Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

PPHF – 2012 - Primary and Behavioral Health Care Integration (PPHF-2012)

(Short Title: PBHCI)

(Initial Announcement)

Request for Applications (RFA) No. SM-12-008

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

Key Dates:

Application Deadline	**Applications are due by June 8, 2012.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2012 Primary and Behavioral Health Care Integration (PBHCI) grants. The purpose of this program is to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care services in community-based mental and behavioral health settings. The goal is to improve the physical health status of adults with serious mental illnesses (SMI) who have or are at risk for co-occurring primary care conditions and chronic diseases, with the objective of supporting the triple aim of improving the health of those with SMI; enhancing the consumer's experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.

Funding Opportunity Title:	Primary and Behavioral Health Care Integration (PBHCI)
Funding Opportunity Number:	SM-12-008
Due Date for Applications:	**June 8, 2012**
Anticipated Total Available Funding:	$35,775,795
Estimated Number of Awards:	32
Estimated Award Amount:	Up to $400,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 4 years
Eligible Applicants:	Qualified community mental health programs, as defined under section 1913(b)(1) of the Public Health Service Act, as amended. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2012 Primary and Behavioral Health Care Integration (PBHCI) grants. The purpose of this program is to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care medical services in community-based mental and behavioral health settings. The goal is to improve the physical health status of adults with serious mental illnesses (SMI) who have or are at risk for co-occurring primary care conditions and chronic diseases, with the objective of supporting the triple aim of improving the health of those with SMI; enhancing the consumer's experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.

SAMHSA launched the PBHCI program in FY 2009 with the knowledge that adults with SMI experience heightened morbidity and mortality, in large part due to elevated incidence and prevalence of obesity, diabetes, hypertension, and dyslipidemia, all of which are risk factors for coronary heart disease. This increased morbidity and mortality can be attributed to a number of issues, including inadequate physical activity and poor nutrition; smoking; side effects from atypical antipsychotic medications; and lack of access to health care services. Many of these health conditions are preventable through routine health promotion activities, primary care screening, monitoring, treatment and care management /coordination strategies and/or other outreach programs at home or community sites. Much of the national effort towards achieving the triple aim of improved health, enhanced care, and reduced costs are associated with developing person-centered systems of care.

The PBHCI grant program supports the goals of the Million Hearts™ Initiative[1] in that people with behavioral health disorders are disproportionally impacted by many chronic primary care health conditions, including heart disease and hypertension.

The Million Hearts™ initiative supports cardiovascular disease prevention activities across the public and private sectors in an unprecedented effort to prevent 1 million heart attacks and strokes over five years and demonstrate to the American people that improving the health system can save lives. Million Hearts™ will scale-up proven clinical and community strategies to prevent heart disease and stroke across the nation by

[1] For information about this program see: http://millionhearts.hhs.gov/about_mh.html

empowering people to make healthy choices such as preventing tobacco use and reducing sodium and trans fat consumption and by improving care for people who do need treatment by encouraging a targeted focus on the "ABCS" – aspirin for people at risk, blood pressure control, cholesterol management and smoking cessation.

Million Hearts™ brings together existing efforts and new programs to improve health across communities and help Americans live longer, healthier, more productive lives. The Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services are the co-leaders of Million Hearts™ within the U.S. Department of Health and Human Services, working alongside other federal agencies including the Administration on Aging, National Institutes of Health, the Agency for Healthcare Research and Quality, and the Food and Drug Administration, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration, the Office of the National Coordinator, and the Veterans Administration. Key private-sector partners include the American Heart Association, and YMCA, among many others.

In FY 2012, SAMHSA aims to build on the PBHCI program by providing funding for enhanced integration and coordination of services and supports for persons with serious mental illness. Grantees will be expected to achieve this by serving as the consumer's health home, whereby grantees will facilitate access to an inter-disciplinary array of medical care, behavioral health care, and community-based social services and supports for those with chronic conditions.[2]

Grantees will be asked to incorporate an explicit emphasis on "whole-person" care attending not just to an individual's mental health needs, but also providing primary care services (including eye, ear, and dental care when appropriate), linkages to health and wellness supports, long-term community care supports to include housing and vocational supports, peer supports, and social and family services.

SAMHSA has demonstrated that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery provides a cost savings. SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on people and emerging

[2] 11/16/10 CMS "Dear State Medicaid" Director's Letter

opportunities. More information is available at the SAMHSA website: http://www.samhsa.gov/About/strategy.aspx.

The PBHCI grant program will address the following SAMHSA Strategic Initiatives: Prevention of Substance Abuse and Mental Illness; Recovery Support; Health Reform; and Health Information Technology.

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

PBHCI grants are authorized under 520K of the Public Health Service Act, as amended. This announcement addresses Healthy People Mental Health and Mental Disorders Topic Area HP 2020-MHMD and/or Substance Abuse Topic Area HP 2020-SA. This cooperative agreement is financed in part by 2012 Prevention and Public Health Funds (PPHF-2012).

2. EXPECTATIONS

SAMHSA expects applications to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care medical services in community-based mental and behavioral health settings, with the following core requirements:

- Provide, by qualified primary care professionals, on site primary care services and
- Provide, by qualified specialty care professionals or other coordinators of care, medically necessary referrals

Applicants must serve as a client's health home where grantees must provide the following categories of service (see Appendix L for sample definitions of these services):

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up
- Individual and family support, which includes authorized representatives
- Referral to community and social support services, including appropriate follow-up

For guidance on health home service categories that could inform your proposal, see http://www.samhsa.gov/healthreform/docs/Guidance_Doc_Health_Homes_Consultation_Process.pdf.

