Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Minority AIDS Initiative Targeted Capacity Expansion (MAI-TCE): Integrated Behavioral Health/Primary Care Network Cooperative Agreements

(Short Title: MAI-TCE Program)

(Initial Announcement)

Request for Applications (RFA) No. SM-11-006

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

Key Dates:

Application Deadline	**Applications are due by June 13, 2011.**
Intergovernmental Review **(E.O. 12372)**	**Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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EXECUTIVE SUMMARY:

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the fiscal year (FY) 2011 Minority AIDS Initiative Targeted Capacity Expansion (MAI –TCE): Integrated Behavioral Health/Primary Care Network Cooperative Agreements. The purpose of the MAI-TCE program is to facilitate the development and expansion of culturally competent and effective integrated behavioral health and primary care networks, which include HIV services and medical treatment, within racial and ethnic minority communities in the 12 Metropolitan Statistical Areas (MSAs) and Metropolitan Divisions (MDs) most impacted by HIV/AIDS. The expected outcomes for the program include reducing the impact of behavioral health problems, HIV risk and incidence, and HIV-related health disparities in these areas. As the incidence of HIV/AIDS increases among racial and ethnic minority populations, the need for substance abuse and mental health services increases as well. When untreated, these behavioral health needs are associated with increased morbidity and mortality, impaired quality of life, and numerous medical and/or behavioral challenges, such as non-adherence with treatment regimens. This program will ensure that individuals who are at high risk for or have a mental and/or substance use disorder and who are most at risk for or are living with HIV/AIDS have access to and receive appropriate behavioral health services (including prevention and treatment), HIV/AIDS care and medical treatment in integrated behavioral health and primary care settings (that may include infectious disease or other HIV specialty providers).

Funding Opportunity Title:	Minority AIDS Initiative Targeted Capacity Expansion (MAI-TCE): Integrated Behavioral Health/Primary Care Network Cooperative Agreements
Funding Opportunity Number:	SM-11-006
Due Date for Applications:	June 13, 2011
Anticipated Total Available Funding:	$13.416 million per year In FY 2011, the total funding level includes $10.916 million from the SAMHSA MAI CMHS, CSAP, and CSAT appropriations and $2.5 million from the HHS MAI Secretariat Emergency Fund.
Estimated Number of Awards:	Up to 12 awards may be made.

Estimated Award Amount:	Up to $1.5 million. Award amounts will vary based on the size of the population most at risk for or living with HIV/AIDS within the grantee's MSA or MD.
Cost Sharing/Match Required	No
Length of Project Period:	3 years
Eligible Applicants:	The CDC ECHPP grantees/Public Health Departments in the 12 MSAs and MDs most impacted by HIV/AIDS. Applicants must be one of the following public health Departments: • New York City Department of Health and Mental Hygiene • Los Angeles County Public Health Department • District of Columbia Department of Health • Chicago Department of Public Health • Georgia Department of Human Resources • Florida State Department of Health • City of Philadelphia Public Health Department • Houston Department of Health and Human Services • San Francisco Department of Public Health • Maryland State Department of Health • Texas State Department of Health Services • Puerto Rico Department of Health

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the fiscal year (FY) 2011 Minority AIDS Initiative Targeted Capacity Expansion (MAI –TCE): Integrated Behavioral Health/Primary Care Network Cooperative Agreements. The purpose of the MAI-TCE program is to facilitate the development and expansion of culturally competent and effective integrated behavioral health and primary care networks, which include HIV services and medical treatment, within racial and ethnic minority communities in the 12 Metropolitan Statistical Areas (MSAs) and Metropolitan Divisions (MDs) most impacted by HIV/AIDS. The expected outcomes for the program include reducing the impact of behavioral health problems, HIV risk and incidence, and HIV-related health disparities in these areas. As the incidence of HIV/AIDS increases among racial and ethnic minority populations, the need for substance abuse and mental health services increases as well. When untreated, these behavioral health needs are associated with increased morbidity and mortality, impaired quality of life, and numerous medical and/or behavioral challenges, such as non-adherence with treatment regimens. This program will ensure that individuals who are at high risk for or have a mental and/or substance use disorder and who are most at risk for or are living with HIV/AIDS have access to and receive appropriate behavioral health services (including prevention and treatment), HIV/AIDS care and medical treatment in integrated behavioral health and primary care settings (that may include infectious disease or other HIV specialty providers).

The FY 2011 MAI-TCE program also supports the integration of behavioral health services (i.e., the prevention and treatment of mental illness and substance abuse) into the CDC supported Enhanced Comprehensive HIV Prevention Plans (ECHPP) for each of the 12 MSAs/MDs most impacted by HIV/AIDS; and HIV rapid testing and counseling services into existing mental health and substance abuse treatment provider networks within racial and ethnic minority communities within those same areas.

This grant program is part of the Congressional Minority AIDS Initiative, which was developed to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS and to reduce HIV-related health disparities. The program also supports the goals of the National HIV/AIDS Strategy, the Department of Health and Human Services (HHS) 12 Cities Project, and the Centers for Disease Control and Prevention's (CDC) current efforts through the ECHPP to reduce HIV risk and incidence in the areas most affected by the HIV epidemic. The program is a part of SAMHSA's Health Reform Strategic Initiative. Information on SAMHSA's eight Strategic Initiatives is available at http://www.SAMHSA.gov.

