

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

**Implementation Cooperative Agreements for Expansion of  
the Comprehensive Community Mental Health Services for  
Children and their Families Program**

**Short Title: System of Care Expansion Implementation  
Cooperative Agreements**

**(Initial Announcement)**

**Request for Applications (RFA) No. SM-12-003**

**Catalogue of Federal Domestic Assistance (CFDA) No.: 93.104**

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by June 19, 2012.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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## EXECUTIVE SUMMARY:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2012 Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program (System of Care (SOC) Expansion Implementation Cooperative Agreements). The purpose of this cooperative agreement is to improve the behavioral health outcomes of children and youth with serious emotional disturbances and their families. This program supports broad-scale operation, expansion and integration of systems of care through the creation of sustainable infrastructure which allows for the provision of and access to required services and supports that will allow the values, principles, and practices comprising the system of care approach to become the primary way in which children's mental health services are delivered throughout the nation. This cooperative agreement is intended to support the availability and provision of mental health and related recovery support services to children with emotional disturbances along with the implementation of systemic changes in policy, financing, services and supports, training and workforce development, and other areas that are necessary for expanding and sustaining the system of care approach, and to accomplish these goals through linkages with other health reform implementation efforts.

<b>Funding Opportunity Title:</b>	Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program
<b>Funding Opportunity Number:</b>	SM-12-003
<b>Due Date for Applications:</b>	<b>June 19, 2012</b>
<b>Anticipated Total Available Funding:</b>	\$15,000,000
<b>Estimated Number of Awards:</b>	15
<b>Estimated Award Amount:</b>	Up to \$1,000,000 per year
<b>Cost Sharing/Match Required</b>	Yes  [See <a href="#">Section III-2</a> of this RFA for cost sharing/match requirements.]
<b>Length of Project Period:</b>	Up to 4 years
<b>Eligible Applicants:</b>	State governments; Indian or tribal organizations (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination

and Education Assistance Act); Governmental units within political subdivisions of a State, such as a county, city or town; District of Columbia government; and Commonwealth of Puerto Rico, Northern Mariana Islands, Virgin Islands, Guam, American Samoa and Trust Territory of the Pacific Islands (now Palau, Micronesia and the Marshall Islands).

[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 Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program (System of Care (SOC) Expansion Implementation Cooperative Agreements). The purpose of this cooperative agreement is to improve the behavioral health outcomes of children and youth with serious emotional disturbances and their families. This program supports broad-scale operation, expansion and integration of systems of care through the creation of sustainable infrastructure which allows for the provision of and access to required services and supports to ensure the values, principles, and practices comprising the system of care approach to become the primary way in which children's mental health services are delivered throughout the nation. This cooperative agreement is intended to support the provision of mental health and related recovery support services to children with serious emotional disturbances along with the implementation of systemic changes in policy, financing, services and supports, training and workforce development, and other areas that are necessary for expanding and sustaining the system of care approach, and to accomplish these goals through linkages with other health reform implementation efforts.

The goal of the System of Care (SOC) Expansion Implementation Grants is to build upon progress made in developing comprehensive strategic plans to expand and sustain the system of care values and principles to address children and youth with serious mental health conditions and their families. SAMHSA expects that these grants will help facilitate wide scale adoption and operation of the SOC framework (across large geographic regions such as those represented by States, Tribes and Territories) and increase State Medicaid and other third party reimbursement for the SOC spectrum of services and supports. Applicants are expected to implement plans and activities that support comprehensive and sustainable policies, infrastructure, required services and supports consistent with the requirements authorized under Sections 561-565 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

This intent reflects the SAMHSA Theory of Change that takes the development of an innovation through the phases of demonstration, implementation, dissemination, and wide scale adoption. The Comprehensive Community Mental Health Services for Children and Their Families Program (i.e., Children's Mental Health Initiative or CMHI) supports the demonstration of the innovative system of care approach, progresses through these stages, and promotes wide scale implementation.

Applicants are expected to create comprehensive and sustainable actions that promote and provide required services, supports and infrastructure that are consistent with the

requirements authorized under Sections 561- 565 of the Public Health Service Act, as amended.

The SOC Expansion Implementation Cooperative Agreements closely align with SAMHSA’s Recovery Support, Trauma and Justice, and Health Reform Strategic Initiatives by focusing resources on reducing the impact of substance abuse and mental illness on American communities and addressing the behavioral health impacts of trauma through a systematic public health approach.

## **2. EXPECTATIONS**

The expectation of this grant is to create a comprehensive and sustainable SOC in a State, political subdivision, Tribe or Territory that is family-driven, youth-guided and culturally and linguistically competent. Plans and activities must include 1) a description of the required mental health, related recovery supports, case management and outreach services identified under Sections 561- 565 (See Appendix K) of the Public Health Service Act, as amended; 2) populations, areas, and localities with need for such services; and 3) the manner in which services will be coordinated with similar services or activities of the applicant. The actions must also detail and demonstrate how the SOC will collaborate with other child serving systems such as child welfare, education, juvenile justice, and primary care, and how the integration of mental health and substance abuse services and systems will be accomplished.

Further, system of care implementation activities must include a strategic “financing plan” to be completed by the end of the first year for how the system of care framework will be brought to scale and sustained throughout the State, tribe, territory or jurisdiction. This financing plan, and subsequent implementation activities, must address and demonstrate how the system of care will financially link with other child serving systems, including the identification of how Medicaid dollars will be used, how SOC will be connected and integrated with Block Grants, and how SOC will be included and integrated in the implementation of the Affordable Care Act. Collaboration between child and adult serving agencies as well as consumer groups are critical when serving older youth who are transitioning to adulthood.

### **2.1 Population of Focus**

The authority for the SOC Expansion Implementation Grants (Sections 561- 565 of the Public Health Service Act, as amended) requires that the population of focus for these implementation efforts be children and/or adolescents with a serious emotional disturbance as defined by the criteria listed below:

Age: Children and youth from birth to 21 years of age.

Diagnosis: The child or youth must have an emotional, socio-emotional, behavioral or mental disorder diagnosable under the *DSM-IV* or its *ICD-9-CM* equivalents, or subsequent revisions (with the exception of *DSM -IV A V* codes, substance use disorders and developmental disorders, unless they co-occur with another diagnosable serious emotional, behavioral, or mental disorder). For children 3 years of age or

younger, the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC: 0-3R)* should be used as the diagnostic tool. (See <http://www.zerotothree.org> for more information.) For children 4 years of age and older, the *Diagnostic Interview Schedule for Children (DISC)* may be used as an alternative to the *DSM-IV*.

**Disability:** The child or youth is unable to function in the family, school or community, or in a combination of these settings. Or, the level of functioning is such that the child or adolescent requires multi-agency intervention involving two or more community service agencies providing services in the areas of mental health, education, child welfare, juvenile justice, substance abuse, or primary health care. For children under 6 years of age, community service agencies include those providing services in the areas of childcare, early childhood education (e.g., Head Start), pediatric care, and family mental health. For youth ages 18 to 21 years, community service agencies include those providing services in the areas of adult mental health, social services, vocational counseling and rehabilitation, higher education, criminal justice, housing, and health.

**Duration:** The identified disability must have been present for at least 1-year or, on the basis of diagnosis, severity or multi-agency intervention, is expected to last more than 1-year.

SAMHSA strongly encourages 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).