Applicants must demonstrate cooperation/collaboration across community mental health and primary care, as well as other community providers (e.g., hospitals, specialists, long term care providers, social support agencies, etc.). Specifically, applicants should provide evidence of collaborative agreements with primary care agencies, settings, and/or entities when appropriate. Examples of evidence include joint application (community mental health/behavioral health **and** primary care entities), a memorandum of agreement (MOA), or letter of commitment. Partnerships between existing primary care **and** behavioral health organizations are deemed crucial to this grant. Services may be provided by the grantee, purchased through a contract with other providers, or made available through a memorandum of agreement (MOA) with other providers. In addition, PBHCI grantees will be expected to identify and decrease differences in access, service use, and outcomes of services among subpopulations vulnerable to health disparities.

The expansion of Medicaid eligibility planned for 2014 should be a particular area of focus for grantees. As the Affordable Care Act (ACA) provisions continue to be implemented, applicants will be expected to operationalize these provisions as they relate to PBHCI.

ACA and the Health Information Technology for Economic and Clinical Health (HITECH) Act place strong emphasis on the widespread adoption and implementation of electronic health record (EHR) technology. Successful tracking and coordination of care is enhanced by the ability to exchange health information; this and the documenting and tracking of preventive health efforts across settings helps improve the overall health of clients. SAMHSA expects PBHCI grantees to achieve Meaningful Use Standards, as defined by CMS, by the end of the grant period; to that end, applicants must propose how they will develop and demonstrate the ability to:

- Submit at least 40% of prescriptions electronically (as allowable given state-specific laws regarding the use of e-prescriptions for controlled substances);
- Receive structured lab results electronically;
- Share a standard continuity of care record between behavioral health providers and physical health providers; and
- Participate in the regional extension center program.

For more information on Meaningful Use Standards, visit https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp.

Applicants must 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.
Consistent with the goals and objectives of the PBHCI program and the Million Hearts™ initiative, SAMHSA is requiring all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

2.1 Required Services

You must use SAMHSA's services grant funds primarily to support allowable direct services and supports. This includes the following activities:

- Provision of on site primary care services
- Facilitate medically necessary referrals
- Coordinate and provide access to health care services (including eye, ear, and dental care when appropriate) informed by evidence-based clinical practice guidelines
- Coordinate and provide access to chronic disease management, including self-management support to individuals and their families
- Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services
- Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services
- Provide comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning
- Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level
- Coordinate and provide access to preventive and health promotion services
- Use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices
- Coordinate and provide access to long-term care supports and services

Because of the complexities involved in establishing a health home, grantees will be expected to stage their PBHCI proposal into four phases by year, see Appendix M for suggested details on this staged approach.

Preventive and Health Promotion Services (**minimum 10% of total grant award**)

A continuum of preventive and health promotion services should be offered to clients within the PBHCI health home program, where different services are offered to different categories of clients according to the severity of the condition/risk factors. Wellness programs (e.g., tobacco cessation, nutrition consultation, health education and literacy, self-help/management programs) should be available as primary as well as secondary preventive interventions that involve preventive screening and assessment tools, incorporating recovery principles and peer leadership and support. These activities must be included in the formulation of the person-centered care plan for each individual receiving services by the grantee for PBHCI. It is strongly encouraged that applicants involve peers in the development and implementation of these services. For information on relevant service models, see http://www.integration.samhsa.gov/health-wellness/wellnesswhitepaper

Sustainability

Applicants are expected to serve as health homes for PBHCI clients beyond the four year grant period. In order to encourage sustainability, applicants must utilize 3rd party and other revenue realized from provision of PBHCI health home services to the extent possible and only use SAMHSA grant funds for services to individuals who are ineligible for public 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 (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Applicants are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. In addition, grantees are required to include "payer of last resort" stipulation in all contracts with partnering provider organizations. Grantees are expected to serve at minimum **200 clients in Year 1, 375 clients in Year 2, 475 clients in Year 3, and 600 clients in Year 4**.

Grantees will be required to submit a comprehensive sustainability plan in the beginning of Year 2 of the grant (Seen Appendix N for Sustainability Plan). The narrative portion of the sustainability plan must articulate how the applicant will connect with opportunities available at the state, federal, and other levels to ensure the continuation of the services when grant funding is no longer available. The plan must identify:

- Specific strategies to be sustained;
- Required resources and technology; and
- Timeline.

To demonstrate that the project will continue once grant funding is no longer available, the plan must also describe action steps to be taken to connect with opportunities at the state, federal and other levels, which may include the following opportunities:

- CMS State Option to Provide Health Homes for Enrollees with Chronic Conditions;
- CMS State Demonstrations to Integrate Care for Dual Eligible Individuals;
- State/foundation directed care coordination initiatives;
- HRSA Grant-Supported Federally Qualified Health Centers; and
- Enhanced billing via enrollment in Medicaid/Medicare for primary care services
- Health Insurance Exchange (HIE) participants.

This may require development of billing operations, including health care financing and billing policies; effective billing workflow and processes; practice management system solutions; revenue management principles; and compliance.

Funds under this program may not be used to supplant financing of health home services that are eligible for payment or reimbursement from third-party payers (i.e., Medicaid or Medicare). Rather, these funds are targeted to coordinate access to and provision of health home services for which there is no current funding source, including services for uninsured populations. Grantees will be asked to provide quarterly reports on program revenue associated with PBHCI, whether these are from PBHCI services provided by the grantee or a partnering agency.

