Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Services Grant Program for Residential Treatment for Pregnant and Postpartum Women

(Short Title: PPW)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-17-007

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 "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 April 17, 2017.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their state(s) participate(s). 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 Residential Treatment for Pregnant and Postpartum Women (PPW) grant program. The purpose of this program is to expand comprehensive treatment, prevention and recovery support services for women and their children in residential substance use treatment facilities, including services for non-residential family members of both the women and children.

Funding Opportunity Title:	Services Grant Program for Residential Treatment for Pregnant and Postpartum Women (Short Title: PPW)
Funding Opportunity Number:	TI-17-007
Due Date for Applications:	April 17, 2017
Anticipated Total Available Funding:	$9.5 million
Estimated Number of Awards:	Up to 18 awards
Estimated Award Amount:	Up to $524,000 per year
Cost Sharing/Match Required	Yes [See Section III-2 of this FOA for cost sharing/match requirements.]
Length of Project Period:	Up to five years

Eligible Applicants:	Eligible applicants are domestic public and private nonprofit entities which includes: state and local governments; federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations; public or private universities and colleges; and community- and faith-based organizations. **PPW grantees that received grant awards under Announcement Number TI-14-005, Services Grant Program for Residential Treatment for Pregnant and Postpartum Women, in FY 2014, FY 2015, or FY 2016 are not eligible to apply for this funding opportunity.** [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-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.

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 Residential Treatment for Pregnant and Postpartum Women (PPW) grant program. The purpose of this program is to expand comprehensive treatment, prevention and recovery support services for women and their children in residential substance use treatment facilities, including services for non-residential family members of both the women and children.

The populations of focus are low-income (according to federal poverty guidelines) women, age 18 and over, who are pregnant, postpartum (the period after childbirth up to 12 months), and their minor children, age 17 and under, who have limited access to quality health services. SAMHSA has identified traditionally underserved populations, especially racial and ethnic minority women, as a population of focus. SAMHSA is particularly concerned about the high morbidity and mortality rates of pregnant women and their infants among African Americans. Services should be extended, when deemed appropriate, to fathers of the children, partners of the women, and other family members of the women and children who do not reside in the residential treatment facility.

The PPW program supports evidence-based parenting and treatment models including trauma-specific services in a trauma-informed context, which will:

- Decrease the misuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (e.g., inhalants) among pregnant and postpartum women;
- Increase safe and healthy pregnancies;
- Improve birth outcomes;

- Reduce perinatal and environmentally related effects of maternal and/or paternal drug abuse on infants and children;
- Improve the mental and physical health of the women and children;
- Prevent mental, emotional, and behavioral disorders among the children;
- Improve parenting skills, family functioning, economic stability, and quality of life;
- Decrease involvement in and exposure to crime, violence, and neglect; and
- Decrease physical, emotional, and sexual abuse for all family members.

In accordance with SAMHSA's Strategic Initiative on Trauma and Justice, the PPW program aims to reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health and related systems.

PPW 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 award. Service delivery should begin by the seventh month of the project at the latest.

PPW grants are authorized under Section 508 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

This grant announcement defines residential treatment programs as programs that offer organized substance use disorder treatment services for women and their minor children, which feature a planned regimen of care in a safe 24-hour residential setting with staff supervision. This program approaches service delivery from a family-centered perspective, meets the multiple individual needs of the population of focus, and considers the health and well-being of the family members within the context of their families and other important relationships. SAMHSA recognizes the importance of early childhood as the foundation for healthy social and emotional development, so applicants should meet the needs of young children while serving all the minor children of the mothers in the program. When minor children cannot reside in the treatment facility with their mother, and there are no other living arrangements available, alternative safe and appropriate accommodations for the children must be arranged in consultation with the mother. Those minor children and other family members who do not reside in the treatment facility are to receive the required services and interventions (see Section 2.1: Required Activities, Required Supplemental Prevention, Treatment, and Recovery Support Services), and must be actively engaged in the treatment process. To ensure that the goals of the individual and family treatment plan are met, any services that are provided off-site must be well-coordinated.

The key staff for this program will be the Project Director, Children's Coordinator, Women's Coordinator, and Lead Evaluator.

Minimum Qualifications

In accordance with Section 508 of the Public Health Service Act, the Single State Agency (SSA) for substance abuse services must certify that:

- The applicant has the capacity to carry out the program described in this FOA;
- The applicant's program approach (i.e., the application) is consistent with the policies of the SSA regarding the treatment of substance use; and
- The applicant, or any entity through which the applicant will provide required services, meets all applicable local, city, county, and state licensure or certification requirements regarding the provision of the services involved. [NOTE: If the applicant provides services in a state or community where licensure, accreditation, or certification is not required, the SSA must attest to that.]

The letter from the SSA providing these certifications must be included as Attachment 6 or the application will be screened out and will not be considered for an award.

2.1 Required Activities

You must use SAMHSA's services grant funds primarily to support direct services.

General Agreements for Providing Services

As part of Section B: Proposed Implementation Approach and Evidence-Based Service/Practice of the Project Narrative, the applicant must describe how it will meet the following eleven (11) requirements and demonstrate its capacity to do so:

1. Provide residential services in the language and cultural context that is most appropriate. The program will be operated at a location that is readily accessible to the population served.
2. Ensure that the minor children will reside with the mother in such facilities, if the mother so requests. Efforts will be made to include as many of the mother's children as possible in the residential facility.
3. Implement service(s) or practice(s), including strategies to stabilize, strengthen, preserve, and reunite families, for the women, their minor children, fathers of the children, partners of the women, and the extended family members of the women and children, as appropriate. The service system for the children will be gender, age, culture, and developmentally appropriate for the following age

groups: 1) birth to three; 2) four to six; 3) seven to ten; and 4) eleven to seventeen.

4. Screen pregnant and postpartum women and other non-residential adults, who are included in treatment planning, age 18 years or older, for alcohol misuse. Provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

5. Screen and assess pregnant and postpartum women, minor children of the mothers, and non-residential family members, who are included in treatment planning for Fetal Alcohol Spectrum Disorders (FASD).

