provider associations; academic institutions; professional, recovery community, and faith-based organizations; related systems of care, such as criminal justice, child welfare, primary health care; counselor credentialing bodies; Regional Indian Health Boards). Include Letters of Commitment in Attachment 1. If you do not currently have some of these collaborations, describe how you plan to develop these relationships in order to formulate knowledge and conduct ongoing needs assessments for the region to be served. (Letters of Commitment should be included in **Attachment 1**.)

8. Clearly identify the total number of events you plan to offer. In addition, provide a break-down of the:

    - Anticipated number of training events (i.e., short-term learning events designed primarily to raise awareness or impart limited information), as well as the number of participants who will be involved in training; and

    - Anticipated number of academic programming and technical assistance events (i.e., ongoing courses or learning interventions designed to develop or enhance skills, provide in-depth knowledge, or affect organizational processes related to the adoption of evidence-based or promising practices in agencies or systems), as well as the number of participants in academic programming and technical assistance events. [Note: For purposes of this program, academic programming and technical assistance are combined into a single service category.]

9. Discuss how you will perform ongoing regional needs assessments and how you will focus on those needs most critical to the effectiveness of SUD treatment and recovery support services within the region.

10. Describe and give examples of how you will develop and/or revise innovative, research-based curricula and other products and materials as appropriate for the technical assistance recipients you will be serving.

11. Describe how you will serve as a resource on SUD treatment and recovery services to community-based, faith-based, racial/ethnic-specific or LGBT organizations, RCOs, consumers and family members, and other stakeholders.

12. Describe the membership, roles and functions, and frequency of meetings of the Advisory Board.

13. Identify any other organization(s) that will participate in the proposed project and their roles and responsibilities. Demonstrate their commitment to the project by including letters of commitment from each partner in **Attachment 1** of your application.

14. **For the ATTC National Coordinating office**: In addition to items 1-13 above, describe how the coordinating office will ensure a coordinated approach to meeting training and technical assistance needs; how it will create opportunities to multiply the impact of the overall ATTC projects and increase accessibility of ATTC resources; and how it will coordinate activities specific for the OTPs.

Section C: Staff, Management, and Relevant Experience (30 points)

1. Discuss the capability and experience of the applicant organization with similar projects and populations, including experience providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities.

2. If partnering with other organizations, discuss the capability and experience of other participating organizations with similar projects and populations, including experience in providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities. If you are not partnering with any other organizations, indicate so in your response.

3. Provide a complete list of staff positions for the project, including the Project Director, Co-Director, and other key personnel, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the Project Director, Co-Director, and key staff.

4. Discuss how key staff members have demonstrated experience in serving the population to receive training/technical assistance and are familiar with their culture(s) and language(s), as well as with their workforce development needs.

5. Describe the resources available for the proposed project (e.g., facilities, equipment).

Section D: 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-2.3 of this document. Describe your plan for data collection, management, analysis, and reporting. Specify and justify any additional measures you plan to use for your grant project.

2. Describe your plan for conducting the local performance assessment as specified in Section I-2.4 of this FOA and document your ability to conduct the assessment.

Budget Justification, Existing Resources, Other Support (other federal and non-federal sources)

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment. An illustration of a budget and narrative justification is included in Appendix B - Sample Budget and Justification, of this document. **It is highly recommended that you use the Sample Budget format in Appendix B. This will expedite review of your application.**

Be sure your proposed budget reflects the funding limitations/restrictions specified in Section IV-3. **Specifically identify the items associated with these costs in your budget**.

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Section II-3.1, Required Application Components.)

REQUIRED SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Position Descriptions

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

Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects

You must describe procedures relating to Confidentiality, Participant Protection, and the Protection of Human Subjects Regulations in Section F of your application. **Failure to include these procedures will impact the review of your application.** See Appendix A of this document for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over $150,000, approval by the CSAT National Advisory Council
- availability of funds;
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size; and
- In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)].