2.2 Allowable Activities

Although services grant funds must be used primarily for direct services and supports, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than **25%** (this includes no more than15% Facility modifications and health information technology) 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, such as:

- Development of interagency coordination mechanisms and partnerships with other service providers for service delivery (e.g., building provider networks, building functional and sustainable linkages among services partners)
- Policy development to support needed collaborative service systems improvement (e.g., change in standards of practice, data sharing)
- Workforce development to assist staff or other providers in identifying primary care, mental health and/or substance abuse service issues including training on coordinating access to and enrollment in public and private insurance
- Redesigning processes, as needed, to enhance effectiveness, efficiency and optimal collaboration between primary care and behavioral health provider settings staff
- Facility modifications and Health Information Technology (applicants may use no more than **15%** of their grant award for facility modifications and health information technology needed to support primary care service provision at the community mental health center.)

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. This could include but is not limited to[3]:

- Utilizing dually trained physicians (a physician trained in both psychiatric and physical medicine who manages all care)
- Physical medicine on-site consultation (Physical medicine clinician provides consultation and care within psychiatric clinic or inpatient setting)
- Collaborative care (Frequent communication between mental and physical health care teams)
- Case manager (Often a registered nurse who coordinates transportation and appointments, monitors health status and treatment adherence)
- Facilitated referral to primary care (Psychiatric care team facilitates access to primary care team)

SAMHSA recognizes that grantees may have to adapt EBPs to the context of the population served within PBHCI. In these instances, applicants will be able to describe any modifications that will be made, the reasons the modifications are necessary, and the implications of these modifications to the fidelity of the EBP. For more information on relevant EBPs, see http://www.ahrq.gov/clinic/tp/mhsapctp.htm.

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

2.4 Data Collection and Performance Measurement (maximum 20% of award)

Consistent with 520K(e) of the Public Health Service Act, as amended, granteees will be required to evaluate and report on the effectiveness of their grant activities, no later than 90 days after the grant award expires.

In addition, all SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). You must document your ability to collect and report the required data in "Section E: Performance Assessment and Data" of your

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[3] Health care for patients with serious mental illness: family medicine's role. Morden NE, Mistler LA, Weeks WB, Bartels SJ. J Am Board Fam Med. 2009 Mar-Apr;22(2):187-95.

application. Grantees will be required to report performance using the Adult Consumer Outcome Measures for Discretionary Programs **National Outcome Measures (NOMs) Tool** which can be found at https://www.cmhs-gpra.samhsa.gov/index.htm. This information will be gathered using a Web-based reporting system called Transformation Accountability (TRAC), which can be found at TRAC https://www.cmhs-gpra.samhsa.gov/index.htm, along with instructions for completing it. Hard copies are available in the application packages available by calling SAMHSA's Office of Communications at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. NOMS data will be collected and reported into the TRAC system at baseline (i.e., the client's entry into the project), discharge, and at 6 month intervals post baseline**.** TA related to data collection and reporting will be offered. The collection of these data will enable CMHS to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health**.** In addition to the NOMs, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide.

Grantees will be required to report on the following Infrastructure, Prevention, and Promotion performance measures on a quarterly basis: Policy Development; Workforce Development, Financing, Organizational Change, Partnership/collaborations, Accountability, Types/Targets of Practices, Awareness, Training, Knowledge/Attitudes/Beliefs, Screening, Outreach, Referral, and Access.

Grantees will be expected to collect and report the following health indicator data into the TRAC system at baseline (i.e., the client's entry into the project), discharge, and at 6 month intervals post baseline:

- Blood pressure—quarterly
- Body Mass Index—quarterly
- Waist circumference—quarterly
- Breath CO—quarterly
- Plasma Glucose (fasting) and/or HgbA1c—annually
- Lipid profile (HDL, LDL, triglycerides)—annually

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

2.5 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 quarterly, the format for the report will be provided upon notification of award.

Progress reports are due quarterly, with the first to the applicants Government Project Officer on January 31, 2013, and will cover the time from the beginning of your grant to December 31, 2012.

No more than **20%** of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections **I-**2.**4** and **2.5** above.

2.6 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director and the grantee organization's CEO or designee) to an annual grantee meeting 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 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory. Also, please note there will be at least 1 optional regional grantee meeting per year.

II. AWARD INFORMATION

Proposed budgets cannot exceed $400,000 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.

These awards will be made as cooperative agreements.

Cooperative Agreement

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

<u>Role of Grantee:</u>

- Comply with all terms and conditions of the award and satisfactorily perform activities to achieve the program goals;

- Consult with and accept guidance and respond to requests for information from the Government Project Officer, the Grants Management Specialist, and other relevant SAMHSA and Federal staff;
- Agree to provide SAMHSA with all required data;
- Respond to requests for information from SAMHSA and other Federal partners;
- Support and participate in grant meetings;
- Advise SAMHSA in advance of any future participation in related Federal initiatives, allowing SAMHSA to make adjustments as necessary;
- Produce required SAMHSA reports; and
- Keep Federal program staff informed of emerging issues, developments, and problems.

Role of SAMHSA Staff:

- Review and approve sub-recipient contracts;
- Work cooperatively with the grantees to augment goals upon notification of award to ensure PBHCI dollars and services are being maximized;
- Work cooperatively with grantees to ensure that the project continues after the funding period ends;
- Consult with the PBHCI grant investigators on all phases of the project development and implementation to ensure accomplishment of the goals;
- Approve key staff (e.g., project director, supervisors) responsible for the management, leadership, and oversight of the grants;
- Review critical project activities for conformity to the mission of the PBHCI grant program;
- Provide guidance on project design and components, as needed;
- Participate in policy and steering groups or related work groups;
- Approve data collection plans;
- Recommend outside consultants, if needed;
- Assume overall responsibility for monitoring the conduct and progress of the PBHCI grant program, review quarterly reports, annual grant continuation reports, conduct site visits, and make recommendations to SAMHSA regarding continuation funding.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

The statutory authority for this program limits the eligiblity to qualified community mental health programs, as defined under section 1913(b)(1) of the Public Health Services Act, as amended.