Grantees must focus the majority of their grant activities on serving racial and ethnic minority communities within their MSA or MD. Grantees also are strongly encouraged to

focus on serving the priority populations identified in the National HIV/AIDS strategy (as appropriate for their jurisdiction), including Black and Latino women and men, gay and bisexual men, transgendered persons, and substance users. In addition, grantees may prioritize other high priority populations living within their MSA or MD, such as American Indian/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders to the extent that this focus is based on the grantee's local HIV/AIDS epidemiological profile.

Since the MAI-TCE program includes funds for both infrastructure development and the provision of direct services, SAMHSA intends that its grantees begin the delivery of services as soon as possible after award. Service delivery should begin no later than the beginning of the 4th month of the project.

The MAI-TCE grant program is authorized under Sections 509, 516, and 520A of the Public Health Service Act, as amended, which support the integration of substance abuse prevention, substance abuse treatment, and mental health services into primary care settings. This announcement addresses Healthy People 2020, Mental Health and Mental Disorders Topic Area HP 2020-MHMD, Substance Abuse Topic Area HP 2020-SA, and HIV Topic Area HP 2020-HIV.

1.1 Definitions

For the purposes of this RFA, the following phrases are defined as follows:

- "Behavioral health" refers to a state of mental/emotional health and to the choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders.
- "Mental and substance use disorders" includes mental disorders, substance use disorders, and co-occurring mental and substance use disorders.
- "Behavioral health network" means the service system encompassing the promotion of emotional health, the prevention of mental and substance use disorders and related problems, treatments and services for mental and substance use disorders, and recovery support services.
- "An integrated behavioral health and primary care network" is a coordinated service provision system that includes behavioral health, primary care, HIV treatment, and associated prevention and educational services.
- "Recovery from mental and substance use disorders" is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. Recovery support services include the required supports to enable continued recovery.
- "Priority populations" are the groups identified in the National HIV/AIDS strategy (as being most at risk for or currently living with HIV/AIDS in the United States); including Black and Latino women and men, gay and bisexual men, transgendered

persons, and substance users. Other high priority populations, such as American Indian/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders may be included to the extent that this focus is based on the grantee's local HIV/AIDS epidemiological profile.

- "Metropolitan Statistical Areas (MSA)" are geographic entities defined by the U.S. Office of Management and Budget for use by Federal statistical agencies in collecting, tabulating and publishing Federal statistics. The underlying concept of an MSA is that of a core area containing a large population nucleus, together with adjacent communities having a high degree of economic and social integration. MSAs are composed of an entire county or county equivalents. Every MSA has at least one urbanized area with a population of 50,000 or more.
- "Metropolitan Divisions (MD)" are counties or a group of counties within a MSA that has a population core of at least 2.5 million.

2. EXPECTATIONS

MAI-TCE grant funds may be used to support the following types of activities:

- The integration of behavioral health services into the MSA's or MD's ECHPP implementation activities; and the development and enhancement of integrated behavioral health and primary care networks, which include HIV services and medical treatment, as part of an "enhanced" ECHPP within each MSA and MD (up to 20% of the total grant award).

- Prevention activities, treatment, and recovery support services for mental and substance use disorders either on-site (e.g., at public health or primary care facilities) or through referrals to local community-based, mental health and substance abuse provider organizations; and rapid HIV testing and counseling located on site at mental health and substance abuse community-based organizations (a minimum of 70% of the total grant award).

- Data collection activities (up to 10% of the total grant award).

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).

2.1 Required Infrastructure Development Activities (up to 20% of the award)

Grantees may use up to 20 percent of their total grant award for the development and enhancement of integrated behavioral health and primary care networks as part of the MSA/MD's ECHPP to provide seamless access to care and services for individuals who are at high risk for or have a mental and/or substance use disorder and who are most at risk for or living with HIV/AIDS. At a minimum, applicants must describe in their grant

applications how they will use MAI-TCE grant dollars and/or other funding sources to support the following required infrastructure activities within the MSA or MD:

- The incorporation of behavioral health services into existing ECHPP implementation plans.
- Address existing gaps in behavioral health services and related supportive services and/or realign resources to address the prevention and treatment of mental and substance use disorders.
- The development of integrated and enhanced referral systems between and within the public health department, behavioral health and primary care State/local agencies and local community-based organizations, which may include the use of management information systems for this purpose.
- Training and workforce development activities for behavioral health and primary care staff that focus on integrating primary and behavioral health care services including HIV services and medical treatment, the use of evidence-based practices for the prevention and treatment of mental and substance use disorders, and/or the training of behavioral health and HIV/AIDS care coordinators.
- The development of a Behavioral Health and Primary Care Network Committee (BH/PCNC), which must be co-chaired by staff from the public health department receiving this grant, the State or local mental health agency, and the State or local substance abuse agency. The primary purpose of the BH/PCNC is to oversee and monitor: 1) the integration of behavioral health services into existing ECHPP implementation plans; and 2) the development and expansion of integrated behavioral health and primary care networks, including HIV services and medical treatment, within the racial and ethnic minority communities most impact by HIV/AIDS.