While any eligible organization may apply for any of the 11 ATTC Centers, a separate application must be submitted for either type of ATTC (ATTC National Coordinating Office and ATTC Regional Center). Each organization may submit only one application

per type of ATTC. The maximum number of applications SAMHSA will review for any organization is two (2). Each applicant organization may receive only one (1) award. If an applicant submits two high scoring applications, award decisions will be made in the following priority order: 1) ATTC National Coordinating Office; and 2) ATTC Regional Centers. Only one ATTC Regional Center award will be made per region (See Appendix C).

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.3, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/reporting-requirements.

Grantees will be required to routinely report on progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least semi-annually.

VII. AGENCY CONTACTS

For questions about program issues contact:

Humberto Carvalho
Center for Substance Abuse Treatment, Division of Service Improvement
Substance Abuse and Mental Health Services Administration
Humberto.Carvalho@samhsa.hhs.gov
Phone: (240) 276-2974

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
(240) 276-1412
FOACSAT@samhsa.hhs.gov

Appendix A – Confidentiality and SAMHSA Participant Protection Guidelines

Confidentiality and Participant Protection

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the two elements below. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality and participant protection identified during peer review of the application must be resolved prior to funding.

1. Privacy and Confidentiality

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

    - Describe:

        - How you will use data collection instruments.

        - Where data will be stored.

        - Who will or will not have access to information.

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

2. Adequate Consent Procedures

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

    - State:

        - Whether or not their participation is voluntary.

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

        - Possible risks from participation in the project.

        - Plans to protect clients from these risks.

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

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

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

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

Appendix B – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF-424A: SECTION B FOR THE BUDGET PERIOD

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	$64,890	10%	$6,489
(2) Grant Coordinator	To be selected	$46,276	100%	$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	**$52,765**

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Project Director will provide daily oversight of the grant and will be considered key staff.

(2) The Coordinator will coordinate project services and project activities, including training, communication, and information dissemination.

(3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **$52,765**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	$52,765	$4,037
Workers Compensation	2.5%	$52,765	$1,319
Insurance	10.5%	$52,765	$5,540
		TOTAL	**$10,896**

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A) $10,896

C. Travel: Explain need for all travel other than that required by this application. Applicants must use their own documented travel policies. If an organization does not have documented travel policies, the federal GSA rates must be used.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	$200/flight x 2 persons	$400
		Hotel	$180/night x 2 persons x 2 nights	$720
		Per Diem (meals and incidentals)	$46/day x 2 persons x 2 days	$184
(2) Local travel		Mileage	3,000 miles@.38/mile	$1,140
			TOTAL	**$2,444**

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA rate.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **$2,444**

D. Equipment: An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit (federal definition). Organizations should follow their documented capitalization policy thresholds.

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **$ 0**

E. Supplies: Materials costing less than $5,000 per unit (federal definition) and often having one-time use

FEDERAL REQUEST

Item(s)	**Rate**	**Cost**
General office supplies	$50/mo. x 12 mo.	$600
Postage	$37/mo. x 8 mo.	$296
Laptop Computer	$900	$900
Printer	$300	$300
Projector	$900	$900
Copies	8000 copies x .10/copy	$800
	TOTAL	**$3,796**

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **$ 3,796**

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	$250/individual x 3 staff	5 days	$750
(2) Treatment Services	1,040 Clients	$27/client per year		$28,080

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ $27,000 + Fringe Benefits of $6,750 = $33,750	*Travel at 3,124 @ .50 per mile = $1,562 *Training course $175 *Supplies @ $47.54 x 12 months or $570 *Telephone @ $60 x 12 months = $720 *Indirect costs = $9,390 (negotiated with contractor)	$46,167
(4) Jane Smith	Evaluator	$40 per hour x 225 hours	12-month period	$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of $30,000 x 10% level of effort		$3,000
			TOTAL	**$86,997**

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

(1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

(2) Treatment services for clients to be served based on organizational history of expenses.

(3) Case manager is vital to client services related to the program and outcomes.

(4) Evaluation is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.