The statutory authority for this program prohibits grants to for-profit agencies.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

You must comply with the following three requirements, or your application will be screened out and will not be reviewed:

1. use of the SF-424 application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.

2. application submission requirements in Section IV-3 of this document; and

3. formatting requirements provided in Appendix A of this document.

3.2 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 mental health/primary care 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/primary care treatment provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and

- Each mental health/primary care 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 D, Statement of Assurance.]

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

- a letter of commitment from every mental health/primary care provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;

- official documentation that all mental health/primary care provider participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided;

- official documentation that all participating mental health/primary care treatment provider organizations: 1) comply with all applicable local (city, county) and State requirements for licensing, accreditation, and certification; **OR** 2) official documentation from the appropriate agency of the applicable State, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.[4]

- for Tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application package from SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

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

You also may download the required documents from the SAMHSA Web site at http://www.samhsa.gov/grants/apply.aspx.

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF-424.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Package

A complete list of documents included in the application package is available at http://www.samhsa.gov/Grants/ApplicationKit.aspx. This includes:

- The Face Page (SF-424); Budget Information form (SF-424A); Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. **Applications that do not include the required forms will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (http://www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (http://www.Grants.gov).

You must use all of the above documents in completing your application.

2.2 Required Application Components

Applications must include the following 12 required application components:

- **Face Page** – SF-424 is the face page. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at http://www.dunandbradstreet.com or call 1-

866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application. In addition, you must be registered in the Central Contractor Registration (CCR) prior to submitting an application and maintain an active CCR registration during the grant funding period. **REMINDER: CCR registration expires each year and must be updated annually. It can take 24 hours or more for updates to take effect, so check for active registration well before your grant deadline. Grants.gov will not accept your application if you do not have current CCR registration. If you do not have an active CCR registration prior to submitting your paper application, it will be screened out and returned to you without review. The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at http://www.bpn.gov/CCRSearch/Search.aspx and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at https://www.bpn.gov/ccr/default.aspx].**

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.

- **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 J of this document**.**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in "Section V – Application Review Information" of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections G through K. There are no page limits for

these sections, except for Section I, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation." Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 4 [change, if necessary**] – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2 and 5. 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 treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix D of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment and support.

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

  - **Attachment 3**: Sample Consent Forms

  - **Attachment 4**: Letter to the SMHA (if applicable; see Section IV-4 of this document)

- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA's Web site with the RFA and provided in the application package.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site and check the box marked 'I

Agree' before signing the face page (SF-424) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA's Web site with the RFA and provided in the application package.

- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site and check the box marked 'I Agree' before signing the face page (SF-424) of the application.

- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.

- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

- **Documentation of nonprofit status** as required in the Checklist

2.3 Application Formatting Requirements

Please refer to Appendix A, *Checklist for Formatting Requirements and Screen out Criteria for SAMHSA Grant Applications*, for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **June 8, 2012**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, **or** 2) paper submission. You are encouraged to apply electronically. Hard copy applications are due by **5:00 PM** (Eastern Time). Electronic applications are due by **11:59 PM** (Eastern Time). **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

Note: If you use the USPS, you must use Express Mail.

SAMHSA will not accept or consider any applications that are hand carried or sent by facsimile.

Submission of Electronic Applications

If you plan to submit electronically through Grants.gov it is very important that you read thoroughly the application information provided in Appendix B, "Guidance for Electronic Submission of Applications."

Submission of Paper Applications

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "**PBHCI, SM-12-008"** in item number 12 on the face page (SF-424) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

SAMHSA accepts electronic submission of applications through http://www.Grants.gov. Please refer to Appendix B for "Guidance for Electronic Submission of Applications."

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) 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 Appendix E for additional information on these requirements as well as requirements for the Public Health Impact Statement.

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at http://www.samhsa.gov/grants/management.aspx:

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's PBHCI grant recipients must comply with the following funding restrictions:

- No less than 10% of the total grant award may be used for developing preventive and health promotion services.
- No more than 25% of the total grant award may be used for developing the infrastructure necessary for expansion of services. (No more than 15% of the total grant award may be may be used for facility modifications and health information technology necessary for expansion of services.)
- No more than 20% 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.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix F.

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-F) together may be no longer than 30 pages.
- You must use the six sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, or it will not be considered. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA's guidelines for cultural competence can be found on the SAMHSA Web site at http://www.samhsa.gov/grants/apply.aspx at the bottom of the page under "Resources for Grant Writing."
- The Supporting Documentation you provide in Sections G-K and Attachments 1-4 will be considered by reviewers in assessing your response, along with the material in 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 (10 points)

- Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, language, gender, age, socioeconomic characteristics and other relevant factors, such as age and literacy.
- Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided

services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.

- Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Provide detail on the chronic health conditions experienced by your population; quantify the problem with information on current diagnosis and related hospital admissions, readmissions, etc, when data is available.

- Describe how, if at all, you are currently involved in funding/providing primary care and other health home services to individuals with serious mental illness. If applicable, explain how PBHCI can enhance the financing/provider systems currently in place. Include a discussion of the existing collaborations and/or agreements with primary care agencies as well as with consumer/peer/family driven organizations.

Section B: Proposed Evidence-Based Service/Practice (10 points)

- Describe the purpose of the proposed project, including its goals and objectives. These must relate to the RFA intent and performance measures you identify in Section E, Performance Assessment and Data.