The BH/PCNC must be comprised of at least one representative from the State and local public health departments; the State Medicaid office; the State and local mental health agencies; the State and local substance abuse agencies; the State and local public housing authority; the local Health Resources and Services Administration (HRSA) Ryan White Planning Council; local primary care and HIV-oriented healthcare organizations; local community-based, mental health and substance abuse provider organizations; individuals who are most at risk for or living with HIV/AIDS; and individuals in recovery from mental and/or substance use disorders. In the cooperative agreement application, applicants must specify the role of each of the collaborating organizations on the committee. In addition to HRSA staff, appropriate federal staff from CDC and HUD must be part of the BH/PCNC. The applicant must specify the role of individuals in recovery on the committee. Grantees may utilize and build the BH/PCNC from existing coordinating committees or other entities that may already be working toward these same goals within the MSA or MD.

Applicants will be required to provide evidence as part of their application (e.g., through signed letters of commitment or memoranda of understanding) that each of the required

organizations outlined above are part of and will participate in the Behavioral Health and Primary Care Network Committee.

A primary function of the BH/PCNC is to facilitate the creation and maintenance of integrated behavioral health and primary care networks, which include HIV care, testing and medical treatment, within each MSA or MD. Dependent upon the size of the MSA or MD and the diversity of populations who are most at risk for or living with HIV/AIDS within the MSA or MD, each grantee must develop at least one integrated behavioral health and primary care network as part of the MAI-TCE program. The expectation is that these behavioral health networks will increase access to integrated behavioral health prevention, treatment and services and primary care for identified priority population groups within the MSA or MD and particularly focus on integrating behavioral health with HIV/AIDS prevention strategies. A secondary function of the BH/PCNC is to increase access to permanent housing in addition to appropriate behavioral health services, medical treatment, and supportive services for individuals who are homeless and most at risk for or living with HIV/AIDS.

The BH/PCNC also must:

- Monitor and coordinate the expansion of integrated behavioral health and primary care networks, which include HIV care, testing and medical treatment.
- Promote culturally competent, holistic and comprehensive approaches to integrated behavioral health and primary care, which result in a continuum of treatments and services necessary for successful client-level outcomes.
- Provide behavioral health treatment and services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse clients.
- Support the inclusion of clients, consumers, and individuals in recovery in the creation, coordination and monitoring of integrated behavioral health and primary care networks.

2.2 Required Prevention, Treatment, and Recovery Support Services for Mental and Substance Use Disorders (a minimum of 70% of the total grant award)

Grantees must use a minimum of 70% of their total grant award for prevention, treatment, and recovery support services for mental and substance use disorders either on-site (e.g., within a public health or primary care setting) or through referrals to State and local mental health and substance abuse agencies or local community-based, behavioral health organizations; and HIV testing and counseling that is located on site at mental health and substance abuse prevention, treatment and recovery support community-based organizations.

Grantees are required to provide the following services:

- Strategies and activities focused on building emotional health, preventing or mitigating complications from mental and substance use disorders (e.g. community-focused educational and preventive efforts including health education, wellness and risk reduction information).
- Outreach and treatment for mental and substance use disorders, including screening, toxicology screening for alcohol and other drugs, assessment, and individual treatment planning within outpatient, day, or opioid treatment programs, or using pharmacotherapy (i.e., buprenorphine, naltrexone).
- HIV Rapid-Testing and counseling located on-site at behavioral health organizations (and not already paid for through another Federal or local funding source).
- Intensive case management aimed at improving access and retention in treatment for mental and substance use disorders, maintenance of health care regimens, and facilitating recovery from mental and substance use disorders.
- Recovery support services (such as peer support groups, educational and vocational training, supported employment, and transportation services) designed to improve access and retention in treatment and to facilitate recovery.
- Access to and referrals for STI, hepatitis A and B (including immunization) and C, and TB testing in public health clinics.
- Access to and referrals for permanent housing that supports recovery for individuals within designated priority populations who have a mental or substance use disorder and would otherwise be homeless.

Grantees may use MAI-TCE funds to provide short-term residential treatment (90 days or less) but the use of funds for short-term residential treatment may not exceed 10 percent of the total amount of grant funds used for services.

Award funds may not be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.

2.3 Using Evidence-Based Practices

All prevention, treatment and services provided under this grant program must be considered to be an evidence-based practice and be appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. For SAMHSA's *National Registry of Evidence-based Programs and Practices*, please visit: http://www.nrepp.samhsa.gov/. For evidence-based practices regarding reducing risk for and the transmission of HIV/AIDS, see the CDC's *2009 Compendium of Evidence-Based Prevention Interventions* at: http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm

Grantees must provide in the following information in the project narrative of the grant application:

- Identify the evidence-based practice(s) you propose to implement for the specific population(s) of focus.
- Identify and discuss the evidence that shows that the practice(s) is (are) effective.
- If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