(5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups, and schools.

***Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

H. Other: Expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	$15/sq.ft x 700 sq. feet	$10,500
(2) Telephone	$100/mo. x 12 mo.	$1,200
(3) Client Incentives	$10/client follow up x 278 clients	$2,780
(4) Brochures	.89/brochure X 1500 brochures	$1,335
	TOTAL	**$15,815**

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA's fair share of the space.

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance**

calculations. Additionally, the lease and floor plan (including common areas) are required for all projects allocating rent costs.

(2) The monthly telephone costs reflect the percent of effort for the personnel listed in this application for the SAMHSA project only.

(3) The $10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) **$15,815**

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: https://rates.psc.gov/fms/dca/map1.html. **Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. For training grants, indirect cost rates are limited to 8%.**

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

8% of personnel and fringe **(.08 x $63,661)** **$5,093**

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TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) $172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) $5,093

TOTAL: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)
$177,806

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Provide the total proposed project period and federal funding as follows:

Proposed Project Period

a. Start Date: 09/30/2017 b. End Date: 09/29/2022

BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	$52,765	$54,348	$55,978	$57,658	$59,387	$280,136
Fringe	$10,896	$11,223	$11,559	$11,906	$12,263	$57,847
Travel	$2,444	$2,444	$2,444	$2,444	$2,444	$12,220
Equipment	0	0	0	0	0	0
Supplies	$3,796	$3,796	$3,796	$3,796	$3,796	$18,980
Contractual	$86,997	$86,997	$86,997	$86,997	$86,997	$434,985
Other	$15,815	$13,752	$11,629	$9,440	$7,187	$57,823
Total Direct Charges	$172,713	$172,560	$172,403	$172,241	$172,074	$861,991
Indirect Charges	$5,093	$5,246	$5,403	$5,565	$5,732	$27,039
Total Project Costs	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$889,030**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) **$889,030**

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

IN THIS SECTION, REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.
Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see PART II Appendix C, Standard Funding Restrictions, regarding allowable costs.]

IN THIS SECTION, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used for data collection, performance measurement, and performance assessment; Network-wide activities; technical assistance; and OTP activities. **Be sure the budget reflects the funding restrictions in Section IV-3.**

Data Collection & Performance Measurement	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total Data Collection & Performance Measurement Costs**
Personnel	$6,700	$6,700	$6,700	$6,700	$6,700	$33,500
Fringe	$2,400	$2,400	$2,400	$2,400	$2,400	$12,000
Travel	$100	$100	$100	$100	$100	$500
Equipment	0	0	0	0	0	0
Supplies	$750	$750	$750	$750	$750	$3,750
Contractual	$24,950	$24,950	$24,950	$24,950	$24,950	$124,750
Other	0	0	0	0	0	0
Total Direct Charges	$34,300	$34,300	$34,300	$34,300	$34,300	$171,500
Indirect Charges	$698	$698	$698	$698	$698	$3,490
Total Data Collection & Performance Measurement Costs	**$34,998**	**$34,998**	**$34,998**	**$34,998**	**$34,998**	**$174,990**

Network-wide Activities	Year 1	Year 2	Year 3	Year 4	Year 5	Total Network-wide Activities Costs
Personnel	$2,250	$2,250	$2,250	$2,250	$2,250	$11,250
Fringe	$558	$558	$558	$558	$558	$2,790
Travel	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Supplies	$1,575	$1,575	$1,575	$1,575	$1,575	$7,875
Contractual	$5,000	$5,000	$5,000	$5,000	$5,000	$25,000
Other	$1,617	$2,375	$2,375	$2,375	$2,375	$11,117
Total Direct Charges	$11,000	$11,758	$11,758	$11,758	$11,758	**$58,032**
Indirect Charges	$750	$750	$750	$750	$750	**$3,750**
Total Network-wide Activities Costs	**$11,750**	**$12,508**	**$12,508**	**$12,508**	**$12,508**	**$61,782**