- Describe the Evidence-Based Practice (EBP) that will be used and justify its use for your population of focus, your proposed program, and the intent of this RFA. Describe how the proposed practice will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age geography, and socioeconomic status; language and literacy; sexual identity (sexual orientation and gender identity); and disability.

- Describe any modifications that will be made, the reasons the modifications are necessary, and the implications of these modifications to the fidelity of the EBP.

- If this is not an evidence-based practice, fully describe the practice, justify its use for your population of focus, and explain why an EBP is not being used.

Section C: Proposed Implementation Approach (30 points)

- Describe your proposal with regards to the required health home services outlined in **Section 2** Expectations and the staged approach in providing all the Required Elements, including activities that will lead to the achievement of the goals and objectives identified in **Section B**. Include sub-population disparities, if any, of access/use/outcomes of your provided services and how they will be addressed.

- Describe your plan to meet Meaningful Use Standards as outlined in **Section 2** Expectations. This should include, as appropriate, identification of your certified EHR system that you have adopted to manage client-level clinical information (include a copy of your signed, executed EHR vendor contract in **Attachment 6** of your application); or a description of your plan to acquire an EHR system. This plan should include staffing, training, budget requirements and a timeline for implementation.

- How will individuals be identified and referred to your PBHCI health home program? Describe how you will identify, recruit and retain the population(s) of focus as identified in **Section A**, second bullet. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers. Describe the flow (visually or by narrative) depicting how clients will move in, through, and out of your health home program. Include hours during the week when PBHCI health home staff will be accessible to clients of the PBHCI program. Your flow chart can be provided in **Section K**.

- Describe anticipated program, policy and reimbursement barriers regarding the establishment of your PBHCI health home project (e.g. same day billing issues).

- Describe how achievement of the goals will produce meaningful and relevant health outcomes for your community (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's goals for the program, with specific focus on the triple aim outlined in **Section 2**. Expectations.

- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

- Describe how you will ensure meaningful participation of consumers/peers and family members in all phases of your project (e.g., assessing, planning and implementing your project).

- Identify any organizations (e.g., primary care agencies, hospitals, etc) with whom you have collaborations and/or formal agreements with primary care agencies towards primary care and behavioral health integration. Describe

their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment and/or support from organizations connected to and supporting the project in **Attachment 1**.

- Based upon your response to bullet #2 of **Section A**, clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including detail on the types and numbers of services to be provided and anticipated outcomes. If you are unable to meet the goals outlined in **Section 2** Expectations--Sustainability, provide a detailed explanation of why along with your proposed goals of clients served. Include the number of individuals to be served by race, ethnicity, and gender.

- 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% 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.

Section D: Staff and Organizational Experience (15 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.

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

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

Section E: Performance Assessment and Data (20 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.4 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.

- Describe the data driven process by which changes in sub-population disparities, if any, in access/use/outcomes of your provided services will be tracked and assessed.

- Describe how you will establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level, including consideration, if any, of access/use/outcomes disparities of identified sup-populations. Describe how information related to process and outcomes will be routinely communicated to program staff.

- Explain how you will track avoidable hospital readmissions, calculate cost savings that result from improved coordination of care and chronic disease management, and monitor the use of health information technology to improve service delivery and coordination across the care continuum (including the use of wireless patient technology in improving coordination, management of care, and patient adherence to recommendations made by their providers). Include how you will track emergency room visits and skilled nursing facility admissions.

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

Section F: Sustainability (15 points)

- Describe your plan to continue the project after the funding period ends with a focus on a description of the financial underpinnings of your proposed health home model. 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, etc.) to ensure stability over time. See Appendix N for Sustainability template.

- Describe your plan to connect with opportunities available at the state, federal, and other levels that support continuation of PBHCI activities.

- Describe your PBHCI business model and strategies for revenue maximization.

- Describe how this PHBCI grant will transform your organization with the intention of expanding the service model to all service recipients in your organization upon completion of the grant.

SUPPORTING DOCUMENTATION

Section G: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section H: Budget Justification, Existing Resources, Other Support. 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. Be sure to show that no more than 25% of the total grant award will be used for infrastructure development, if necessary, 15% facility odifications and health information technology (which is included in the 25% infrastructure development), and that no more than 20% of the total grant award will be used for data collection, performance measurement and performance assessment. **Specifically identify the items associated with these costs in your budget**. An illustration of a budget and narrative justification is included in Appendix J of this document.

Section I: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.

- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.

- Information on what you should include in your biographical sketches and job descriptions can be found in Appendix I of this document.

Section J: 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 I of your application. See Appendix K for guidelines on these requirements.

Section K: Describe the flow (visually or by narrative) depicting how clients will move in, through, and out of your health home program.

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 Center for Mental Health Services National Advisory Council.
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

If you are not funded, you will receive notification from SAMHSA.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at http://www.samhsa.gov/grants/management.aspx.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (http://www.samhsa.gov/grants/management.aspx).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:

- actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
- requirements relating to additional data collection and reporting;
- requirements relating to participation in a cross-site evaluation;
- requirements to address problems identified in review of the application; or
- revised budget and narrative justification.

- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.

- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application package for SAMHSA grants and is posted on the SAMHSA Web site at http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. 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 Web site at http://www.samhsa.gov/Grants/ApplicationKit.aspx. You will be provided with additional Prevention and Public Health Funds (PPHF-2012) reporting requirements at the time of award.