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

2.4 Data Collection and Performance Measurement (up to 10% of the award)

Grantees may use up to 10 percent of their total grant award for collecting and reporting required data so that SAMHSA may meet its obligations under the Government Performance and Results Modernization Act (GPRA) of 2010. You must document your ability to collect and report the required data in "Section E: Performance Assessment and Data" of your application. Grantees will be required to report performance on a number of GPRA performance measures, including mental health, substance use, client's level of functioning, retention in treatment and services, employment and education, stability in housing, level of involvement in the criminal justice system, social connectedness and perception of care. Grantees must collect and report on **client-level and infrastructure** measures using the Transformation Accountability (TRAC) Web system. Data will be collected at baseline (i.e., the client's entry into the project), discharge, and 6 months post-baseline. Upon collection of the data, grantees will have 7 business days to submit the data to SAMHSA. If you have an electronic health record (EHR) system to collect and manage most or all client-level, clinical information, you should use the EHR to automate GPRA reporting. Grantees will be provided extensive training on system requirements post-award. The collection of these data will enable SAMHSA to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health and substance use.

On an annual basis, grantees also will be required to report data on whether the MAI-TCE program in their MSA or MD is having an impact on the three priority outcomes for the project: reducing the impact of behavioral health problems, HIV risk and incidence, and HIV-related health disparities in the area. SAMHSA recognizes that the MAI-TCE

grantees also are recipients of funds under the CDC ECHPP and as such are already required to provide substantial data to the Federal government. Thus, SAMHSA will make every effort to streamline and coordinate data collection and evaluation efforts with the CDC under its ECHPP program.

Grantees will also be required to report performance regarding mental health promotion/mental illness and substance abuse prevention efforts made throughout the grant project period. In addition to the data collected in the TRAC system, on a quarterly basis, grantees also will be required to report on the following infrastructure, Prevention, and Promotion performance measures:

The number of programs/organizations/communities that implemented specific mental - health related practices/activities that are consistent with the goals of the grant.

The number of individuals screened for mental health or related interventions.

The number of individuals referred to mental health or related services.

The number of individuals who have received training in mental illness/substance abuse prevention or mental health promotion.

As changes may occur in the measures and systems for data reporting over time, grantees will be expected to comply with changes in these requirements when they are implemented.

SAMHSA intends to implement a cross-site evaluation of the MAI-TCE program. The evaluation will allow grantees and SAMHSA to assess progress toward meeting program outcomes. The cross-site evaluation will be designed to comply with OMB expectations regarding independence, scope, and quality of evaluation activities. The cross-site evaluation will be conducted through a contract and the contractor will manage cross-site data collection and analysis, and development of cross-site evaluation products. Grantees will be required to participate in the cross-site evaluation, through sharing of existing information, participation in telephone calls and/or in-person meetings during a site-visit to plan and implement the evaluation. Training and technical assistance on the cross-site evaluation will be provided by SAMHSA and/or the contractual evaluation organization at no cost to the grantee.

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

2.5 Grantee Meetings

Grantees are required to send a minimum of two key staff members from the Public Health Department to one SAMHSA grantee meeting in each year of the grant, and a detailed budget and narrative for this travel must be included in your budget. Each

meeting will be 3 days and held either in the Washington, D.C., area or in conjunction with one of the CDC quarterly ECHPP meetings in the Atlanta area.

II. AWARD INFORMATION

Proposed budgets cannot exceed $1.5 million in total costs (direct and indirect) in any year of the proposed project. Award amounts will vary based on the size of the population most at risk for or living with HIV/AIDS within the grantee's MSA or MD.

Funding estimates for this program are based on an annualized Continuing Resolution (CR) for FY 2011 and subject to finalizing the FY 2011 operating plan. Applicants should be aware that SAMHSA cannot guarantee that sufficient funds will be appropriated to fully fund this program.

Subject to the availability of annual appropriations, SAMHSA expects the funding level for the MAI-TCE program to be $13.416 million per year (for three years). In FY 2011, the total funding level includes $10.916 million from the SAMHSA MAI appropriation and $2.5 million from the HHS MAI Secretariat Emergency Fund. The total funding amount includes $8.15 Million (61%) from the Center for Mental Health Services' Programs of Regional and National Significance (PRNS),$3.15 Million (23%) from the Center for Substance Abuse Treatment's PRNS and HHS MAI funds, and $2.116 Million (16%) from the Center for Substance Abuse Prevention's PRNS and HHS MAI funds. Since the authorization for each of the three Center's PRNS (Sections 509, 516, and 520A of the Public Health Service Act, as amended) specifically support the integration of behavioral health and primary care services and historically have been used to support prevention activities, treatment and recovery support services for individuals with co-occurring mental and substance use disorders, funds from each of the three Centers' PRNS have been combined to support this program.

In order to ensure that SAMHSA's annual reporting requirements can be met, however, applicants will be required to provide three separate budget tables in their applications for 1) prevention activities, treatment and recovery support services for mental disorders and co-occurring and substance use disorders; 2) treatment and recovery support services for substance use disorders and co-occurring mental disorders; and 3) substance abuse prevention activities. Consistent with the FY 2011 Congressional budget appropriation for these activities and SAMHSA's allocation of the HHS MAI funds, SAMHSA expects that grantees will allocate approximately 61% of their total funding award for mental health services, 23% for substance abuse treatment, and 16% for substance abuse prevention activities as defined in the previous sentence. Funding for infrastructure and data releated activities may be funded from any of the funding sources. A sample budget table and justification is included in Appendix I of this document.