## **2.2 Required Activities**

During the 4-year implementation period, grantees will be expected to realize goals and actions identified in their comprehensive strategic plans to expand and sustain systems of care. Activities must demonstrate the ability to improve, expand, and sustain required comprehensive services and supports throughout the geographic area that are consistent with SOC principles and philosophy. These funds must be used to create infrastructure, facilitate access to required services and supports (including mental health, related recovery supports, case management, and outreach services) and to provide required mental health and related recovery supports services that are identified under Sections 561- 565 of the Public Health Service Act, as amended (See [Appendix K](#)).

**Priority will be given to States/Tribes/Territories that have demonstrated their interest and ability to expand and sustain the system of care approach.**

The System of Care Expansion Implementation Cooperative Agreements is one of SAMHSA's services grant programs. Service delivery should begin by the end of the 6<sup>th</sup> month at the latest. A list of required services is provided below.

SOC Expansion Implementation Cooperative Agreements must include the following types of activities designed to implement, expand, operate and sustain systems of care:



- Provision of the following mental health services: (1) diagnostic and evaluation services; (2) outpatient services, including individual, group and family counseling services, professional consultation, and review and management of medications; (3) 24-hour emergency services, 7 days a week; (4) intensive home-based services for the children and their families when the child is at imminent risk of out-of-home placement; intensive day treatment services; (5) intensive day treatment services; (6) respite care; (7) therapeutic foster care services, and services in therapeutic foster family homes or individual therapeutic residential homes, and group homes caring for not more than 10 children; and (8) assisting the child in making the transition from services received as a child to the services to be received as an adult.
- Engagement in outreach activities to inform individuals, as appropriate, of the services available under the system.
- Applicants must explain how they intend to assure that services are delivered within a family-driven, youth-guided framework and how families and youth will be integrally involved in the governance and oversight of grant activities.
- Expansion of family and youth involvement, and demonstration that youth and families are integral partners in planning and implementation activities.
- Collaborations across child serving agencies (e.g., child welfare, juvenile justice, primary care, education, early childhood) and among critical providers and programs to build bridges among partners, including relationships between community and residential treatment settings. Collaboration between child and adult serving agencies are critical when serving older youth who are transitioning to adulthood.
- Integration between mental health and substance abuse services and systems.
- Creation of outcome measurement strategies based on SOC values and principles that are aligned with State/Tribal/Territorial efforts and identification of electronic health records and data management approaches.
- Coordination of SOC strategies with block grants and other health care reform efforts.
- Critical collaborations with substance abuse, wellness promotion, and illness prevention activities.
- Incorporation of trauma-related activities into the service system, including trauma screening, trauma treatment, and a trauma-informed approach to care.

- Development of social marketing and strategic communications activities to promote social inclusion, develop partnerships, and promote system of care values and principles.
- Creation of sustainable training and technical assistance strategies that facilitates ongoing learning, coaching and practice improvement, and supports fidelity to SOC values and principles.
- Development and subsequent implementation of a strategic financing plan that incorporates Medicaid and other third party payors, other child serving agencies and systems, and block grants; thereby creating a mechanism for the SOC framework to be brought to scale and sustained.
- Development of statewide/tribal/territorial interagency coordination and collaboration mechanisms that clearly support an infrastructure to increase the focus on wide scale adoption of SOC, including an organizational structure that identifies a locus of authority and responsibility, and ability to provide oversight of the SOC (e.g., Statewide/tribal/territorial Interagency SOC Expansion Implementation Board).
- Establishment of policy, administrative and/or regulatory structures that support ongoing SOC implementation efforts.

### **2.3 Data Collection and Performance Measurement**

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the GPRA Modernization Act of 2010 (GPRA). You must document your ability to collect and report the required data in “[Section D: Performance Assessment and Data](#)” of your application. Grantees will be required to report performance on services and infrastructure activities. For infrastructure, grantees will be required to collect and report the following data:

- The number of policy changes completed as a result of the grant
- The number of agencies/organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health-related practices that are consistent with the goals of the grant
- The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant
- A change made to a credentialing and licensing policy in order to incorporate expertise needed to improve mental health-related practices/activities as a result of the grant

- The amount of additional funding obtained for specific mental health-related practices/activities as a result of the grant
- The number of financing policy changes completed as a result of the grant
- The amount of pooled/blended or braided funding with other organizations used for mental health-related practices/activities as a result of the grant
- The number of agencies/organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/ MOAs) to improve mental health-related practices/activities as a result of the grant
- The number and percentage of work group/advisory group/council members who are youth/family members
- The number of youth/family members representing youth/family organizations who are involved in on-going mental health-related planning and advocacy activities as a result of the grant
- The number of youth/family members who are involved in mental health-related evaluation oversight, data collection, and/or analysis activities as a result of the grant
- The number of individuals exposed to mental health awareness messages.

For services, grantees will be expected to report on the following performance measures:

- Mental illness symptomatology;
- Employment/education
- Crime and criminal justice;
- Stability in housing; access, i.e., number of persons served by age, gender, race and ethnicity;
- Rate of readmission to psychiatric hospitals;
- Social support/social connectedness; and
- Client perception of care.

This information will be gathered using the CMHS Child Outcome Measures for Discretionary Programs (Child or Adolescent Respondent Version and Caregiver Respondent Version), which can be found at <https://www.samhsa-gpra.samhsa.gov>, along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Health Information Network at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected at baseline, 6-month follow-up, and at discharge. Data are to be entered into TRAC (Transformation Accountability) Web system within seven days of data collection. TA related to data collection and reporting will be offered.

Data will be collected quarterly after entry of annual goals. Data are to be entered into a web-based system supported by quarterly written fiscal reports and written annual reports. Technical assistance for the web-based data entry, fiscal and annual report generation is available.

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

The collection of these data will enable to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health.

## **2.4 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. You will be required to provide reports on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted twice a year (i.e., as part of the Continuation Application and on August 30<sup>th</sup>). These reports will be reviewed by the Government Project Officer.

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

- How closely did implementation match the plan?
- What types of changes were made to the original proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

**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-2.3 and 2.4 above.**

## **2.5 Grantee Meetings**

Grantees must plan to send a minimum of ten people (including the Project Director and key stakeholders that are mutually identified between the grantee and Government

Project Officer) to at least one SOC Implementation Meeting each year during the grant period. You must include a detailed budget and narrative for this travel in your budget. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## **II. AWARD INFORMATION**

**Proposed budgets cannot exceed \$1,000,000 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:

#### Role of Grantee:

- Comply with the terms and conditions of the agreement, which will be specified in the Notice of Grant Award (NOGA).
- Agree to provide SAMHSA with all required data.
- Regularly assess technical assistance needs and agree to work closely with federal staff and technical assistance providers to address identified needs.
- Comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care which can be found at <http://www.ThinkCulturalHealth.hhs.gov>.

#### Role of SAMHSA Staff:

##### **SAMHSA Staff will:**

- Monitor each grantee's progress in the implementation of program requirements and provide direct assistance to advance the goals of the program and to improve the effectiveness of the system of care.
- Review and approve each stage of project implementation (e.g. continuation applications, and proposed programmatic and budgetary modifications).
- Participate in making decisions with the grantee to help achieve project objectives.
- Approve decisions for each grantee regarding:
  - Use of technical assistance resources for developing and operating the system of care, according to requirements of the cooperative agreement, and

- for increasing the likelihood that the system of care will be expanded and sustained beyond the Federal funding period; and
  - Use of communications, public awareness, and social marketing techniques in the community to promote good mental health practices among children and youth with serious emotional disturbances and their families; advertise systems of care services, and reduce community-wide stigma associated with mental health challenges.
- Conduct a formal Federal site visit in Year 2 of the cooperative agreement. Additional formal or informal site visits may be conducted, as needed.
- Ensure that systems of care activities under this program are coordinated with CMHS, SAMHSA, and other Federal initiatives, as appropriate.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Eligibility for this program is statutorily limited to public entities such as: State governments; Indian or tribal organizations (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination and Education Assistance Act); Governmental units within political subdivisions of a State, such as a county, city or town; District of Columbia government; and Commonwealth of Puerto Rico, Northern Mariana Islands, Virgin Islands, Guam, American Samoa and Trust Territory of the Pacific Islands (now Palau, Micronesia and the Marshall Islands).