6. Provide tobacco use counseling and interventions as part of the standard of practice, as appropriate. Ask all non-pregnant women and non-residential adult family members, who are included in treatment planning, about tobacco use. Provide those adults who use tobacco products with tobacco cessation interventions. Provide augmented, pregnancy-tailored counseling for pregnant women who use tobacco products. Provide interventions for school-aged children and adolescents of the women, including education or brief counseling, to prevent initiation of tobacco use.

7. Screen and assess clients for the presence of co-occurring substance use disorders (misuse and/or dependence), depression, anxiety, and other mental disorders, as well as, trauma and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such conditions.

8. Offer a comprehensive service system, which is trauma-informed, including assessments and interventions that consider the individual's adverse life experiences within the context of their culture, history, and exposure to traumatic events. Implement strategies that ensure the system of care incorporates a trauma-informed approach.

9. Provide evidence-based prevention program(s), including parenting interventions, which have positive effects on parenting behavior and the developmental trajectories of the children.

10. Provide outreach and other engagement strategies to increase participation in, and provide access to, treatment for diverse populations (i.e., ethnic, racial, sexual orientation, gender identity, etc.).

11. Provide "wrap-around"/recovery support services (e.g., child care, vocational, educational, and transportation services) designed to improve access and retention in services. [Note: Grant funds may be used to purchase such services from another provider].

Applicants are required to develop comprehensive individualized and family service plans to meet the needs of each family member and the family unit as a whole. These

plans must be developed in consultation with the women, children, and family members of both the women and children, as appropriate. Service plans must include individual, group, and family counseling, as appropriate, as well as follow-up relapse prevention, supplemental treatment, and prevention and recovery support services, as required.

Applicants must demonstrate that a comprehensive, coordinated, integrated service system is in place to meet the complex needs of the family members. In doing so, applicants must have Memoranda of Understanding or Agreement (MOU/MOA) with key agencies and organizations, such as local public housing authorities (for permanent housing for families), substance abuse, mental health, primary health, family court, criminal justice, employment, and education programs.

In **Attachment 7**, applicants must provide MOU/MOA with agencies and organizations in the applicant's network of partners. The MOU/MOA must identify the services that will be provided, the willingness to participate in cross-training, and specific arrangements for sharing consumer information among partners. **Applications that do not provide the MOU/MOA in Attachment 7 will be screened out and will not be considered for an award.**

Grant funds may not be used to purchase treatment provided in outpatient, day treatment (including outreach-based services), or intensive outpatient programs.

Required Supplemental Prevention, Treatment, and Recovery Support Services

Grantees must primarily use SAMHSA's PPW grant program funds to support allowable direct services. Allowable direct services include the following services required either under Section 508 of the Public Health Service Act or by SAMHSA, and are deemed necessary for comprehensive substance misuse prevention, treatment, and recovery support services system for women, their children, and family members. These services must be provided either by the applicant or through MOU/MOA with partners in the network.

Women:

- Outreach, engagement, pre-treatment, screening, and assessment;
- Detoxification;
- Substance misuse education, treatment, and relapse prevention;
- Medical, dental, necessary hospital, and other health care services, including obstetrics, gynecology, diabetes, hypertension, and prenatal care;
- Postpartum health care including attention to depression and anxiety disorders, and medication needs;
- Specialized assessment, monitoring, and referrals for education, peer support, therapeutic interventions, and physical safety;
- Mental health care that includes a trauma-informed system of assessments and interventions;
- Parenting education and interventions;
- Home management and life skills training;
- Counseling on domestic violence and sexual abuse;

- Education, testing, counseling, and treatment of hepatitis, HIV/AIDS, other STDs, and related issues;
- Employment readiness, and job training and placement;
- Education and tutoring assistance for obtaining a high school diploma and beyond;
- Therapeutic, comprehensive childcare during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities;
- Peer-to-peer recovery support activities such as groups, mentoring, and coaching; and
- Transportation and other necessary wrap-around services.

Children:

- Screenings and developmental diagnostic assessments regarding the social, emotional, cognitive, and physical status of the infants at birth through developmental trajectories of the children;
- Prevention assessments and interventions related to mental, emotional, and behavioral wellness;
- Mental health care that includes a trauma-informed system of assessments, interventions, and social-emotional skill building services;
- Developmental services and therapeutic interventions, including child care, counseling, play and art therapy, occupational, speech, and physical therapies;
- Primary and pediatric health care services, including immunizations, and treatment for asthma, diabetes, hypertension, and any perinatal and environmental effects of maternal and/or paternal substance use, e.g., HIV, abuse, and neglect;
- Social services, including financial supports and health care benefits; and
- Education and recreational services.

Family:

- Family-focused programs to support family strengthening and reunification, including parenting education and interventions and social and recreational activities;
- Alcohol and drug education and referral services for substance use disorder treatment;
- Mental health promotion and assessment, prevention and treatment services, in a trauma-informed context; and
- Social services, including home visiting, education, vocational, employment, financial, and health care services.

Case Management:

- Coordination and integration of services, and support with navigating systems of care to implement the individualized and family service plans;
- Assess and monitor the extent to which required services are appropriate for women, children, and the family members of the women and children;

- Assistance with community reintegration, before and after discharge, including referrals to appropriate services and resources;
- Assistance in accessing resources from federal, state, and local programs that provide a range of treatment services, including substance use, health, mental health, housing, employment, education, and training; and
- Connections to safe, stable, and affordable housing that can be sustained over time.

Grantees may use no more than 10 percent of the total grant award for integration of evidence-based services and practices (e.g., trauma, parenting, and smoking cessation interventions) into their treatment service system of care.