Cooperative Agreements

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 cooperative agreement award.
- Agree to provide SAMHSA with required performance and outcomes data.
- Participate in the cross-site evaluation.
- Coordinate activities with ECHPP representatives within the Public Health Department and at the CDC.
- Collaborate with SAMHSA staff in project implementation and monitoring.
- Identify members and organize/conduct regular meetings of the project's BH/PCNC.
- Implement and monitor activities of the cooperative agreement project, including accountability for sub-recipients' service delivery.
- Document intended and actual systemic changes resulting from the project's activities.
- Submit the final Project Implementation Plan by the end of the third month following the award.

Role of SAMHSA Staff:

- Collaborate in selection of BH/PCNC members; review and approve final membership.
- Actively participate in BH/PCNC meetings and discussions.
- Work collaboratively with the grantee, project staff, and BH/PCNC members to finalize the Project Implementation Plan; review and approve the plan to be submitted by the end of the third month for release of funds for implementation.
- Provide best practice program information, resource materials, and technical assistance.
- Review and approve sub-recipient contracts and awards.
- Work cooperatively with the grantee to make the transition from the cooperative agreement to local control and to sustain the system changes achieved by the project.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

SAMHSA is limiting eligibility for this grant program to the twelve Phase I grantees under the CDC's *Enhanced Comprehensive HIV Prevention Planning (ECHPP) and*

Implementation of Metropolitan Statistical Areas (MSA) Most Affected by HIV/AIDS grant program. These grantees are currently administering and managing cross-agency coordination efforts, including partnerships and funding streams to better leverage prevention, care, and treatment resources. As such, SAMHSA believes they are in the best position to ensure that individuals who are at high risk for or have a mental and/or substance use disorder and who are most at risk for or are living with HIV/AIDS have access to and receive appropriate behavioral health services (including prevention and treatment), HIV/AIDS care and medical treatment in integrated behavioral health and primary care settings (that may include infectious disease or other HIV specialty providers). This is also consistent with an important goal of the National HIV/AIDS Strategy: To achieve a coordinated response to the HIV epidemic among funding streams and those organizations receiving Federal funds. The coordination of resources should improve services to clients and ensure that the client receives the full range of services necessary to for improved health. Eligible applicants are the following State/local health departments in the Metropolitan Statistical Areas (MSA) and Metropolitan Divisions (MD) that received grants in Phase I of CDC's project, "*Enhanced Comprehensive HIV Prevention Planning (ECHPP) and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS*."

Eligible Applicant:	*Corresponding MSA/MD:*
New York City Department of Health and Mental Hygiene	New York Division
Los Angeles County Public Health Department	Los Angeles Division
District of Columbia Department of Health	Washington Division
Chicago Department of Public Health	Chicago Division
Georgia Department of Human Resources	Atlanta-Sandy Springs-Marietta, GA
Florida State Department of Health	Miami Division
City of Philadelphia Public Health Department	Philadelphia Division
Houston Department of Health and Human Services	Houston-Baytown-Sugar Land, TX
San Francisco Department of Public Health	San Francisco Division
Maryland State Department of Health	Baltimore-Towson, MD
Texas State Department of Health Services	Dallas Division
Puerto Rico Department of Health	San Juan-Caguas-Guaynabo, PR

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

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

Failure to adhere to these requirements may impact the ability of your application to be funded:

1. Use of the HHS 5161-1 application form;

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

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

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. Grantees and sub-recipients must meet three additional requirements related to the provision of services.

- Provide direct client services for substance abuse treatment, substance abuse prevention, and/or mental health services;

- Each mental health and substance abuse provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the targeted geographic area(s) (official documents must establish that the organization has provided relevant services for the last 2 years);

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

- Grantees must provide specific written documentation on the sub-recipients they will use and the services each sub-recipient will provide (if applicable as part of the application).

[Note: The above requirements apply to all grantees and sub-recipients who will provide treatment and services for mental and substance use disorders. A license from an individual clinician will not be accepted in lieu of a provider organization's license]

Following application review, if information is missing or incomplete, the Government Project Officer (GPO) may contact you to request that documentation be sent by overnight mail, or to verify that the documentation you submitted is complete:

- A letter of commitment from every mental health/substance use treatment/prevention provider organization that will serve as a sub-recipient and who has agreed to participate in the project, which specifies the nature of the participation and the service(s) that will be provided.

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

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

If the GPO listed under Agency Contacts does not receive completed documentation by COB June 27th, your application may not be considered for an award.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit 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 v2.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Kit

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

- HHS 5161-1 (revised August 2007) – Includes the face page (SF 424 v2), budget forms, and checklist. You must use the HHS 5161-1. Applications that are not submitted on the required application form 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 11 required application components:

- **Face Page** – SF 424 v2 is the face page. This form is part of the HHS 5161-1. [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.** Additional information on the Central Contractor Registration (CCR) is available at https://www.bpn.gov/ccr/default.aspx].