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

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

Cost sharing/match is required by statutory mandate to provide matching funds from other nonfederal sources, either directly or through donations from public or private entities:

- For the first, second, and third fiscal years of the cooperative agreement, you must provide at least \$1 for each \$3 of Federal funds; and
- For the fourth fiscal year of the cooperative agreement, you must provide at least \$1 for each \$1 of Federal funds.

Matching resources may be in cash or in-kind, including facilities, equipment or services and must be derived from nonfederal sources (e.g., State or sub-State nonfederal revenues, foundation grants).

It is expected that nonfederal match dollars will include contributions from various child-serving systems (e.g., education, child welfare, and juvenile justice). You must specify the names of the expected sources, the types of sources (e.g., education, child welfare,

and juvenile justice) and the amount of matching funds, to show evidence of your potential to sustain the system of care as you bring it to scale in your state/territory/tribe.

There is concern that the federal funds for this program might be used to replace existing nonfederal funds. Therefore, applicants may only include as nonfederal match, contributions in excess of the average amount of nonfederal funds available to the applicant public entity over the 2 fiscal years proceeding the fiscal year when the Federal award is made. Nonfederal public contributions, whether from State, county or city governments, must be dedicated to the community(ies) served by the cooperative agreement.

Federal grant funds must be used for the new expenses of the program carried out by the grantee. That is, Federal grant funds must be used to supplement and not supplant any funds available for carrying out existing services and activities, (e.g., college suicide prevention activities).

A letter from the director of the agency applying for the grant should certify that matching funds for the proposed initiative are available and are non-Federal funds. The letter must be included in **Attachment 5** of the application, Nonfederal Match Certification. This letter should also indicate that proposed changes in funding streams required for the match or other funding innovations necessary for implementation of the proposed initiative will be allowed. Additional letters from other related recovery support agency directors (e.g., education, child welfare, juvenile justice and Medicaid) at the State, county or city levels, must also be included in **Attachment 5** of the application as applicable.

Tribes receiving funds under the Indian Self-Determination and Education Assistance Act, PL 93-638, as amended, are exempt from the restriction that prohibits the use of those Federal funds as a match.

### **3. OTHER**

**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.

#### **3.1 Additional Application Requirements**

Applicants must show that identified needs are consistent with priorities of the Tribe, tribal organization, State or county that has primary responsibility for the service delivery system. You must include, in **Attachment 5**, a copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

#### **3.2 Evidence of a Comprehensive Strategic Plan**

Preference will be given to those applicants who have demonstrated clear evidence of a strategic planning process designed to expand and sustain systems of care. Particular priority will be given to applicants who are already engaged in comprehensive strategic planning and are able to demonstrate evidence of the ability to implement plans that will bring systems of care to scale.

### **3.3 Administrative Expenses**

No more than 2 percent of the grant funds may be expended for administrative expenses.

## **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].

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 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 H](#) of this document.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, 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 E through H. There are no page limits for these sections, except for Section G, 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 5** – 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:* Letters of Commitment/Coordination/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 SSA (if applicable; see Section IV-4 of this document)
  - *Attachment 5:* (1) A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities. (2) Non federal match certification.
- **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.
- **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 19, 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 “**System of Care Expansion Implementation Cooperative Agreements, RFA # SM-12-003**” 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 C](#) 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 Systems of Care Expansion Implementation Cooperative Agreements grant recipients must comply with the following funding restrictions:

- No more than 20% of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

**SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in [Appendix D](#).**

## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 30 pages.
- You must use the four 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 E-H and Attachments 1-5 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: Statement of Readiness/Evidence of Strategic Planning (30 points)**

- Describe the proposed catchment area and provide demographic information on the population(s) to receive services through the targeted systems or agencies, e.g., race, ethnicity, age, socioeconomic status, geography. Explain how this meets the priority to bring systems of care to scale at the State/Tribal/Territorial level.
- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective mental health services in the proposed catchment area. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data. [Note: Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local epidemiologic data, State data (e.g., from State Needs Assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports).]
- Document clear evidence of a strategic planning process designed to expand and sustain systems of care. Demonstrate progress to date to create a comprehensive strategic plan that will expand and sustain required services and supports that are consistent with Sections 561- 565 of the Public Health Service Act, as amended and the systems of care values and principles.

### **Section B: Proposed Approach and Implementation (45 points)**

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section D, Performance Assessment and Data.
- Describe how achievement of goals will increase system capacity to support effective systems of care development for children, youth, and families.

- Describe the proposed project activities, how they meet your infrastructure expansion and sustainability needs, how they relate to required services, and your goals and objectives.
- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. **[Note:** The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- If you plan to include an oversight or advisory body in your project, describe its membership, roles and functions, and frequency of meetings.
- Describe how the proposed project will address the required activities as follows:
  - Facilitate provision of an array of individualized, culturally and linguistically competent mental health and appropriate recovery support services (consistent with sections 561- 565 of the Public Health Service Act, as amended) and creation of workforce development activities, including the incorporation of parents/caregivers and youth with lived experience in the workforce.
  - Assure that services are delivered within a family-driven, youth-guided framework and how families and youth will be integrally involved in the governance and oversight of grant activities.
  - Development of statewide/tribal/territorial interagency coordination and collaboration mechanisms that clearly support an infrastructure to increase the focus on wide scale adoption of SOC, including an organizational structure that identifies a locus of authority and responsibility, and ability to provide oversight of the SOC.
  - Establishment of policy, administrative and/or regulatory structures that support ongoing SOC implementation efforts.
  - Expansion of family and youth involvement, and demonstration that youth and families are integral partners in planning and implementation activities.
  - Collaborations across child and youth serving agencies (e.g., child welfare, juvenile justice, primary care, education, early childhood) and among critical providers and programs to build bridges among partners, including relationships between community and residential treatment settings.
  - Collaboration between child and adult serving agencies as well as consumer groups which are critical when serving older youth who are transitioning to adulthood.

- Integration between mental health and substance abuse services and systems.
  - Creation of outcome measurement strategies based on SOC values and principles that are aligned with State/Tribal/Territorial efforts and identification of electronic health records and data management approaches.
  - Coordination of SOC strategies with block grants and other health care reform efforts.
  - Incorporation of trauma-related activities into the service system, including trauma screening, trauma treatment, and a trauma-informed approach to care.
  - Development of social marketing and strategic communications activities to promote social inclusion, develop partnerships and promote system of care values and principles.
  - Creation of sustainable training and technical assistance strategies that facilitates ongoing learning, coaching and practice improvement, and supports fidelity to SOC values and principles.
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment/coordination/support from these community organizations in **Attachment 1** of your application.
  - Describe how the proposed project will address the following issues in your catchment area:
    - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
    - Language and literacy;
    - Sexual identity – sexual orientation and gender identity; and
    - Disability.
  - Describe how you will develop and implement the “financing plan” to be completed by the end of the first year and how this will guide efforts to bring the SOC framework to scale and generate sustainability. Specifically, demonstrate how the SOC will financially link with other child serving systems, how Medicaid dollars will be used, how SOC will be connected and integrated with Block Grants, and how SOC will be included and integrated in the implementation of the Affordable Care Act.