Phase-in Plan

In **Attachment 8,** you are required to include a detailed phase-in plan and reasonable budget for the phase-in period. (Note: Your detailed phase-in plan in the project narrative must include details about creating a trauma-informed approach and incorporating evidence-based services and practices into the system of care.) The phase-in time may not exceed six months after the award. **Service delivery must begin by the seventh month after the award.**

Reimbursement for Services

In **Attachment 9,** you must state whether or not you will seek reimbursements from the client and/or from Medicaid. If you intend to receive such reimbursements, you must attest to your willingness to meet the requirements noted in the Status as a Medicaid Provider and Imposition of Charges sections. **These reimbursements are considered to be Program Income and must be reflected on the Application for Federal Assistance (SF-424) under "Estimated Funding" and on the Budget Information–Non-Construction Programs form (SF-424A).**

Status as a Medicaid Provider: Except for institutions for mental diseases as defined in Section 1905(i) of the Social Security Act, applicants must show, in the case of any authorized treatment service available pursuant to the state plan approved under Title XIX of the Social Security Act, that:

- The applicant for the award will provide the services directly, and the applicant has entered into a participation agreement under the state plan, and is qualified to receive payments under such plan; or

- The applicant will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, the entity has entered into such a participation agreement plan, and is qualified to receive such payments. This participation agreement shall be waived if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under an insurance policy or under

any federal or state health benefits plan. [For further details see Section 508(e)(2) (A), (B), and (C) of the Public Health Services Act[1].]

Imposition of Charges: If a charge is imposed for the provision of authorized services to an eligible woman, such charge:

- Will be made according to a schedule of charges that is made available to the public;
- Will be adjusted to reflect the income of the woman involved; and
- Will not be imposed on any such woman with an income of less than 185 percent of the official poverty line, as established by the Director of the Office of Management and Budget (OMB) and revised by the Secretary in accordance with Section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

Facility Licensing: The residential treatment facility must meet all state and local building, housing, health, safety, and fire code regulations, as well as other applicable state and local child-care and residential facility licensing requirements. Residential facility licensure requirements differ from those of treatment provider licensure noted in the FOA in Section I-2- Minimum Qualifications. Licensing requirements for facilities offering group residential care for infants and children are sometimes stringent and may extend to staffing patterns with implications for the number and characteristics of the project staff. If the applicant does not have control of a currently operating facility and plans to lease a space/facility, the applicant must have a written agreement with the owner of the space/facility to lease this space to the applicant upon award. This letter of agreement must be provided in **Attachment 10**. If the applicant intends to lease a space/facility upon award, the space/facility must already have been inspected and meet the requirements for a residential program as certified by the appropriate state agency. In identifying a facility, the applicant must be particularly sensitive to the public health needs of the population of focus, including vulnerability for tuberculosis, hepatitis, asthma, and environmental issues related to lead, asbestos, and mold. Documentation of compliance with residential facility licensure requirements must be provided in **Attachment 10**.

Notification: Within 30 days of receipt of an award, the applicant must notify the SSA and local governmental unit responsible for administering substance abuse treatment services. This notification assists state and local authorities in coordinating substance abuse treatment activities within their communities.

Continued Funding Considerations: Applicants are responsible for ensuring that all direct providers of services involved in the proposed continuum of care are in compliance with local, city, county, and state licensing, certification, and accreditation

[1] http://legcounsel.house.gov/Comps/PHSA_CMD.pdf

requirements, and that all MOU/MOA and subcontracts within the system of care remain current and active.

2.2 Allowable Activities

Electronic Health Record (EHR) Technology: All SAMHSA grantees who provide services to individuals are encouraged to demonstrate ongoing clinical 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's (ONC) certifying body.

Within Section C: Staff and Organizational Experience of the Project Narrative, applicants are asked to either:

- 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 to the most patients during the term of the grant), have adopted to manage client-level clinical information (include a copy of your signed, executed EHR vendor contract in **Attachment 12** of your application); *or*

- Describe the plan for the primary provider of clinical services to acquire a certified EHR system. This plan should include staffing, training, budget requirements, and a timeline for implementation. Alternatively, if you have an EHR system that is not currently certified by an ONC approved certifying body, you may include a letter of commitment from your vendor and associated plan to achieve certification. This should include a timeline.

This activity is considered infrastructure development; no more than 10 percent of the total grant award may be used for infrastructure development activities.

For more information and resources on EHRs, see Appendix E.

Residential Treatment Phase and Length of Stay: The applicant may propose a residential phase for a specific timeframe (e.g., three or four months). The selected treatment phase should be consistent with the applicant's experience with, and knowledge of, the population of focus and what is reflected in the literature for women who have previously used such services. Applicants should use information about length of stay for this population of focus to more accurately estimate the number of women, children, and family members to be served by the project. Ultimately, a woman's length of stay in the residential treatment phase should be guided by her individual service plan. While there may be some exceptions, SAMHSA recommends that the residential treatment phase not exceed six months.

Collaboration: Accessing housing suitable for project activities may be facilitated by advance collaborations, MOU/MOA with local Public Housing Authorities (PHAs). The Housing and Urban Development (HUD) Handbook 7465.1 REV 2, dated August 1987,

(CH. 6) permits a PHA to designate select units for occupancy by members of a specific population of focus, and/or contract with a social service provider to manage certain dwelling units, if it so chooses. A PHA may also submit a request for authorization from HUD to lease/modify dwelling space for non-dwelling purposes such as a substance abuse treatment center. PHAs and providers considering such approaches should discuss their proposals with the local HUD Field Office prior to the development of an application, and obtain any relevant assurances.

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, these individuals account for nearly 40 percent[2] of all cigarettes smoked and can experience serious health consequences[3]. A growing body of research shows that quitting smoking can improve mental health and addiction 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).

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 not covered by 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 should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health 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 utilized first when available for that individual.

Recovery from mental and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is

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[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

[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.

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 of recovery 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.

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 utilize and provide technical assistance regarding locally-customized web portals that assist veterans and their families with finding behavioral health treatment and support.

2.3 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. However, SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See Appendix A of this document for additional information about using EBPs.

In Section B of your project narrative, you will need to:

- Identify the EBP(s) you propose to implement for the specific population(s) of focus. If an EBP does not exist/apply for your program/population(s) of focus, describe the service/practice you plan to implement as an appropriate alternative.

- If you are proposing to use more than one EBP, 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. Indicate whether/how the practice(s) will be adapted for a specific population. SAMHSA encourages you to consult with an expert or the program developer to complete any modifications to the chosen EBP. This is especially important when adapting EBPs for specific underserved populations for whom there are fewer EBPs.