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of

your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

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

- **Budget Form** – Use SF 424A, which is part of the HHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix I of this document.

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

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F through I. There are no page limits for these sections, except for Section H, 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:** (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix D of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if

the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.

- **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**: 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.

- **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 kit.

- **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 v2) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA's Web site with the RFA and provided in the application kit.

- **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 v2) of the application.

- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the HHS 5161-1. 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. If no lobbying is to be disclosed, mark N/A on the form. All applicants must sign the form.

- **Checklist** – Use the Checklist found in HHS 5161-1. 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.

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. Failure to adhere to these requirements may impact the ability of your application to be funded.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **June 13, 2011**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, **or** 2) paper submission. 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:

Crystal Saunders, 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 "**MAI-TCE – SM-11-006**" in item number 12 on the face page (SF 424 v2) 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. Failure to adhere to this requirement may impact the ability of your application to be funded. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

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

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

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. See Appendix E for additional information on these requirements as well as requirements for the Public Health Impact Statement.

5. FUNDING LIMITATIONS/RESTRICTIONS

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

- Educational Institutions: 2 CFR Part 220 (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 MAI TCE: Behavioral Health/Primary Care Networks cooperative agreement recipients must comply with the following funding restrictions:

- No more than 20% of the total grant award may be used for developing the infrastructure necessary for expansion of services.

- No more than 10% of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.

SAMHSA funds may not be used to supplant services already covered by another funding source, including Medicaid. For example, grantees are expected to use grant funds for services that are not covered under the State's Medicaid plan. Grantees also are expected to coordinate the use of funds from other Federal, State, and local sources. Grantees and sub-recipients must either (1) be qualified to receive Medicaid reimbursements and have an existing reimbursement system in place for services covered under the State Medicaid plan; or (2) have established links to other behavioral health or primary care organizations with existing reimbursement systems for services covered under the State Medicaid plan. This will ensure that grantees and sub-recipients develop and/or enhance their Medicaid reimbursement system. These efforts will both support the long term sustainability of HIV and behavioral health programs in the community and will help communities prepare for Medicaid coverage expansion to all low-income adults up to 133% of the Federal Poverty Level in 2014. SAMHSA requires that funded grantees (and their sub-recipients) provide proof in their applications that they either are qualified to receive Medicaid reimbursements, including that they have a reimbursement system that has been in place for a minimum of one year prior to the date of application, or that they have established links to other behavioral health or primary care organizations with existing reimbursement systems.

SAMHSA funds also may not be used to pay for:
- Primary care, emergency medical care, or prescription drugs.
- Housing or rent for clients.
- Residential treatment (over 90 days in duration or that result in the use of more than 10% of the total grant award).

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. These are to be used instead of the "Program Narrative" instructions found in the HHS 5161-1.

- The Project Narrative (Sections A-E) together may be no longer than 30 pages.

- You must use the five sections/headings listed below in developing your Project Narrative. You must 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 F-I 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 Purpose and Need (10 points)

- Describe the purpose of the proposed project, including a clear statement of its goals, objectives, and outcomes.

- Describe and justify your population(s) of focus which must be in accordance with the eligible populations of focus identified in the RFA.

- Provide demographic information on the population(s) of focus, e.g., race, ethnicity, age, socioeconomic status, and geographic location (by designated census tract and blocks of highest HIV prevalence).

- Describe the nature of the problem and document the extent of the need, including current prevalence rates or incidence data for the population(s) of focus based on CDC and State/City data. Include information about the current availability of and accessibility to the range of Behavioral Health services for the population(s) of focus. Applicants may use much of the same data presented in their CDC ECHPP grant applications.

- Applicants must show that needs are consistent with priorities of those in Phases I and II of CDC's project, "*Enhanced Comprehensive HIV Prevention Planning (ECHPP) and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS*."

Section B: Proposed Plan for Services (30 points)

- Provide an overall vision and plan for how SAMHSA funds will be used to expand and enhance treatment and services for mental and substance use disorders and prevention activities in the MSA or MD; and how these behavioral health services will be integrated into the ongoing ECHPP implementation activities.

- Indicate the full range of services (behavioral health, primary care, and HIV care and medical treatment) that will be available to the population(s) of focus in the integrated behavioral health and primary care networks within the MSA or MD. Provide the full range of behavioral health and recovery support services that will be provided to the population(s) of focus. Indicate how the behavioral health services will be implemented.

- Identify the behavioral health evidence-based service(s)/practice(s) that you propose to implement and discuss how they address the purpose, goals and outcomes of your proposed project. If the evidence is limited or non-existent for your population(s) of focus or service, provide other information to support your selection of the intervention(s) for your population(s) of focus.

- Describe the ongoing intensive case management that will be implemented for persons receiving services to ensure that appropriate behavioral health, primary care, and HIV care and medical treatment is provided. If not known at this time, describe how the BH/PCNC will address the issue of providing intensive case management.

- Using knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approaches identified above will address these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.

- Describe how you will ensure the ongoing input of clients and persons in recovery from mental and substance use disorders in assessing, planning and implementing your project.