- Describe your plan to sustain the SOC approach after funding ends and how the project will expand SOC throughout the jurisdiction. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

**Section C: Staff, Management, and Relevant Experience (15 points)**

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services. 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 have demonstrated experience and are qualified to serve the population(s) to receive services and are familiar with their culture(s) and language(s). Describe the resources they will have to implement the proposed project (e.g., facilities, equipment).
- Describe how members of the population(s) to receive services were involved in the preparation of the application, and how they will be involved in the planning, implementation, and performance assessment of the project.

**Section D: Performance Assessment and Data (10 points)**

- Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of. Describe how information related to process and outcomes will be routinely communicated to program staff.
- Describe your plan for conducting the performance assessment as specified in Section I-2.4 of this RFA and document your ability to conduct the assessment.
- 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.

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

## SUPPORTING DOCUMENTATION

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

**Section F:** 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 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 H](#) of this document.

**Section G: 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 G](#) of this document.

**Section H:** 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 H of your application, using the guidelines provided below. See [Appendix I](#) for guidelines on these requirements.

## 2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the 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 to receive services 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-2.3](#), grantees must comply with the reporting requirements listed on the SAMHSA Web site at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Diane Sondheimer, Deputy Branch Chief  
Division of Service and Systems Improvement  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 6-1043  
Rockville, MD 20857  
240-276-1922  
[diane.sondheimer@samhsa.hhs.gov](mailto:diane.sondheimer@samhsa.hhs.gov)

OR

Gary Blau, Branch Chief  
Division of Service and Systems Improvement  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 6-1045

Rockville, MD 20857  
240-276-1921  
[gary.blau@samhsa.hhs.gov](mailto:gary.blau@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](mailto: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 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 I](#) of this announcement.
  - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
  - Documentation of nonprofit status as required in the Checklist.
- 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 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](mailto: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](http://www.grants.gov/applicants/get_registered.jsp).

Please also allow sufficient time for 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-D) 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 E-H) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-5) 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, and 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 – 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](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-12-003**. 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)<sup>1</sup> 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 is intended to keep State and local health officials informed of proposed health services

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<sup>1</sup> 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).

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-12-003**. 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 D – 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.
- 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. 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 non-cash \$20 equivalents (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. .
- Pay for the costs of providing recovery supports (such as educational services, vocational counseling and vocational rehabilitation services, mental health protection and advocacy services, and medical services other than mental health services.) This restriction extends to non-federal contributions made with respect to the grant.

- 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 E – 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), the strategies you use, the infrastructure changes that occur, what takes place (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 strategies, the strategies to infrastructure changes, the infrastructure changes 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** depicted in the sample logic model include Federal policies, funding, and requirements; federally sponsored technical assistance; site-specific context items (e.g., populations; site characteristics, e.g., political and geographical; previous activities, policies, etc.; infrastructure, e.g., planning capability & other resources; pre-existing outcomes); and performance data.

Examples of **Strategies** depicted in the sample logic model that are developed as a result of these inputs include initial grant activities, e.g., formation of a steering committee, etc., which in turn leads to a needs assessment and inventory of resources (e.g., development process and conclusion). This in turn leads to a strategic plan (e.g., development process and content). Finally, these strategies result in change/project management mechanisms.

Examples of the **Infrastructure Changes** depicted in the sample logic model that result from the strategies discussed above include such things as policy changes, workforce training, financing changes, organizational changes, improved data collection and use, and changes to service delivery.

**Outputs** from these infrastructure changes depicted in the sample logic model include such things as increased access to care, increased use of evidence-based practices, and increased numbers served.

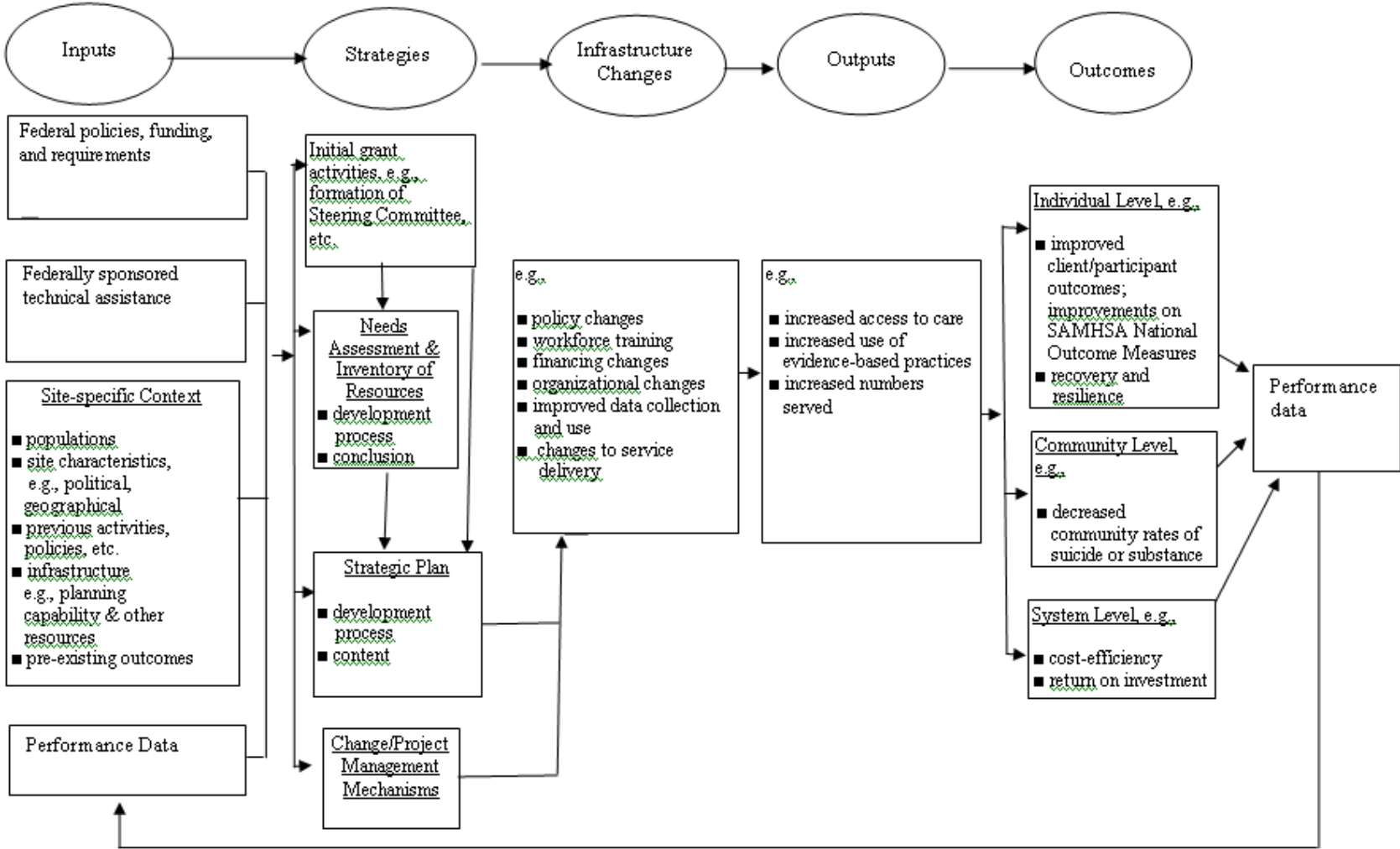
These outputs lead to **Outcomes** at the individual level, community level, and system level. Examples of individual level outcomes depicted in the sample logic model include improved client/participant outcomes; improvements on SAMHSA National Outcomes Measures; and recovery and resilience. Community level outcomes depicted include decreased community rates of suicide or substance abuse. System level outcomes depicted include cost-efficiency and return on investment.