In selecting an EBP, be mindful of how your choice of an EBP or practice may impact disparities in service access, use, and outcomes for your population(s) of focus. While this is important in providing services to all populations, it is especially critical for those working with underserved and minority populations.

[Note: See PART II: Appendix C - Standard Funding Restrictions, regarding allowable costs for EBPs.]

2.4 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in Section D: Data Collection and Performance Measurement of your application. Grantees will be required to report performance on the following performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services, social connectedness, and units of analysis, including measures of disparities in access, service use, and outcomes across subpopulations.

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: http://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services.

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. All data must be submitted through the specified online data submission tool within seven days of data collection or as specified after award. Grantees will be provided extensive training on the system and its requirements post-award.

Grantees will be expected to report quarterly on their progress and performance on achieving the goals and objectives of the grant project.

Performance data will be reported to the public as part of SAMHSA's Congressional Justification.

2.5 Local Performance Assessment

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

At a minimum, your performance assessment should include the required performance measures identified above. The local evaluation data collection procedures, analyses, reporting strategies, and overall performance assessment should also reflect the purpose of this PPW grant program. Below are some suggested performance measures that align with purpose of this program:

- Decrease barriers to accessing treatment, resulting in early entry into treatment in the first trimester of their pregnancy and a decrease in barriers to accessing project-related services;

- Improve quality of life as measured by improvement in areas such as housing and employment;

- Increase the number of direct staff and partners rendering services through formal agreements who participate in cross-training to understand the requirements of the grant and the multi-disciplinary approaches to comprehensive service delivery;

- Increase the type of evidence-based services and practices (i.e., trauma and parenting interventions) the grantee or MOU/MOA partner provided and the number of clients receiving such services (e.g., women, children, fathers of the children, partners of the women, and other family members of the women and children);

- Increase the number of women in treatment and the number of children with whom they were reunified in the treatment facility; and the number reunited who remained in external care;

- Increase the number of fathers reunited with their children while they resided in the residential facility with their mothers and number of children with whom the father was reunited while they remained in external care;

- Increase the number of individualized/family service plans that include child health promotion, prevention, and treatment interventions;

- Increase the number of individualized/family service plans that include engagement and active involvement of fathers of the children, partners of the women, and other family members of the women and children;

- Increase the coordination and integration of services and systems of care for members of the population of focus;

- Improve child functioning in terms of social, emotional, cognitive, and physical development measured according to developmental level;

- Improve mother-child relationship/attachment;

- Improve father-child relationship/attachment; and

- Improve family functioning and wellbeing.

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 for the women, children, and other family members of the population of focus?

- What program/contextual factors were associated with outcomes?

- What individual factors were associated with outcomes, including race/ethnicity /sexual orientation/gender identity?

- How durable were the effects?

- Was the intervention effective in maintaining the project outcomes at six-month follow-up?

- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, include the use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care?

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:

- What was the demographic profile of the women, infants and minor children, fathers, and other family members who were served?

- What types of services were provided and what gaps remain in the delivery of services?
- How long did women stay in residential treatment and what were the types of living arrangements to which they were discharged?
- What were the costs of providing services and what were the funding sources?
- What strategies were implemented to demonstrate that the system of care incorporates a trauma-informed approach?
- How closely did implementation match the originally proposed plan?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the EBP or intervention across providers over time?
- How many women, children, fathers of the children, partners of the women, and other family members of the women and children were reached through the program?

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

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

2.6 Infrastructure Development (maximum 10 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 no more than 10 percent of the total services grant award for the following types of infrastructure development, if necessary, to support the direct service expansion of the grant project, and describe your use of grant funds for these activities in Section B of the Project Narrative. For example:

- Developing partnerships with other service providers for service delivery.

- Adopting and/or enhancing your computer system, management information system (MIS), 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 partners in the community identify, coordinate, and integrate services or provide effective services consistent with the purpose of this grant program.

- Training/workforce development to increase understanding of trauma-informed systems of care, EBPs related to trauma and parenting, and other identified practices in the application.

2.7 Grantee Meetings

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

II. AWARD INFORMATION

Funding Mechanism: Grant

Anticipated Total Available Funding: $9.5 million

Estimated Number of Awards: Up to 18

Estimated Award Amount: Up to $524,000 each year

Length of Project Period: Up to five years

Proposed budgets cannot exceed $524,000 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.

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.

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, 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.

Urban Indian Organization (UIO) (as identified by the Office of Indian Health Service Urban Indian Health Programs through active Title V grants/contracts) means 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 25 U.S.C. 1653(a). UIOs are not tribes or tribal governments and do not have the same consultation rights or trust relationship with the federal government.

In accordance with Section 508(m) of the Public Health Service Act and in order to increase availability of services in designated areas, priority will be given to applicants that agree to use the award for a program serving an area that is a rural area, as defined by the Census Bureau and OMB, or an area designated under Section 332 of the Public Health Service Act by the Secretary as a health professional shortage area. For more information on these areas of priority, see Appendix F. If applicable, applicants must provide the Rural and/or Health Professional Shortage Area Priority Statement of Assurance identifying the program will meet one or both of these designations for the five-point preference. In addition, applicants should include documentation that demonstrates the area(s) being served fall under these designations. Tools to help applicants with providing documentation are provided in Appendix F. This should be included as **Attachment 13** of the application.

PPW grantees that received grant awards under Announcement Number TI-14-005, Services Grant Program for Residential Treatment for Pregnant and Postpartum Women, in FY 2014, FY 2015, or FY 2016 are not eligible to apply for this funding opportunity.

2. COST SHARING and MATCH REQUIREMENTS

Non-federal matching funds are required under the statutory authority (Section 508 of the Public Health Service Act) for the PPW program. Non-federal contributions are required and may be in cash or in-kind, fairly evaluated. The matching funds must not be less than $1 for each $9 of federal funds provided in years one and two, and not be less than $1 for each $3 of federal funds in each subsequent year. Matching funds must meet the same test of allowability as costs charged to federal grants. Sources of matching funds are state and local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations. In-kind contributions may include facilities, equipment, or services used in direct support of the project.