Technical Assistance	Year 1	Year 2	Year 3	Year 4	Year 5	Total Technical Assistance Costs
Personnel	$20,250	$20,250	$20,250	$20,250	$20,250	$101,250
Fringe	$4,080	$4,080	$4,080	$4,080	$4,080	$20,400
Travel	$2,444	$2,444	$2,444	$2,444	$2,444	$12,220
Equipment	0	0	0	0	0	0
Supplies	$1,500	$1,500	$1,500	$1,500	$1,500	$7,500
Contractual	$33,800	$33,800	$33,800	$33,800	$33,800	$169,000
Other	$7,425	$7,425	$7,425	$7,425	$7,425	$37,125
Total Direct Charges	$69,499	$69,499	$69,499	$69,499	$69,499	**$347,495**
Indirect Charges	$2,000	$2,000	$2,000	$2,000	$2,000	**$10,000**
Total Technical Assistance Costs	**$71,499**	**$71,499**	**$71,499**	**$71,499**	**$71,499**	**$357,495**

OTP Activities	Year 1	Year 2	Year 3	Year 4	Year 5	Total OTP Activities Costs
Personnel	$12,000	$12,000	$12,000	$12,000	$12,000	$60,000
Fringe	$1,800	$1,800	$1,800	$1,800	$1,800	$9,000
Travel	$2,000	$2,000	$2,000	$2,000	$2,000	$10,000
Equipment	0	0	0	0	0	0
Supplies	$500	$500	$500	$500	$500	$2,500
Contractual	$35,000	$35,000	$35,000	$35,000	$35,000	$175,000
Other	$6,500	$6,500	$6,500	$6,500	$6,500	$32,500
Total Direct Charges	$57,800	$57,800	$57,800	$57,800	$57,800	**$289,000**
Indirect Charges	$2,200	$2,200	$2,200	$2,200	$2,200	**$11,000**
Total OTP Activities Costs	**$60,000**	**$60,000**	**$60,000**	**$60,000**	**$60,000**	**$300,000**

Appendix C – Grant Award Structure for ATTC Regions

Region	States	Award Amount
Region 1	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont	TOTAL: $775,294
Region 2	New Jersey, New York, Puerto Rico, and the Virgin Islands	TOTAL: $775,294
Region 3	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia	TOTAL: $775,294
Region 4	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee	TOTAL: $775,294
Region 5	Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin	TOTAL: $775,294
Region 6	Arkansas, Louisiana, New Mexico, Oklahoma, and Texas	TOTAL: $775,294
Region 7	Iowa, Kansas, Missouri, and Nebraska	TOTAL: $775,294
Region 8	Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming	TOTAL: $775,294

Region	States	Award Amount
Region 9	Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau	TOTAL: $775,294
Region 10	Alaska, Idaho, Oregon, and Washington	TOTAL: $775,294
National Coordinating Office		TOTAL: $1,175,294

Appendix D – SAMHSA's Working Definition of Recovery from Mental Disorders and Substance Use Disorders

The Substance Abuse and Mental Health Services (SAMHSA) recognizes there are many different pathways to recovery and each individual determines his or her own way. SAMHSA engaged in a dialogue with consumers, persons in recovery, family members, advocates, policy-makers, administrators, providers, and others to develop the following definition and guiding principles for recovery. The urgency of health reform compels SAMHSA to define recovery and to promote the availability, quality, and financing of vital services and supports that facilitate recovery for individuals. In addition, the integration mandate in title II of the Americans with Disabilities Act and the Supreme Court's decision in Olmstead v. L.C., 527 U.S. 581 (1999) provide legal requirements that are consistent with SAMHSA's mission to promote a high-quality and satisfying life in the community for all Americans.

Recovery from Mental Disorders and Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

- Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- Home: a stable and safe place to live;
- Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- Community: relationships and social networks that provide support, friendship, love, and hope.

<u>Guiding Principles of Recovery</u>

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds, including trauma experiences that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence is the safest approach for those with substance use disorders. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations, including values, traditions, and beliefs, are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.