The outcomes produce performance data which lead back to the performance data under **Inputs** in the sample logic model, as performance data both result from and inform the process.

[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 Infrastructure Logic Model



## Appendix F – 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. (1997). 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 G – 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 H – Sample Budget and Justification (match required)

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

**A. Personnel:** an employee of the applying agency whose work is tied to the application

### FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Executive Director	John Doe	\$64,890	10%	\$6,489
Coordinator	To be selected	\$46,276	100%	\$46,276
			TOTAL	\$52,765

**JUSTIFICATION: Describe the role and responsibilities of each position.**

The executive director will provide oversight of grant, including fiscal and personnel management, community relations and project implementation and evaluation. The coordinator will coordinate project services and activities, including training, communication, data collection and dissemination.

### NON-FEDERAL MATCH

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

**JUSTIFICATION: Describe the role and responsibilities of each position.**

The executive director will provide oversight of grant, including fiscal and personnel management, community relations and project implementation and evaluation. The development specialist will provide staffing support to the working council. The peer

helper will be responsible for peer recruitment, coordination and support. The clerical support will process paperwork, payroll, and expense reports.

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form SF424A) **\$52,765**

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

**B. Fringe Benefits:** List all components of 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
		<b>TOTAL</b>	<b>\$10,896</b>

**NON-FEDERAL MATCH**

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

**JUSTIFICATION:** Fringe reflects current rate for agency.

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF424A) **\$10,896**

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

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

**FEDERAL REQUEST**

Purpose of Travel	Location	Item	Rate	Cost
Conference (be as specific as possible)	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184

Local travel		Mileage	3,000 miles@.38/mile	\$1,140
			TOTAL	\$2,444

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

Cost for two members to attend a grantee meeting in Washington. Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on agency's privately owned vehicle (POV) reimbursement rate.

**NON-FEDERAL MATCH**

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

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

Coalition agencies will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL). Local travel rate is based on agency's POV reimbursement rate.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF424) **\$2,444**

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

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

**FEDERAL REQUEST** – (enter in Section B column 1 line 6d of form SF424A) **\$ 0**

**NON-FEDERAL MATCH** – (enter in Section B column 2 line 6d of form SF424A) **\$ 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 need and include explanation of how costs were estimated.**

Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and outreach workshops. All costs were based on retail values at the time the application was written. \*Provide justification for purchases, especially if they were requested and purchased under a previous budget.

**NON-FEDERAL MATCH**

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Bookcase*	\$75	\$75
Digital camera*	\$300	\$300
Fax machine*	\$150	\$150
Computer*	\$500	\$500
Postage	\$37/mo. x 4 mo	\$148
TOTAL		\$1,773

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

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6e of form SF424A) **\$ 3,796**

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

- F. Contract:** generally amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

**FEDERAL REQUEST (Consultant)**

Name	Service	Rate	Other	Cost
To be selected	Coalition Building	\$150/day	15 days	\$2,250
	Travel	.38/mile	360 miles	\$137
			TOTAL	\$2,387

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

This person will advise staff and coalition members of ways to maintain, increase membership, and develop a Strategic Prevention Framework for the local coalition. The rate is based on the average consulting rate in this area. Consultant is expected to make up to 6 trips (each trip a total of 60 miles) to meet with staff and the coalition. Mileage rate is based on POV reimbursement rate. A request for proposal will be issued to secure a competitive bid before final selection is made.

**FEDERAL REQUEST (Contract)**

Entity	Product/Service	Cost
To be selected	1.5 minute Public Service Announcement (PSA)	\$2,300
To be selected	Evaluation Report	\$4,500
	TOTAL	\$6,800

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

A local media outlet will produce a 1.5-minute PSA from the youth drug awareness video for the local television market. Tasks will include cutting and editing the tape, preparing introductory statement, inserting music and/or narrative, and synchronizing the sound track. A local evaluation specialist will be contracted to produce the year-end results of the coalition efforts. A request for proposal will be issued to secure a competitive bid before final selection is made.

**NON-FEDERAL MATCH (Consultant)**

Name	Service	Rate	Other	Cost
Coalition members	Outreach meeting facilitation	\$17.5/hour	6 members x \$17.50 x20 hr./mo. x 12 mo.	\$25,200
	Travel Expenses	.38/mile	12 members x 148 miles x .38/mile	\$675
			TOTAL	\$25,875



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

Twelve (12) coalition members are volunteering their time to facilitate the youth prevention and outreach sessions outlined in the strategic plan. Hourly rate is based on average salaries of the volunteers. Travel is based on average distance between volunteer’s location and the meeting sites. Mileage rate is based on POV reimbursement rate.

**NON-FEDERAL MATCH (Contract)**

Entity	Product/Service	Cost
West Bank School District	Student Assistance Program	\$15,000
	TOTAL	\$15,000

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

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6f of form SF424A) **\$ 9,187**  
(combine the total of consultant and contract)

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6f of form SF424A) **\$ 40,875**  
(combine the total of consultant and contract)

**G. Construction: NOT ALLOWED** – Leave Section B columns 1&2 line 6g on SF424A blank.

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

**FEDERAL REQUEST**

Item	Rate	Cost
Rent	\$15/sq.ft x 700 sq. feet	\$10,500
Telephone	\$100/mo. x 12 mo.	\$1,200
Student Surveys	\$1/survey x 2784	\$2,784
Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,819

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

Rent and telephone is necessary to operate the project. Monthly telephone costs reflect the % of effort for the personnel listed in this application. Survey copyright requires the purchase of the ATOD surveys. Brochures will be used at various community functions (health fairs and exhibits).

**NON-FEDERAL MATCH**

Item	Rate	Cost
Space rental	Varies between \$75/event to over \$300/event	\$11,500
Television time	\$250/spot x 50 spots	\$12,500
Food and beverages	\$2.50/meeting x 40 attendees x 3 meetings	\$300
Internet services	\$26/mo. x 12 mo.	\$312
Student surveys	\$1/survey x 1583 surveys	\$1,583
Printing	\$300/run x 6 runs	\$1,800
	TOTAL	\$27,995

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

Various coalition and community organizations donate space for the various activities outlined in the scope of work, such as teen night out, after-school programs, and parent education classes. The prices range from \$75/event for the West Bank School District to over \$300/event for the Holiday Inn. The local ACME market is donating the food for three meetings. The local television station is donating airtime for the PSA (MOU attached to application). The applying agency is donating the internet services for the full-time coordinator. The West Bank School District is donating the cost of 1,583 student surveys. All costs are the value placed on the service at the time of this grant application. A coalition member is donating the printing for the bi-monthly newsletter.

**FEDERAL REQUEST** (enter in Section B column 1 line 6h of form SF424A) **\$15,819**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6h of form SF424A) **\$27,995**

**Indirect cost rate:** Indirect costs can only 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: [samhsa.gov](http://samhsa.gov) then click on grants – grants management – HHS Division of Cost Allocation – Regional Offices.