In **Attachment 11** of the application, you must provide a letter from the funding source(s) attesting that the matching funds are available, and are not derived from federal sources. **Applications that do not contain documentation of available non-federal matching funds in Attachment 11 will be screened out and will not be considered for an award.**

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 disorder treatment, substance use prevention, mental health) 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 mental health/substance abuse treatment provider organization must have at least two years' experience (as of the due date of the application) providing relevant services (official documents must establish that the organization has provided relevant services for the last two years); and

- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

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

Following application review, if your application's score is within the fundable range, the Government Project Officer (GPO) may contact you to request that additional documentation be sent by email, or to verify that the documentation you submitted is complete.

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: Sections I and II, 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 D of this document**. It is highly recommended that you use the sample budget format in Appendix D. This will expedite review of your application.**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 40 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 45, it is 41 pages long, not 40 pages.) More detailed instructions for completing each section of the Project Narrative are provided in Section V – Application Review Information of this document.

  The Supporting Documentation 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.)

- 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 13** – 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 40 pages for Attachments 1, 3, 4, 6, and 8-12 combined. There are no page limitations for Attachments 2, 5, 7, and 13. 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; and (3) the Statement of Assurance (provided in Appendix B of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application that assures SAMHSA all listed providers meet the two-year experience requirement, are appropriately licensed, accredited, and certified, and 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:** Copy of letter to the SSA transmitting the Public Health System Impact Statement (PHSIS) [if applicable; see PART II: Appendix B - Intergovernmental Review (E.O. 12372) Requirements of this document].

    - **Attachment 5:** A copy of the state or county strategic plan, a state or county needs assessment, or a letter from the state or county indicating

that the proposed project addresses a state- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

- **Attachment 6:** A letter signed by the SSA certifying that the three requirements listed in Section I-2 of this FOA, Minimum Qualifications, have been met.

- **Attachment 7:** MOU/MOA with key agencies and organizations in the network of providers. See Section I-2.1, Required Activities, General Agreements for Providing Services.

- **Attachment 8:** Phase-in Plan. Include a detailed phase-in plan with a timeline and reasonable budget for the phase-in period. The phase-in time may not exceed six months after the award. The phase-in plan may include alterations and renovations, hiring and training staff, purchasing equipment, cross-training the network of providers, and admission of first clients. See Section I-2.1, Required Activities, Phase-in Plan.

- **Attachment 9:** Certifications of the applicant's intent to comply with Section 508 requirements regarding Status as a Medicaid Provider and Imposition of Charges. See Section I-2.1, Required Activities, Reimbursement for Services.

- **Attachment 10:** Provide documentation that the facility meets all state and local building, housing, health, safety, and fire code regulations, as well as other applicable state and local child care and residential facility licensing. If a space/facility will be leased upon award, the space/facility must already have been inspected and meet the requirements for a residential program as certified by the appropriate state agency. If applicable, provide a letter of agreement with the owner of the facility to be leased. See Section I-2.1, Required Activities, Facility Licensing.

- **Attachment 11:** Letter from the funding source(s) attesting that the matching funds are available and are not derived from federal sources. See Section III-2.

- **Attachment 12:** A copy of the signed, executed EHR vendor contract, if you have an existing EHR system. See Section I-2.2, Allowable Activities, EHR Technology.

- **Attachment 13:** If applicable, provide a Rural and/or Health Professional Shortage Area Priority Statement of Assurance identifying the program will serve rural areas, as defined by the Census Bureau and OMB, and/or areas designated under Section 332 of the Public Health Service Act by the Secretary as a health professional shortage area. In addition, include documentation that demonstrates the area(s) being served fall under these designations. See Appendix F for more detailed information.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 17, 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 10 percent of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than 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.
- No more than 10 percent of the total grant award may be used for integration of evidence-based services and practices (e.g., trauma, parenting, and smoking cessation interventions) into their treatment service system of care.
- No grant funds may not be used to purchase treatment provided in outpatient, day treatment (including outreach-based services), or intensive outpatient programs.

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 (E.O.) 12372, as implemented through Department of Health and Human Services (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 PHSIS.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

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

- The Project Narrative (Sections A-E) together may be no longer than 40 pages.

- You must use the five sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response, 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: Population of Focus and Statement of Need (15 points)

1. Identify your population(s) of focus. Provide a comprehensive demographic profile of this population in your local area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2. Discuss the differences in access, service use, and outcomes for your population of focus in comparison with the general population in the local service area, citing relevant data. Describe how the proposed project will improve these disparities in access, service use, and outcomes.

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 identified in your response to question A.1. To the extent

available, use local data to describe need and service gaps, supplemented with state and/or national data. Identify the source of the data.

4. Describe how your application addresses the shortage of family-based substance use disorder treatment in your area(s) of service.

Section B: Proposed Implementation Approach and Evidence-Based Service/Practice (45 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 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: Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than six months after grant award. The timeline should be part of the Project Narrative. It should not be placed in an attachment.] Describe how the key activities in your timeline will be implemented.

3. Describe how the proposed activities will adhere to the National Standards for CLAS in Health and Health Care (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.

4. 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 the persons identified as having such co-occurring disorders.

5. Describe how the PPW program to be implemented will address the impact of violence and trauma by integrating trauma-informed approaches in the delivery of services to clients. [Information for SAMHSA's Strategic Initiative on Trauma and Justice is available at https://www.samhsa.gov/nctic/trauma-interventions.]

6. Describe how you will identify, recruit, and retain the population(s) of focus, and how this approach will take into consideration the language, beliefs, norms, values, and socioeconomic factors of this/these population(s). Include specific strategies for identifying and engaging women early in their pregnancies for maximum benefit of the mothers and infants (e.g., the first trimester).

7. Describe your plans for providing the required supplemental/recovery support services listed in Section I-2.1-Required Activities-Required Supplemental

Prevention, Treatment, and Recovery Support Services, in this FOA. Identify the services that will be provided at the residential treatment site, and those that will be provided in the community by partners in the network.

8. Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable.

9. Identify any other organization(s) that will partner in the proposed project. Describe their specific roles and responsibilities. Demonstrate their commitment to the project by including Letters of Commitment from each partner in **Attachment 1** of your application. If you are not partnering with any other organization(s), indicate so in your response.

10. Describe the process used to achieve service coordination and integration among the network of providers, including how off-site providers will participate in treatment planning, service delivery, quality assurance, monitoring, and evaluating effectiveness. Include MOU/MOA with these providers in **Attachment 7**.

11. Clearly state: 1) the unduplicated number of women; 2) the estimated number of children; and 3) the estimated number of other family members you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. This should include specifying by the above categories the number of new individuals served that have not been previously served by the applicant. Explain how you arrived at these numbers and that they are reasonable given your budget request. You are required to include the numbers to be served by race, ethnicity, gender (including transgender populations), and sexual orientation.

12. Describe how the proposed service(s) or practice(s), including your strategies to preserve and reunite families, will be implemented for the women, their minor children, fathers of the children, partners of the women, and the extended family members of the women and children. For the children, demonstrate that it addresses gender, age, culture, and developmentally appropriate service(s) and practice(s) for the following age groups: 1) birth to three; 2) four to six; 3) seven to ten; and 4) eleven to seventeen.

13. Describe your proposed parenting training, prevention interventions, and other family interventions and approaches.

14. Demonstrate your capacity to meet the eleven requirements listed in this FOA in Section I-2.1-Required Activities, under General Agreements for Providing Services. Each requirement could require a different approach, such as hiring specialized staff to implement a specific service, implementing a specific evidence-based practice, or changing existing policies and practices. Describe your plan to continue the project after the funding period ends. Also, describe how program continuity will be maintained when there is a change in the

operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

15. Provide a per-unit cost for this program. 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. 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.

16. If you plan to use grant funds for infrastructure development, describe the infrastructure changes you plan to implement and how they will enhance/improve access, service use, and outcomes for the population of focus. If you do not plan to use grant funds for infrastructure development, indicate so in your response.

17. Describe the EBP(s) that will be used. Document how each EBP chosen is appropriate for the outcomes you want to achieve. Justify the use of each EBP for your population of focus. Explain how the chosen EBP(s) meet SAMHSA's goals for this program. If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.

18. Explain how your choice of an EBP or practice will help you address disparities in service access, use, and outcomes for your population(s) of focus.

19. Describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary. If you are not proposing any modifications, indicate so in your response.

20. Explain how you will monitor the delivery of the EBPs to ensure that they are implemented according to the EBP guidelines.

Section C: Staff and Organizational Experience (25 points)

1. Discuss the capability and experience of the applicant organization with similar projects and populations. Demonstrate that the applicant organization has 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. Discuss the capability and experience of other partnering organizations with similar projects and populations. Demonstrate that other partnering 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. 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, Children's Coordinator, Women's Coordinator, Lead Evaluator, 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 and key staff.

4. Discuss how key staff members have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s). If key staff members are to be hired, discuss the credentials and experience the new staff must possess to work effectively with the population of focus.

5. Describe how your staff will ensure the input of families in assessing, planning, and implementing your project.

6. If you currently have an existing EHR system, identify the 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 to the most patients during the term of the grant), have adopted to manage client-level clinical information for your proposed project. Include a copy of your EHR vendor contract in **Attachment 12** of your application.

7. If you or the primary provider of clinical services do not currently have an existing EHR system, describe the plan to acquire an EHR system. This plan should include staffing, training, budget requirements (including additional resources for funding), and a timeline for implementation. Be sure to include these costs in your budget. Alternatively, if you have an EHR system that is not currently certified by an ONC approved certifying body, you may include a letter of commitment from your vendor and associated plan to achieve certification. This should include a timeline.

Section D: Data Collection and Performance Measurement (10 points)

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.4 of this FOA.

2. Describe your specific plan for:
   - data collection,
   - management,
   - analysis, and

- reporting.

The data collection plan must specify the staff person(s) responsible for tracking the measureable objectives that are identified in your response to question B1.

3. Describe your plan for conducting the local performance assessment as specified in Section I-2.5 of this FOA and document your ability to conduct the assessment.

4. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how these data will inform the ongoing implementation of the project.

Section E: Rural and/or Health Professional Shortage Area Priority (5 points)

1. In an effort to increase the availability of services in rural areas or an area designated under Section 332 of the Public Health Service Act by the Secretary as a health professional shortage area, applicants that agree to provide services in one or more of these areas will be awarded five points. If applicable, you must provide a Rural and/or Health Professional Shortage Area Priority Statement of Assurance identifying the program will meet one or both of these designations for the five-point preference. In addition, include documentation that demonstrates the area(s) being served fall under these designations. See Appendix F for more detailed information. This should be included as **Attachment 13** of your application.

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 D - Sample Budget and Justification, of this document. **It is highly recommended that you use the Sample Budget format in Appendix D. 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 F: Biographical Sketches and Position Descriptions.

See PART II: Appendix D, 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. **Failure to include these procedures will impact the review of your application.** See Appendix C 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)].

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.4, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/reporting-requirements. Grantees must submit progress reports to SAMHSA quarterly. The annual performance assessment report should be a component of or an attachment to the fourth Quarterly Progress Report submitted in October of each grant year.

VII. AGENCY CONTACTS

For questions about program issues contact:

Linda White Young
Center for Substance Abuse Treatment, Division of Service Improvement
Substance Abuse and Mental Health Services Administration
(240) 276-1581
Linda.White-Young@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
(240) 276-1412
FOACSAT@samhsa.hhs.gov

Appendix A – Using Evidence-Based Practices (EBPs)

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

- Document the EBP(s) you have chosen is appropriate for the outcomes you want to achieve.

- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.

- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) to meet the needs of your population(s) of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population(s) of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.

- Explain why you chose this EBP over other EBPs.

- If applicable, justify the use of multiple EBPs. Discuss how the use of multiple EBPs will be integrated into the program. Describe how the effectiveness of each EBP will be quantified in the performance assessment of the project.