VII. AGENCY CONTACTS

For questions about program issues contact:

Trina Dutta
Public Health Analyst
Center for Mental Health Services

Substance Abuse and Mental Health Services Administration
1 Choke Cherry Rd, 6-1076
240-276-1944
Trina.dutta@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Gwendolyn Simpson
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1085
Rockville, Maryland 20857
(240) 276-1408
gwendolyn.simpson@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screen Out Criteria for SAMHSA Grant Applications

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.**

- Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.

- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.

- You must be registered in the Central Contractor Registration (CCR) prior to submitting your application. The DUNS number used on your application must be registered and active in the CCR prior to submitting your application.

- Information provided must be sufficient for review.

- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Appendix B, "Guidance for Electronic Submission of Applications.")

- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

- Paper must be white paper and 8.5 inches by 11.0 inches in size.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:

    - Face Page (SF-424)

- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist
- Documentation of nonprofit status as required in the Checklist

- Applications should comply with the following requirements:
  - Provisions relating to confidentiality and participant protection specified in Appendix K of this announcement
  - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement

- Black ink should be used throughout your application, including charts and graphs. Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides.

- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of the SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- The page limits for Attachments stated in Section IV-2.2 of this announcement should not be exceeded.

- Send the original application and two copies to the mailing address in Section IV-3 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. You may use rubber bands. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized

attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search http://www.Grants.gov for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the http://www.Grants.gov apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for technical (IT) help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). REMINDER: CCR registration expires each year and must be updated annually. It can take 24 hours or more for updates to take effect, so check for active registration well before your grant deadline. **Grants.gov will not accept your application if you do not have active CCR registration.** The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at **https://www.bpn.gov/CCRSearch/Search.aspx** and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at **https://www.bpn.gov/ccr/default.aspx**. Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov. within the next 24-48 hours. One will confirm receipt of the application in Grants.gov and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you

must contact Grants.gov directly. Please note that it is incumbent on the applicant to monitor their application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov it will not be forwarded to SAMHSA as the receiving institution.**

It is strongly recommended that you prepare your Project Narrative and other attached documents using Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). If you do not have access to Microsoft Office 2007 products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office 2007 or PDF may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, the electronic application will not convey properly to SAMHSA.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-F) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections G-K) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-4) in this order and numbered consecutively.

  Scanned images must be scanned at 75 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in a rejection of application.

Formatting requirements for SAMHSA grant applications are described in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- Text legibility: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.

- Amount of space allowed for Project Narrative: The Project Narrative for an electronic submission may not exceed 15,450 words. If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Be sure to scan all images at 75 dpi and save as a jpeg or pdf file. Also, be sure to label each file according to its contents, e.g., "Project Narrative", "Budget Narrative", "Other Attachment 1", and "Other Attachment 2". **If the number of files exceeds the 4 allowable files, the electronic application will not convey properly to SAMHSA.**

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

Appendix C – Using Evidence Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions 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 interventions 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 an intervention that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

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

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

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

- Explain why you chose this evidence-based practice over other evidence-based practices.

- If applicable, justify the use of multiple evidence-based practices. Discuss in the logic model and related narrative how use of multiple evidence-based practices will be integrated into the program, while maintaining an appropriate level of fidelity for each practice. Describe how the effectiveness of each

evidence-based practice will be quantified in the performance assessment of the project.

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

Resources for Evidence-Based Practices:

You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at http://www.samhsa.gov/ebpwebguide. SAMHSA has developed this Web site to provide a simple and direct connection to Web sites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of Web sites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA's Guide to Evidence-Based Practices also references another SAMHSA Web site, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is "recommended" or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific population(s) of focus and purposes of your project.

In addition to the Web site 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.

Appendix D – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*] _____, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and

- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.[5] (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

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

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

Appendix E – Intergovernmental Review (E.O. 12373) Requirements

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) 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. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application package and can be downloaded from the Office of Management and Budget (OMB) Web site at http://www.whitehouse.gov/omb/grants_spoc.

- Check the list to determine whether your State participates in this program. You do not need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.

- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.

- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. **SM-12-008**. Change the zip code to 20850 if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)[6] to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS

[6] Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF-424); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate State or local health agencies.

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's Web site at http://www.samhsa.gov. A listing of the SSAs for mental health can be found on SAMHSA's Web site at http://www.samhsa.gov/grants/SSAdirectory-MH.pdf. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA.**" The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **SM-12-008**. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any State comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

Appendix F – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.

- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).

- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

- Pay for housing other than residential mental health and/or substance abuse treatment.

- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.

- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to $20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to $20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals

as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.

- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.

- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a "research" indirect cost rate. The grantee must use the "other sponsored program rate" or the lowest rate available.

Appendix G – Sample Logic Model

A logic model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or "change" and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A logic model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among the resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Your logic model should form a logical chain of "if-then" relationships that enables you to demonstrate how you will get to your desired outcomes with your available resources. Because your logic model requires you to be specific about your intended outputs and outcomes, it can be a valuable resource in assessing the performance of your project by providing you with specific outputs (objectives) and outcomes (goals) that can be measured.

The graphic on the following page provides an example of a logic model that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

Your logic model should be based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. A properly targeted logic model will show a logical pathway from inputs to intended outcomes, in which the included outcomes address the needs identified in the Statement of Need.

Examples of **Inputs** (resources) depicted in the sample logic model include people (e.g., staff hours, volunteer hours), funds and other resources (e.g., facilities, equipment, community services).

Examples of **Program Components** (activities) depicted in the sample logic model include outreach; intake/assessment (e.g., client interview); treatment planning/treatment by type (e.g., methadone maintenance, weekly 12-step meetings, detoxification, counseling sessions, relapse prevention, crisis intervention); special training (e.g., vocational skills, social skills, nutrition, child care, literacy, tutoring, safer sex practices); other services (e.g., placement in employment, prenatal care, child care, aftercare); and program support (e.g., fundraising, long-range planning, administration, public relations).