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF424A)

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

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

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

**JUSTIFICATION:** The indirect costs rate was approved by the Dept. of Health and Human Services in 200X and is applied to the personnel and fringe, per the negotiated agreement. A copy of the fully executed, negotiated, indirect cost agreement is attached.

**BUDGET SUMMARY:**

<b>Category</b>	<b>Federal Request</b>	<b>Non-Federal Match</b>	<b>Total</b>
Personnel	\$52,765	\$21,580	\$74,345
Fringe	\$10,896	\$4,457	\$15,353
Travel	\$2,444	\$1,237	\$3,681
Equipment	0	0	0
Supplies	\$3,796	\$1,773	\$5,569
Contractual	\$9,187	\$40,875	\$50,062
Other	\$15,819	\$27,995	\$43,814
Total Direct Costs*	\$94,907	\$97,917	\$192,824
Indirect Costs	\$5,093	\$2,083	\$7,176
Total Project Costs	\$100,000	\$100,000	\$200,000

**\* TOTAL DIRECT COSTS:**

**FEDERAL REQUEST** (enter in Section B column 1 line 6i of form SF424A) **\$94,907**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6i of form SF424A) **\$97,917**

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF424A) **\$100,000**

# Appendix I – 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. 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 of 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](mailto: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 J – Background Information and Expected Grantee Activities**

A “system of care” (SOC) is an organizational philosophy and framework that involves collaboration across government and private agencies, providers, families, and youth for the purpose of improving access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with a serious emotional disturbances and their families. Since the inception of the *Comprehensive Community Mental Health Services for Children and Their Families Program* (i.e., Children’s Mental Health Initiative or CMHI) in 1992 by an act of Congress, the SOC approach has served as the conceptual and philosophical framework for systemic reform in children’s mental health.

An estimated 4.5 to 6.3 million children and youth in the United States suffer from a serious mental health condition (about 10%) and 20% have a diagnosable mental disorder. Approximately 65% to 80% of these children and youth do not receive the specialty mental health services and supports they need. In addition, the onset for 50% of adult mental health disorders is by age 14, and for 75% of adults it is age 24, and yet resources are limited for children, youth and their families. Suicide is the third leading cause of death in individuals in the 15-24 year age group and approximately 1 in 5 adolescents and young adults experience suicidal ideation every year.

Accumulating research and evaluation results from the CMHI over the last 15 years have demonstrated that, when a SOC approach is implemented and sustained, children, youth and families experience both short and long-term benefits, including: improvement in clinical and functional outcomes, significant reductions in suicide attempts by youth, improvement in school attendance and performance, reduction in contacts with law enforcement, and reduction of reliance on inpatient settings for care. Data show that caregivers of children served within systems of care experienced reduced strain associated with caring for a child who has a serious mental health condition, more adequate resources, fewer missed days of work, and improvement in overall family functioning. Research has demonstrated that systems of care have a positive effect on the structure, organization, and availability of services for children and youth with serious mental health needs and their families.



## **Appendix K – Section 561 – 565 of the Public Health Service Act, as Amended**

### **SEC. 561. [290ff. ] COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES.**

#### **(a) GRANTS TO CERTAIN PUBLIC ENTITIES.—**

(1) **IN GENERAL.**—The Secretary, acting through the Director of the Center for Mental Health Services, shall make grants to public entities for the purpose of providing comprehensive community mental health services to children with a serious emotional disturbance.

(2) **DEFINITION OF PUBLIC ENTITY.**—For purposes of this part, the term “public entity” means any State, any political subdivision of a State, and any Indian tribe or tribal organization (as defined in section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act).

#### **(b) CONSIDERATIONS IN MAKING GRANTS.—**

(1) **REQUIREMENT OF STATUS AS GRANTEE UNDER PART B OF TITLE XIX.**—The Secretary may make a grant under subsection (a) to a public entity only if—(A) in the case of a public entity that is a State, the State is such a grantee under section 1911; (B) in the case of a public entity that is a political subdivision of a State, the State in which the political subdivision is located is such a grantee; and (C) in the case of a public entity that is an Indian tribe or tribal organization, the State in which the tribe or tribal organization is located is such a grantee.

(2) **REQUIREMENT OF STATUS AS MEDICAID PROVIDER.**— (A) Subject to subparagraph (B), the Secretary may make a grant under subsection (a) only if, in the case of any service under such subsection that is covered in the State plan approved under title XIX of the Social Security Act for the State involved—(i) the public entity involved will provide the service directly, and the entity has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or (ii) the public entity will enter into an agreement with an organization under which the organization will provide the service, and the organization has entered into such a participation agreement and is qualified to receive such payments. (B)(i) In the case of an organization making an agreement under subparagraph (A)(ii) regarding the provision of services under subsection (a), the requirement established in such subparagraph regarding a participation agreement shall be waived by the Secretary if the organization does not, in providing health or mental health services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program. (ii) A determination by the Secretary of whether an organization referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the organization accepts voluntary donations regarding the provision of services to the public.

(3) **CERTAIN CONSIDERATIONS.**—In making grants under subsection (a), the Secretary shall—(A) equitably allocate such assistance among the principal geographic regions of the United States; (B) consider the extent to which the public entity involved has a need for the grant; and (C) in the case of any public entity that is a political subdivision of a State or that is an Indian tribe or tribal organization— (i) shall consider any comments regarding the application

of the entity for such a grant that are received by the Secretary from the State in which the entity is located; and (ii) shall give special consideration to the entity if the State agrees to provide a portion of the non-Federal contributions required in subsection (c) regarding such a grant.

(c) **MATCHING FUNDS.**—

(1) **IN GENERAL.**—A funding agreement for a grant under subsection (a) is that the public entity involved will, with respect to the costs to be incurred by the entity in carrying out the purpose described in such subsection, make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that—(A) for the first fiscal year for which the entity receives payments from a grant under such subsection, is not less than \$1 for each \$3 of Federal funds provided in the grant; (B) for any second or third such fiscal year, is not less than \$1 for each \$3 of Federal funds provided in the grant; (C) for any fourth such fiscal year, is not less than \$1 for each \$1 of Federal funds provided in the grant; and (D) for any fifth and sixth such fiscal year, is not less than \$2 for each \$1 of Federal funds provided in the grant.

(2) **DETERMINATION OF AMOUNT CONTRIBUTED.**—(A) Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions. (B) In making a determination of the amount of non-Federal contributions for purposes of subparagraph (A), the Secretary may include only non-Federal contributions in excess of the average amount of non-Federal contributions made by the public entity involved toward the purpose described in subsection (a) for the 2-year period preceding the first fiscal year for which the entity receives a grant under such section.

**SEC. 562. [290ff–1. ] REQUIREMENTS WITH RESPECT TO CARRYING OUT PURPOSE OF GRANTS.**

(a) **SYSTEMS OF COMPREHENSIVE CARE.**—(1) **IN GENERAL.**—A funding agreement for a grant under section 561(a) is that, with respect to children with a serious emotional disturbance, the public entity involved will carry out the purpose described in such section only through establishing and operating 1 or more systems of care for making each of the mental health services specified in subsection (c) available to each child provided access to the system. In providing for such a system, the public entity may make grants to, and enter into contracts with, public and nonprofit private entities.