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

Resources for Evidence-Based Practices (EBPs):

You will find information on EBPs 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 EBPs 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 C – Standard Funding Restrictions, regarding allowable costs for EBPs.]

Appendix B – 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.

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of two 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 two 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.[4] (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 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

_____ _____

Signature of Authorized Representative Date

[4] Tribes and tribal organizations are exempt from these requirements.

Appendix C – 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 users, pregnant women, or other targeted groups.

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

- Explain the reasons for including or excluding participants.

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

3. Absence of Coercion

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

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

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

4. Data Collection

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

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

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

5. Privacy and Confidentiality

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

- Describe:

  - How you will use data collection instruments.

  - Where data will be stored.

  - Who will or will not have access to information.

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

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

6. Adequate Consent Procedures

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

- State:

  - Whether or not their participation is voluntary.

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

  - Possible risks from participation in the project.

  - Plans to protect clients from these risks.

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

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

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

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

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

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

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

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix D – Sample Budget and Justification (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.

NON-FEDERAL MATCH

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	$64,890	7%	$4,542
(2) Prevention Specialist	Sarah Smith	$26,000	25%	$6,500
(3) Peer Helper	Ron Jones	$23,000	40%	$9,200
(4) Clerical Support	Susan Johnson	$13.38/hr x 100 hr.		$1,338
			TOTAL	**$21,580**

JUSTIFICATION: Describe the role and responsibilities of each position.

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

(2) The Prevention development specialist will provide staffing support to the working council.

(3) The peer helper will be responsible for peer recruitment, coordination and support.

(4) The clerical support will process paperwork, payroll, and expense reports which is not included in the indirect cost pool.

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

NON-FEDERAL MATCH (enter in Section B column 2 line 6a of form SF424A) **$21,580**

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**

NON-FEDERAL MATCH

Component	Rate	Wage	Cost
FICA	7.65%	$21,580	$1,651
Workers Compensation	2.5%	$21,580	$540
Insurance	10.5%	$21,580	$2,266
		TOTAL	**$4,457**

JUSTIFICATION: Fringe reflects current rate for agency.

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

NON-FEDERAL MATCH (enter in Section B column 2 line 6b of form SF424A) **$4,457**

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.

NON-FEDERAL MATCH

Purpose of Travel	Location	Item	Rate	Cost
(1) Regional Training Conference	Chicago, IL	Airfare	$150/flight x 2 persons	$300
		Hotel	$155/night x 2 persons x 2 nights	$620
		Per Diem (meals)	$46/day x 2 persons x 2 days	$184
(2) Local Travel	Outreach workshops	Mileage	350 miles x .38/mile	$133
			TOTAL	**$1,237**

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

(1) Grantees will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL).

(2) Local travel rate is based on agency's POV reimbursement rate. If policy does not have a rate use GSA.

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

NON-FEDERAL MATCH (enter in Section B column 2 line 6c of form SF424A) **$1,237**

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.

NON-FEDERAL MATCH

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Bookcase	$75	$75
Digital camera	$300	$300
Fax machine	$150	$150

Item(s)	Rate	Cost
Computer	$500	$500
Postage	$37/mo. x 4 mo	$148
	TOTAL	**$1,773**

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

(1) The local television station is donating the bookcase, camera, fax machine, and computer (items such as these can only be claimed as match once during the grant cycle and used for the project). The "applying agency" is donating the additional costs for office supplies and postage.

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

NON-FEDERAL MATCH - (enter in Section B column 2 line 6e of form SF424A) **$1,773**

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

Name	Service	Rate	Other	Cost
(2) Treatment Services	1040 Clients	$27/client per year		$28,080
(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) Evaluator 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**

NON-FEDERAL MATCH (Consultant)

Name	**Service**	**Rate**	**Other**	**Cost**
Jane Doe	Outreach meeting facilitation	$43.00/hr. x 20 hrs./month x 12 months		$10,320
	Travel Expenses	148 miles/month @ .38/mile x 12 months		$675
			TOTAL	**$11,051**

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

(1) Facilitator volunteering his/her time to facilitate the youth prevention and outreach sessions outlined in the strategic plan. Hourly rate is based on an average salary of an outreach facilitator in the geographic area.

(2) Travel is based on average distance between facilitator's location and the meeting site. Mileage rate is based on POV reimbursement rate.

NON-FEDERAL MATCH (Contract)

Entity	Product/Service	Cost
(1) West Bank School District	Student Assistance Program for 50 students @ $300 per year	$15,000
	TOTAL	**$15,000**

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

(1) West Bank School District is donating their contracted services to provide drug testing, referral and case management for 50 non-school attending youth. Average cost is $300/person.

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

NON-FEDERAL MATCH -(enter in Section B column 2 line 6f of form SF424A) **$26,051**

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).

NON-FEDERAL MATCH

Item	Rate	Cost
(1) Space rental	$75/event x 12 events/year	$900
(2) Internet services	$26/mo. x 12 mo.	$312
(3) Student surveys	$1/survey x 1583 surveys	$1,583
(4) Brochures	.97/brochure x 1500 brochures	$1,455
	TOTAL	**$4,250**

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

(1) Donated space for the various activities outlined in the scope of work, such as teen night out, after-school programs, and parent education classes.

(2) The applying agency is donating the internet services for the full-time coordinator.

(3) The ABC Company is donating the cost of 1,583 for student surveys.

(4) The ABC Company is donating the printing costs for the bi-monthly brochures.