Examples of **Outputs** (objectives) depicted in the logic model include waiting list length, waiting list change, client attendance, and client participation; number of clients, including those admitted, terminated, inprogram, graduated and placed; number of sessions per month and per client/month; funds raised; number of volunteer hours/month; and other resources required.

The **Inputs, Program Components** and **Outputs** all lead to the **Outcomes** (goals). Examples of Outputs depicted in the logic model include inprogram (e.g., client satisfaction, client retention); and in or postprogram (e.g., reduced drug use-self reports, urine, hair; employment/school progress; psychological status; vocational skills; safer sexual practices; nutritional practices; child care practices; and reduced delinquency/crime.

[**Note:** The logic model presented is not a required format and SAMHSA does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.]

Sample Logic Model

Resources (Inputs)	→	Program Components (Activities)	→	Outputs (Objectives)	→	Outcomes (Goals)
Examples		**Examples**		**Examples**		**Examples**
People Staff – hours Volunteer – hours Funds Other resources Facilities Equipment Community services		Outreach Intake/Assessment Client Interview Treatment Planning Treatment by type: Methadone maintenance Weekly 12-step meetings Detoxification Counseling sessions Relapse prevention Crisis intervention Special Training Vocational skills Social skills Nutrition Child care Literacy Tutoring Safer sex practices Other Services Placement in employment Prenatal care Child care Aftercare Program Support Fundraising Long-range planning Administration Public Relations		Waiting list length Waiting list change Client attendance Client participation Number of Clients: Admitted Terminated Inprogram Graduated Placed Number of Sessions: Per month Per client/month Funds raised Number of volunteer hours/month Other resources required		Inprogram: Client satisfaction Client retention In or postprogram: Reduced drug use – self reports, urine, hair Employment/school progress Psychological status Vocational skills Social skills Safer sexual practices Nutritional practices Child care practices Reduced delinquency/crime

1

Appendix H – Logic Model Resources

Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. International Quarterly of Community Health Education, 18(4), 449-458.

Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. Alcoholism Treatment Quarterly, 13(2), 43-62.

Hernandez, M. & Hodges, S. (2003). Crafting Logic Models for Systems of Care: Ideas into Action. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. http://cfs.fmhi.usf.edu or phone (813) 974-4651

Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), Developing Outcome Strategies in Children's Mental Health, pp. 21-40. Baltimore: Brookes.

Julian, D.A. (l997). Utilization of the logic model as a system level planning and evaluation device. Evaluation and Planning, 20(3), 251-257.

Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. Evaluation and Program Planning, 18(4), 333-341.

Patton, M.Q. (1997). Utilization-Focused Evaluation (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcomer, K.E. (Eds.) (1994). Handbook of Practical Program Evaluation. San Francisco, CA: Jossey-Bass Inc.

W.K. Kellogg Foundation, (2004). Logic Model Development Guide. Battle Creek, MI.

To receive additional copies of the Logic Model Development Guide, call (800) 819-9997 and request item #1209.

Appendix I – Biographical Sketches and Job Descriptions

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether Federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

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

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

C. Travel: **Explain need for all travel other than that required by this application. Local travel policies prevail.**

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.

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

D. Equipment: **an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit (federal definition).**

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 and often having one-time use

FEDERAL REQUEST

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

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

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

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.
(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

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

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

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

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	$250/individual x 3 staff	5 days	$750
(2) Treatment Services	1040 Clients	$27/client per year		$28,080

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

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

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.

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

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

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.

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

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

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

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

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

FEDERAL REQUEST

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

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

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct

charge. The rent is calculated by square footage or FTE and reflects SAMHSA's fair share of the space.

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

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

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

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

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

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: http://www.samhsa.gov then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

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

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

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TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

TOTALS: (sum of 6i and 6j)

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

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UNDER THIS SECTION REFLECT OTHER NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.

Provide the total proposed Project Period and Federal funding as follows:

Proposed Project Period

a. Start Date:	**09/30/2012**	b. End Date:	**09/29/2017**

BUDGET SUMMARY **(should include future years and projected total)**

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	$52,765	$54,348	$55,978	$57,658	$59,387	$280,136
Fringe	$10,896	$11,223	$11,559	$11,906	$12,263	$57,847
Travel	$2,444	$2,444	$2,444	$2,444	$2,444	$12,220
Equipment	0	0	0	0	0	0
Supplies	$3,796	$3,796	$3,796	$3,796	$3,796	$18,980
Contractual	$86,997	$86,997	$86,997	$86,997	$86,997	$434,985

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Other	$15,815	$13,752	$11,629	$9,440	$7,187	$57,823
Total Direct Charges	$172,713	$172,560	$172,403	$172,241	$172,074	$861,991
Indirect Charges	$5,093	$5,246	$5,403	$5,565	$5,732	$27,039
Total Project Costs	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$889,030**

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

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

*FOR REQUESTED FUTURE YEARS:

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

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

Appendix K – 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 must address the seven elements below. Be sure to discuss these elements as they pertain to on-line counseling (i.e., telehealth) if they are applicable to your program. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

   - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

   - Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.

   - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

   - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

   - Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.

   - Explain the reasons for including groups of pregnant women, children, people with mental disabilities, 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 if an incentive paid for with SAMHSA discretionary grant funds exceed $20.

- 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.

5. Privacy and Confidentiality

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

- Describe:

  - How you will use data collection instruments.

  - Where data will be stored.

  - Who will or will not have access to information.