(2) **STRUCTURE OF SYSTEM.**—A funding agreement for a grant under section 561(a) is that a system of care under paragraph (1) will—(A) be established in a community selected by the public entity involved; (B) consist of such public agencies and nonprofit private entities in the community as are necessary to ensure that each of the services specified in subsection (c) is available to each child provided access to the system; (C) be established pursuant to agreements that the public entity enters into with the agencies and entities described in subparagraph (B); (D) coordinate the provision of the services of the system; and (E) establish an office whose functions are to serve as the location through which children are provided access to the system, to coordinate the provision of services of the system, and to provide information to the public regarding the system.

(3) **COLLABORATION OF LOCAL PUBLIC ENTITIES.**—A funding agreement for a grant under section 561(a) is that, for purposes of the establishment and operation of a system of care under paragraph (1), the public entity involved will seek collaboration among all public agencies that provide human services in the community in which the system is established, including but

not limited to those providing mental health services, educational services, child welfare services, or juvenile justice services.

(b) **LIMITATION ON AGE OF CHILDREN PROVIDED ACCESS TO SYSTEM.**—A funding agreement for a grant under section 561(a) is that a system of care under subsection (a) will not provide an individual with access to the system if the individual is more than 21 years of age.

(c) **REQUIRED MENTAL HEALTH SERVICES OF SYSTEM.**—A funding agreement for a grant under section 561(a) is that mental health services provided by a system of care under subsection (a) will include, with respect to a serious emotional disturbance in a child— (1) diagnostic and evaluation services; (2) outpatient services provided in a clinic, office, school or other appropriate location, including individual, group and family counseling services, professional consultation, and review and management of medications; (3) emergency services, available 24-hours a day, 7 days a week; (4) intensive home-based services for children and their families when the child is at imminent risk of out-of-home placement; (5) intensive day-treatment services; (6) respite care; (7) therapeutic foster care services, and services in therapeutic foster family homes or individual therapeutic residential homes, and groups homes caring for not more than 10 children; and (8) assisting the child in making the transition from the services received as a child to the services to be received as an adult.

(d) **REQUIRED ARRANGEMENTS REGARDING OTHER APPROPRIATE SERVICES.**—

(1) **IN GENERAL.**—A funding agreement for a grant under section 561(a) is that—(A) a system of care under subsection (a) will enter into a memorandum of understanding with each of the providers specified in paragraph (2) in order to facilitate the availability of the services of the provider involved to each child provided access to the system; and (B) the grant under such section 561(a), and the non-Federal contributions made with respect to the grant, will not be expended to pay the costs of providing such nonmental health services to any individual.

(2) **SPECIFICATION OF NON-MENTAL HEALTH SERVICES.**—The providers referred to in paragraph (1) are providers of medical services other than mental health services, providers of educational services, providers of vocational counseling and vocational rehabilitation services, and providers of protection and advocacy services with respect to mental health.

(3) **FACILITATION OF SERVICES OF CERTAIN PROGRAMS.**—A funding agreement for a grant under section 561(a) is that a system of care under subsection (a) will, for purposes of paragraph (1), enter into a memorandum of understanding regarding facilitation of—(A) services available pursuant to title XIX of the Social Security Act, including services regarding early periodic screening, diagnosis, and treatment; (B) services available under parts B and H of the Individuals with Disabilities Education Act; and (C) services available under other appropriate programs, as identified by the Secretary.

(e) **GENERAL PROVISIONS REGARDING SERVICES OF SYSTEM.**—

(1) **CASE MANAGEMENT SERVICES.**—A funding agreement for a grant under section 561(a) is that a system of care under subsection (a) will provide for the case management of each child provided access to the system in order to ensure that—(A) the services provided through the system to the child are coordinated and that the need of each such child for the services is periodically reassessed; (B) information is provided to the family of the child on the extent of progress being made toward the objectives established for the child under the plan of services implemented for the child pursuant to section 563; and (C) the system provides assistance with respect to—

(i) establishing the eligibility of the child, and the family of the child, for financial assistance and services under Federal, State, or local programs providing for health services, mental health

services, educational services, social services, or other services; and (ii) seeking to ensure that the child receives appropriate services available under such programs.

(2) OTHER PROVISIONS.—A funding agreement for a grant under section 561(a) is that a system of care under subsection (a), in providing the services of the system, will—(A) provide the services of the system in the cultural context that is most appropriate for the child and family involved; (B) ensure that individuals providing such services to the child can effectively communicate with the child and family in the most direct manner; (C) provide the services without discriminating against the child or the family of the child on the basis of race, religion, national origin, sex, disability, or age; (D) seek to ensure that each child provided access to the system of care remains in the least restrictive, most normative environment that is clinically appropriate; and (E) provide outreach services to inform individuals, as appropriate, of the services available from the system, including identifying children with a serious emotional disturbance who are in the early stages of such disturbance.

(3) RULE OF CONSTRUCTION.—An agreement made under paragraph (2) may not be construed—(A) with respect to subparagraph (C) of such paragraph—(i) to prohibit a system of care under subsection (a) from requiring that, in housing provided by the grantee for purposes of residential treatment services authorized under subsection (c), males and females be segregated to the extent appropriate in the treatment of the children involved; or (ii) to prohibit the system of care from complying with the agreement made under subsection (b); or (B) with respect to subparagraph (D) of such paragraph, to authorize the system of care to expend the grant under section 561(a) (or the non-Federal contributions made with respect to the grant) to provide legal services or any service with respect to which expenditures regarding the grant are prohibited under subsection (d)(1)(B).

(f) RESTRICTIONS ON USE OF GRANT.—A funding agreement for a grant under section 561(a) is that the grant, and the non-Federal contributions made with respect to the grant, will not be expended—(1) to purchase or improve real property (including the construction or renovation of facilities); (2) to provide for room and board in residential programs serving 10 or fewer children; (3) to provide for room and board or other services or expenditures associated with care of children in residential treatment centers serving more than 10 children or in inpatient hospital settings, except intensive home-based services and other services provided on an ambulatory or outpatient basis; or (4) to provide for the training of any individual, except training authorized in section 564(a)(2) and training provided through any appropriate course in continuing education whose duration does not exceed 2 days.

(g) WAIVERS.—The Secretary may waive one or more of the requirements of subsection (c) for a public entity that is an Indian Tribe or tribal organization, or American Samoa, Guam, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, or the United States Virgin Islands if the Secretary determines, after peer review, that the system of care is family-centered and uses the least restrictive environment that is clinically appropriate.

#### **SEC. 563. [290ff–2. ] INDIVIDUALIZED PLAN FOR SERVICES.**

(a) IN GENERAL.—A funding agreement for a grant under section 561(a) is that a system of care under section 562(a) will develop and carry out an individualized plan of services for each child provided access to the system, and that the plan will be developed and carried out with the participation of the family of the child and, unless clinically inappropriate, with the participation of the child.

(b) **MULTIDISCIPLINARY TEAM.**—A funding agreement for a grant under section 561(a) is that the plan required in subsection (a) will be developed, and reviewed and as appropriate revised not less than once each year, by a multidisciplinary team of appropriately qualified individuals who provide services through the system, including as appropriate mental health services, other health services, educational services, social services, and vocational counseling and rehabilitation;

(c) **COORDINATION WITH SERVICES UNDER INDIVIDUALS WITH DISABILITIES EDUCATION ACT.**—A funding agreement for a grant under section 561(a) is that, with respect to a plan under subsection (a) for a child, the multidisciplinary team required in subsection (b) will—(1) in developing, carrying out, reviewing, and revising the plan consider any individualized education program in effect for the child pursuant to part B of the Individuals with Disabilities Education Act; (2) ensure that the plan is consistent with such individualized education program and provides for coordinating services under the plan with services under such program; and (3) ensure that the memorandum of understanding entered into under section 562(d)(3)(B) regarding such Act includes provisions regarding compliance with this subsection.