- Discuss the evidence that shows that this practice is effective with your population(s) of focus. Identify and justify any modifications or adaptations necessary to the proposed practice(s) to improve outcomes.

- Document the evidence that the practice(s) chosen is (are) appropriate for the desired outcomes.

- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.

- Indicate when service delivery will begin. Show that the necessary groundwork has been completed or is near completion so that the project service delivery can begin no later than 4 months after grant award.

Section C: Proposed Plan for Infrastructure Development (30 points)

- Describe how activities will be conducted in coordination with key health department staff around the strategy laid out in the ECHPPP for that jurisdiction. Also, describe how activities will support the ability of ECHPP to impact relevant outcomes and targets.

- Provide an overall vision and integration plan for how SAMHSA funds will be used to expand and enhance infrastructure development for mental and substance abuse disorders in coordination with primary care and HIV care and medical treatment in the MSA or MD.

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

- Describe how funds used for infrastructure development will be coordinated with funds received from other Federal sources, such as the Ryan White program.

- Identify other organizations and providers that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment and/or support from community organizations supporting the project in Attachment 1.

- Describe the Behavioral Health and Primary Care Network Committee (BH/PCNC), including the names and titles of the proposed co-chairs from the public health department, the State or local mental health agency, and the State or local substance abuse agency. Indicate how the BH/PCNC will oversee the integration of behavioral health services into the existing ECHPP within the racial and ethnic minority communities most impacted by HIV/AIDS in the grantee's MSA or MD. Describe the plan to incorporate client representation, including HIV-positive individuals who also have a mental and substance use or co-occurring disorder.

- Describe how the BH/PCNC will increase access to permanent housing in addition to appropriate behavioral health services, medical treatment, and supportive services for individuals who are homeless and most at risk for or living with HIV/AIDS. Include a description of how the BH/PCNC will work with local Department of Housing and Urban Development (HUD) grantees, including those receiving *Housing Opportunities for People with AIDS* (HOPWA) funds.

- Describe the behavior health network(s): purpose, goals, geographic area, the organizations that will participate and the services each will provide, the functions BH/PCNC will perform, and how the BH/PCNC will operate over the course of the grant. Describe how the population(s) of focus will participate in the BH/PCNC.

- Describe how you will screen and test clients for the presence of mental and/or substance use disorders, and HIV in the population(s) of focus. Describe the tools that will be used and the process implemented for screening and referral. If not known at this time, describe how the BH/PCNC will address screening and referral.

- Describe the assessment protocol and how the process will use information obtained from the assessment to develop appropriate treatment and prevention approaches for the persons identified as having mental and/or substance use disorders. If not known at this time, describe how the BH/PCNC will address the assessment protocol.

Section D: Overall Approach and Staff/Organizational Experience (20 points)

- Describe how this grant will achieve meaningful and specific results – that is, include specific outputs (e.g., numbers served, number of rapid HIV tests) and outcomes (e.g., reduced rates of HIV infection, reduced rates of substance abuse). Describe how the program specifically will impact he expected outcomes for the program, including reducing the impact of behavioral health problems, HIV risk and incidence, and HIV-related health disparities in the MSA or MD.

- Provide a logic model that links need, the services or practice to be implemented, and outcomes. (See Appendix G for a sample logic model.)

- Indicate the dollar amount and percentage distribution of dollars across infrastructure, services, and data collection. Indicate the estimated dollar amount and percentage distribution that will be spent for: mental health services (61%), substance abuse prevention activities (23%), and substance abuse treatment (16%).

- 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 be placed in an attachment.]

- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

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

- Discuss the capability and experience of the applicant organization and particularly sub-recipients as service providers. Demonstrate that sub-recipients have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.

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

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

- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population(s) of focus.

Section E: Performance Assessment and Data (10 points)

- Document your ability to collect and report on the required performance measures (NOMs) as specified in Section I-2.4 of this RFA. Although SAMHSA will provide more information on a coordinated data collection, describe your basic plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.

- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups. Describe how information related to process and outcomes will be routinely communicated to program staff.

- 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 10% 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 F: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section G: 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 infrastructure development, if necessary, and that no more than 10% 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 I of this document.

Section H: 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 should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the HHS 5161-1 instruction page, available on the SAMHSA Web site.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application. See Appendix K for guidelines on these requirements.

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', and Substance Abuse Treatment's/Prevention's National Advisory Councils;

- Availability of funds; and

- Equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

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

If you are not funded, you may re-apply if there is another receipt date for the program.

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.

  - 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 and outcomes. 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 kit for SAMHSA grants and is posted on the SAMHSA Web site at http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.4, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit annual and final progress reports, as well as annual and final financial status reports.

- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.

- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

- You will be required to comply with the requirements of 2CFR Part 170 -The Transparency Act Sub award and Executive Compensation Reporting Requirements. See http://www.samhsa.gov/grants/subaward.aspx for information on implementing this requirement.

3.2 Government Performance and Results Modernization Act of 2010 (GPRA)

The Government Performance and Results Modernization Act of 2010 mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., "GPRA data") from Minority AIDS Initiative Targeted Capacity Expansion (MAI –TCE): Integrated Behavioral Health/Primary Care Network Cooperative Agreement grantees. The performance requirements for SAMHSA's "" grant program are described in Section I-2.4 of this document under "Data Collection and Performance Measurement."