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

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

6. Adequate Consent Procedures

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

- State:

  - Whether or not their participation is voluntary.

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

  - Possible risks from participation in the project.

  - Plans to protect clients from these risks.

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

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

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

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

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

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

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

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under "Applying for a New SAMHSA Grant," http://www.samhsa.gov/grants/apply.aspx.

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 ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–

specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix L—Health Homes Services, Sample Definitions & Roles

These are sample definitions, pulled from the CMS Approved State Plan Amendment submitted by the State of Missouri, in response to ACA 2703.

Comprehensive care management

Comprehensive care management services are conducted by the Nurse Care Manager, Primary Care Physician Consultant, the Health Home Administrative Support staff and Health Home Director with the participation of other team members and involve:

a. Identification of high-risk individuals and use of client information to determine level of participation in care management services;
b. Assessment of preliminary service needs; treatment plan development, which will include client goals, preferences and optimal clinical outcomes;
c. Assignment of health team roles and responsibilities;
d. Development of treatment guidelines that establish clinical pathways for health teams to follow across risk levels or health conditions;
e. Monitoring of individual and population health status and service use to determine adherence to or variance from treatment guidelines and;
f. Development and dissemination of reports that indicate progress toward meeting outcomes for client satisfaction, health status, service delivery and costs.

Care coordination

Care Coordination is the implementation of the individualized treatment plan (with active client involvement) through appropriate linkages, referrals, coordination and follow-up to needed services and supports, including referral and linkages to long term services and supports. Specific activities include, but are not limited to: appointment scheduling, conducting referrals and follow-up monitoring, participating in hospital discharge processes and communicating with other providers and clients/family members. Nurse Care Managers with the assistance of the Health Home Administrative Support staff will be responsible for conducting care coordination activities across the health team. The primary responsibility of the Nurse Care Manager is to ensure implementation of the treatment plan for achievement of clinical outcomes consistent with the needs and preferences of the client.

Health promotion

Health promotion services shall minimally consist of providing health education specific to an individual’s chronic conditions, development of self-management plans with the individual, education regarding the importance of immunizations and screenings, providing support for improving social networks and providing health- promoting lifestyle interventions, including but not limited to, substance use prevention, smoking prevention

and cessation, nutritional counseling, obesity reduction and prevention and increasing physical activity. Health promotion services also assist clients to participate in the implementation of the treatment plan and place a strong emphasis on person-centered empowerment to understand and self-manage chronic health conditions. The Health Home Director, Primary Care Physician Consultant, and Nurse Care Manager will each participate in providing Health Promotion activities. The success of health promotion activities is enhanced by support from Peer Wellness Coaches/Peer Recovery Specialists and other models of health navigators.

Comprehensive transitional care from inpatient to other settings, including appropriate follow-up

In conducting comprehensive transitional care, a member of the health team provides care coordination services designed to streamline plans of care, reduce hospital admissions, ease the transition to long term services and supports, and interrupt patterns of frequent hospital emergency department use. The health team member collaborates with physicians, nurses, social workers, discharge planners, pharmacists, and others to continue implementation of the treatment plan with a specific focus on increasing clients' and family members' ability to manage care and live safely in the community, and shift the use of reactive care and treatment to proactive health promotion and self management. The Health Home Director, Primary Care Physician Consultant, and Nurse Case Manager will all participate in providing comprehensive transitional care activities, including, whenever possible, participating in discharge planning.

Individual and family support, which includes authorized representatives (e.g. individuals with Power of Attorney)

Individual and family support services activities include, but are not limited to: advocating for individuals and families, assisting with obtaining and adhering to medications and other prescribed treatments. In addition, health team members are responsible for identifying resources for individuals to support them in attaining their highest level of health and functioning in their families and in the community, including transportation to medically necessary services. A primary focus will be increasing health literacy, ability to self manage their care and facilitate participation in the ongoing revision of their care/treatment plan. For individuals with developmental disabilities (DD) the health team will refer to and coordinate with the approved DD case management entity for services more directly related to habilitation and coordinate with the approved DD case management entity for services more directly related a particular healthcare condition. Nurse Care Managers will provide this service.

Referral to community and social support services, including appropriate follow-up

Referral to community and social support services, including long term services and supports, involves providing assistance for clients to obtain and maintain eligibility for

healthcare, disability benefits, housing, personal need and legal services, as examples. For individuals with DD, the health team will refer to and coordinate with the approved DD case management entity for this service. The Nurse Care Manager and Administrative support staff will provide this service.

Appendix M - Sample Model for the PBHCI Four Year Implementation Plan

Year 1	Year 2	Year 3	Year 4
Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services Provide comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning Coordinate and provide access to health care services informed by evidence-based clinical practice guidelines Coordinate and provide access to chronic disease management, including self-management support to individuals and their families Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level Facility Modification 200 clients served	Year 1 Activities Coordinate and provide access to preventive and health promotion services Use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices Health Information Technology 375 consumers served	Year 1 and 2 Activities Coordinate and provide access to long-term care supports and services Health Information Technology 475 consumers served	Year 1, 2, and 3 Activities Health Information Technology 600 consumers served

Appendix N-Sample Template for PBHCI Sustainability Plan

Grantees must introduce the required number of GOALs and associated OBJECTIVES necessary to sustain PBHCI services for all enrolled clients.

GOAL 1:					
Strategy	Activity (How sustain?)	Outcome	Responsibility	Resources	Date Completed
Objective 1					
Objective 2					
Objective 3					
GOAL 2:					
Strategy	Activity (How sustain?)	Outcome	Responsibility	Resources	Date Completed
Objective 1					
Objective 2					
Objective 3					