(d) **CONTENTS OF PLAN.**—A funding agreement for a grant under section 561(a) is that the plan required in subsection (a) for a child will—(1) identify and state the needs of the child for the services available pursuant to section 562 through the system; (2) provide for each of such services that is appropriate to the circumstances of the child, including, except in the case of children who are less than 14 years of age, the provision of appropriate vocational counseling and rehabilitation, and transition services (as defined in section 602(a)(19) of the Individuals with Disabilities Education Act); (3) establish objectives to be achieved regarding the needs of the child and the methodology for achieving the objectives; and (4) designate an individual to be responsible for providing the case management required in section 562(e)(1) or certify that case management services will be provided to the child as part of the individualized education program of the child under the Individuals with Disabilities Education Act.

**SEC. 564. [290ff–3. ] ADDITIONAL PROVISIONS.**

(a) **OPTIONAL SERVICES.**—In addition to services described in subsection (c) of section 562, a system of care under subsection (a) of such section may, in expending a grant under section 561(a), provide for—(1) preliminary assessments to determine whether a child should be provided access to the system; (2) training in—(A) the administration of the system; (B) the provision of intensive home-based services under paragraph (4) of section 562(c), intensive day treatment under paragraph (5) of such section, and foster care or group homes under paragraph (7) of such section; and (C) the development of individualized plans for purposes of section 563; (3) recreational activities for children provided access to the system; and (4) such other services as may be appropriate in providing for the comprehensive needs with respect to mental health of children with a serious emotional disturbance.

(b) **COMPREHENSIVE PLAN.**—The Secretary may make a grant under section 561(a) only if, with respect to the jurisdiction of the public entity involved, the entity has submitted to the Secretary, and has had approved by the Secretary, a plan for the development of a jurisdiction-wide system of care for community-based services for children with a serious emotional disturbance that specifies the progress the public entity has made in developing the jurisdiction-wide system, the extent of cooperation across agencies serving children in the establishment of the system, the Federal and non-Federal resources currently committed to the establishment of the system, and the current gaps in community services and the manner in which the grant under section 561(a) will be expended to address such gaps and establish local systems of care.

(c) **LIMITATION ON IMPOSITION OF FEES FOR SERVICES.**—A funding agreement for a grant under section 561(a) is that, if a charge is imposed for the provision of services under the grant, such charge—(1) will be made according to a schedule of charges that is made available to the public; (2) will be adjusted to reflect the income of the family of the child involved; and (3) will not be imposed on any child whose family has income and resources of equal to or less than 100 percent of the official poverty line, as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

(d) **RELATIONSHIP TO ITEMS AND SERVICES UNDER OTHER PROGRAMS.**—A funding agreement for a grant under section 561(a) is that the grant, and the non-Federal contributions made with respect to the grant, will not be expended to make payment for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to such item or service—(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or (2) by an entity that provides health services on a prepaid basis.

(e) **LIMITATION ON ADMINISTRATIVE EXPENSES.**—A funding agreement for a grant under section 561(a) is that not more than 2 percent of the grant will be expended for administrative expenses incurred with respect to the grant by the public entity involved.

(f) **REPORTS TO SECRETARY.**—A funding agreement for a grant under section 561(a) is that the public entity involved will annually submit to the Secretary a report on the activities of the entity under the grant that includes a description of the number of children provided access to systems of care operated pursuant to the grant, the demographic characteristics of the children, the types and costs of services provided pursuant to the grant, the availability and use of third-party reimbursements, estimates of the unmet need for such services in the jurisdiction of the entity, and the manner in which the grant has been expended toward the establishment of a jurisdiction-wide system of care for children with a serious emotional disturbance, and such other information as the Secretary may require with respect to the grant.

(g) **DESCRIPTION OF INTENDED USES OF GRANT.**—The Secretary may make a grant under section 561(a) only if—

(1) the public entity involved submits to the Secretary a description of the purposes for which the entity intends to expend the grant; (2) the description identifies the populations, areas, and localities in the jurisdiction of the entity with a need for services under this section; and (3) the description provides information relating to the services and activities to be provided, including a description of the manner in which the services and activities will be coordinated with any similar services or activities of public or nonprofit entities.

(h) **REQUIREMENT OF APPLICATION.**—The Secretary may make a grant under section 561(a) only if an application for the grant is submitted to the Secretary, the application contains the description of intended uses required in subsection (g), and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

**SEC. 565. [290ff-4. ] GENERAL PROVISIONS.**

(a) **DURATION OF SUPPORT.**—The period during which payments are made to a public entity from a grant under section 561(a) may not exceed 6 fiscal years.

(b) **TECHNICAL ASSISTANCE.**—(1) **IN GENERAL.**—The Secretary shall, upon the request of a public entity receiving a grant under section 561(a)—(A) provide technical assistance to the entity regarding the process of submitting to the Secretary applications for grants under section

561(a); and (B) provide to the entity training and technical assistance with respect to the planning, development, and operation of systems of care pursuant to section 562.

(2) **AUTHORITY FOR GRANTS AND CONTRACTS.**—The Secretary may provide technical assistance under subsection (a) directly or through grants to, or contracts with, public and nonprofit private entities.

(c) **EVALUATIONS AND REPORTS BY SECRETARY.**—

(1) **IN GENERAL.**—The Secretary shall, directly or through contracts with public or private entities, provide for annual evaluations of programs carried out pursuant to section 561(a). The evaluations shall assess the effectiveness of the systems of care operated pursuant to such section, including longitudinal studies of outcomes of services provided by such systems, other studies regarding such outcomes, the effect of activities under this part on the utilization of hospital and other institutional settings, the barriers to and achievements resulting from interagency collaboration in providing community-based services to children with a serious emotional disturbance, and assessments by parents of the effectiveness of the systems of care.

(2) **REPORT TO CONGRESS.**—The Secretary shall, not later than 1 year after the date on which amounts are first appropriated under subsection (c), and annually thereafter, submit to the Congress a report summarizing evaluations carried out pursuant to paragraph (1) during the preceding fiscal year and making such recommendations for administrative and legislative initiatives with respect to this section as the Secretary determines to be appropriate.

(d) **DEFINITIONS.**—For purposes of this part: (1) The term “child” means an individual not more than 21 years of age.

(2) The term “family”, with respect to a child provided access to a system of care under section 562(a), means—

(A) the legal guardian of the child; and (B) as appropriate regarding mental health services for the child, the parents of the child (biological or adoptive, as the case may be) and any foster parents of the child.

(3) The term “funding agreement”, with respect to a grant under section 561(a) to a public entity, means that the Secretary may make such a grant only if the public entity makes the agreement involved.

(4) The term “serious emotional disturbance” includes, with respect to a child, any child who has a serious emotional disorder, a serious behavioral disorder, or a serious mental disorder.

(e) **RULE OF CONSTRUCTION.**—Nothing in this part shall be construed as limiting the rights of a child with a serious emotional disturbance under the Individuals with Disabilities Education Act.

(f) **FUNDING.**—

(1) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this part, there are authorized to be appropriated \$100,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(2) **1 LIMITATION REGARDING TECHNICAL ASSISTANCE.**—Not more than 10 percent of the amounts appropriated under paragraph (1) for a fiscal year may be expended for carrying out subsection (b).