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

NON-FEDERAL MATCH - (enter in Section B column 2 line 6h of form SF424A) **$4,250**

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. If an organization has a federally approved rate of 10%, the approved rate would prevail.**

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**

NON-FEDERAL MATCH (enter in Section B column 2 line 6j of form SF424A)

8% of personnel and fringe**(.08 x $26,037)** **$2,083**

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TOTAL DIRECT CHARGES:

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

NON-FEDERAL MATCH -(enter in Section B column 2 line 6i of form SF424A) **$59,348**

INDIRECT CHARGES:

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

NON-FEDERAL MATCH –(enter in Section B column 2 line 6j* of form SF424A) **$2,083**

TOTAL: (sum of 6i and 6j)

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

NON-FEDERAL MATCH-(enter in Section B column 2 line 6k of form SF424A) **$61,431**

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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 Federal Request**	Year 1 Non-Federal Match	**Year 2 Federal Request***	Year 2 Non-Federal Match *	**Year 3 Federal Request***	Year 3 Non-Federal Match *	**Year 4 Federal Request***	Year 4 Non-Federal Match *	**Year 5 Federal Request ***	Year 5 Non-Federal Match *
Personnel	$52,765	$21,580	$54,348	$1,338	$55,978	$40,000	$57,658	$35,000	$59,387	$43,000
Fringe	$10,896	$4,457	$11,223	$275	$11,559	$8,260	$11,906	$7,228	$12,263	$8,880
Travel	$2,444	$1,237	$2,444	$2,000	$2,444	$1,500	$2,444	$1,200	$2,444	$2,600
Equipment	0	0	0	0	0	0	0	0	0	0
Supplies	$3,796	$1,773	$3,796	$2,000	$3,796	$2,000	$3,796	$2,500	$3,796	$4,500
Contractual	$86,997	$26,051	$86,997	$67,000	$86,997	$15,000	$86,997	$10,000	$86,997	$14,500
Other	$15,815	$4,250	$13,752	$52,387	$11,629	$5,786	$9,440	$8,976	$7,187	$4,000
Total Direct Charges	$172,713	$59,348	$172,560	$125,000	$172,403	$72,546	$172,241	$64,904	$172,074	$77,480
Indirect Charges	$5,093	$2,083	$5,246	$129	$5,403	$3,861	$5,565	$3,378	$5,732	$4,150
Total Project Costs	**$177,806**	$61,431	**$177,806**	$125,129	**$177,806**	$76,407	**$177,806**	$68,282	**$177,806**	$81,630

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**

NON-FEDERAL MATCH(enter in Section B column 2 line 6k of form SF424A) **$412,879**

***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. **Be sure the budget reflects the funding restrictions in Section IV-3.**

Infrastructure Development	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total Infra-structure 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 Infrastructure Costs	**$11,750**	**$12,508**	**$12,508**	**$12,508**	**$12,508**	**$61,782**

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**

Integration of Evidence-Based Services / Practices	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total Integration of Evidence-Based Services / Practices 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 Integration of Evidence-Based Services / Practices Costs	**$11,750**	**$12,508**	**$12,508**	**$12,508**	**$12,508**	**$61,782**

Appendix E – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

- For additional information on EHR implementation please visit: http://www.healthit.gov/providers-professionals.

- For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see: https://chpl.healthit.gov.

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

- Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42CFR Part 2 (http://www.samhsa.gov/laws-regulations-guidelines/medical-records-privacy-confidentiality). EHR implementation plans should address compliance with these regulations.

- For questions on EHRs and HIT, contact: SAMHSA.HIT@samhsa.hhs.gov.

Appendix F – Rural and/or Health Professional Shortage Area Priority

As stated in Section III-1 and in accordance with Section 508(m) of the Public Health Service Act, priority will be given to applicants that agree to use the award for a program serving an area that is a rural area, as defined by the Census Bureau and the Office of Management and Budget (OMB), or an area designated under Section 332 of the Public Health Service Act by the Secretary as a health professional shortage area.

For purposes of this FOA, the following are used to define the two priority areas:

1) Rural Area: According to the Census Bureau[5], a rural area encompasses all territory, population, and housing units not classified as an urban area. For instance, a rural place is any incorporated place or census designated place with fewer than 2,500 inhabitants that is located outside of an urban area. A place is either entirely urban or entirely rural, except for those designated as an extended city. An extended city is an incorporated place that contains large expanses of sparsely populated territory for which the Census Bureau provides separate urban and rural population counts and land area figures.

   OMB[6] designates counties as Metropolitan, Micropolitan, or Neither. A Metropolitan area contains a core urban area of 50,000 or more population, and a Micropolitan area contains an urban core of at least 10,000 (but less than 50,000) population. All counties that are not part of a Metropolitan Statistical Area (MSA) are considered rural. Micropolitan counties are considered non-Metropolitan or rural along with all counties that are not classified as either Metropolitan or Micropolitan.

   In accordance with the Health Resources & Services Administration's (HRSA) Federal Office of Rural Health Policy procedures[7], use the following tool to determine whether your program will serve a rural area based on the client's residency: https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx.

2) Health Professional Shortage Area: According to the HRSA, health professional shortage areas are designated as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons). For more information on health professional shortage areas, see the following: https://bhw.hrsa.gov/shortage-designation.

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[5] http://www2.census.gov/geo/pdfs/reference/ua/Defining_Rural.pdf

[6] https://www.whitehouse.gov/sites/default/files/omb/bulletins/2015/15-01.pdf

[7] https://www.hrsa.gov/ruralhealth/aboutus/definition.html

To determine whether your program will serve a health professional shortage area, use the following tool to determine whether your program will serve a rural area based on the client's residency: https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx.

If applicable, applicants must provide the Rural and/or Health Professional Shortage Area Priority Statement of Assurance (included below) identifying the program will meet one or both of these designations for the five-point preference. In addition, applicants should include documentation that demonstrates the area(s) being served fall under these designations. This should all be included as Attachment 13 of the application.

Rural and/or Health Professional Shortage Area Priority

Statement of Assurance

In accordance with Section 508(m) of the Public Health Service Act, priority will be given to applicants that agree to use the award for a program serving an area that is a rural area, as defined by the Census Bureau and the Office of Management and Budget (OMB), or an area designated under Section 332 of the Public Health Service Act by the Secretary as a health professional shortage area.

As the authorized representative of [*insert name of applicant organization*] _____, I assure the proposed program will increase the availability of services in one or both of the following areas:

_____ In rural areas, as defined by the Census Bureau and Office of Management and Budget; and/or

_____ In areas designated under Section 332 of the Public Health Service Act by the Secretary as a health professional shortage area.

_____ _____

Signature of Authorized Representative Date