3.3 Publications

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

Ilze Linda Ruditis, MSW, ACSW
CAPT, USPHS
Government Project Officer
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857
Phone: (240) -276-1777
FAX: (240) 276-1930
ilze.ruditis@samhsa.hhs.gov

David C. Thompson
HIV/AIDS Team Leader
Division of Service Improvement
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, Maryland 20857
Phone: (240) 276-1623
david.thompson@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
Rockville, Maryland 20857
(240) 276-1408
gwendolyn.simpson@samhsa.hhs.gov

Love Foster-Horton
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, Maryland 20857
(240) 276-1653
love.foster-horton@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. **Failure to adhere to these requirements may impact the ability of your application to be funded.**

- Use the HHS 5161-1 application package.
- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Appendix B, "Guidance for Electronic Submission of Applications.")
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

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

- If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:
  - Face Page (Standard Form 424 v2, which is in HHS 5161-1)
  - Abstract
  - Table of Contents
  - Budget Form (Standard Form 424A, which is in HHS 5161-1)

- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, which is in HHS 5161-1)
- Checklist (a form in HHS 5161-1)

- Applications should comply with the following requirements:
- Provisions relating to confidentiality and participant protection specified in Appendix K of this announcement.
- Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
- Documentation of nonprofit status as required in the HHS 5161-1.
- 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 Standard form 424 v2 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-3 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. You may use rubber bands. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

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

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

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

If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). **REMINDER: CCR registration expires each year and must be updated annually.** Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF 424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

Please 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 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office 2003 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 or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. 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.

Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., "Attachments 1-3", "Attachments 4-5."

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

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do**

not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.

Appendix C – Using Evidence-Based Practices (EBPs)

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

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

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

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

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

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

level of fidelity for each practice. Describe how the effectiveness of each evidence-based practice will be quantified in the performance assessment of the project.

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

Resources for Evidence-Based Practices:

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

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

In addition to the Web site noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

Appendix D – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]

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

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

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

- Official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.[1] (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

- For Tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations:

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

1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

_____ _____

Signature of Authorized Representative Date

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) Web site at http://www.whitehouse.gov/omb/grants_spoc.

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

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

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

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Crystal Saunders, 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-11-006. 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)[2] 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

[2] 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 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

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

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); 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 SSAs for substance abuse and Commissioners for mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's Web site at http://www.samhsa.gov/Grants/ssadirectory.pdf. A directory of State Mental Health Commissioners can be found at http://web.memberclicks.com/mc/directory/viewallmembers.do. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs and/or Commissioners. Who are the local MSA/MD/City agencies? Not SSAs/Commissioners if we go with cities? Need Clarification- the local health agency is the applicant, thus they are aware; note that including the SSA/Commissioner may close the loop on information there.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA/Commissioner in Attachment 4, "Letter to the SSA/Commissioner." 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: Crystal Saunders, 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/Commissioner – Funding Announcement No. SM-11-006. Change the zip code to 20850 if you are using another delivery service.

In addition:

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

Appendix F – Funding Restrictions

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

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to $20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to $20 cash or equivalent (coupons, bus tokens, gifts,

child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

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

- Award funds may not be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.

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

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

Appendix G – Sample Logic Model

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

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

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

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

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

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

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

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

Sample Logic Model

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

Appendix H – Logic Model Resources

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

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

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

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

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

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

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

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

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

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

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A) **$2,444**

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

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form 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 the need and include an adequate justification of how each cost was estimated.

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

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

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

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

(4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data
Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

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

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) $86,997

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

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

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

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

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

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **$15,815**

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

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

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

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TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) $172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A) $5,093

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF424A) $**177,806**

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

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

Proposed Project Period

a. Start Date:	09/30/2011	b. End Date:	09/29/2016

BUDGET SUMMARY (should include future years and projected total)

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

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Total Project Costs	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$889,030**

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) $889,030

*FOR REQUESTED FUTURE YEARS:

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

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

Appendix J – Statement of Assurance – Reporting of Funds

As the authorized representative of [*insert name of applicant organization*]

_____, I assure SAMHSA that that expenditure and reporting of SAMHSA funds will be consistent with the percentage limitations specified on page 14 of this announcement under Award Information, i.e., 61% on mental health services, 23% on substance abuse treatment, and 16% on substance abuse prevention.

_____ _____

Signature of Authorized Representative Date

Appendix K – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

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

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

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

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

2. Fair Selection of Participants

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

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

- Explain the reasons for including or excluding participants.

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

3. Absence of Coercion

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

   - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $20.

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

4. Data Collection

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

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

   - Provide in **Attachment 2**, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

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

   - Describe:

     - How you will use data collection instruments.

     - Where data will be stored.

     - Who will or will not have access to information.

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

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

6. Adequate Consent Procedures

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

   - State:

     - Whether or not their participation is voluntary.

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

     - Possible risks from participation in the project.

     - Plans to protect clients from these risks.

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

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

   - Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent

forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

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

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

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

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

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP

at http://www.hhs.gov/ohrp, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.