Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Cooperative Agreement for Workforce Development in Vietnam: HIV-Addiction Technology Transfer Center

(Short Title: Vietnam H-ATTC)

(Initial Announcement)

Request for Applications (RFA) No. TI-11-012

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

Key Dates:

Application Deadline	**Applications are due by June 1, 2011.**

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Executive Summary:

The Substance Abuse and Mental Health Services Administration is accepting applications for fiscal year (FY) 2011 for the Cooperative Agreement for Workforce Development in Vietnam: HIV-Addiction Technology Transfer Center (Vietnam H-ATTC). The purpose of the project is to build the capacity and increase the skills and abilities of the Vietnam Medical University (VMU) in developing and implementing a Vietnam H-ATTC to assess the training and development needs of the behavioral health (substance use and mental disorders treatment) and HIV workforce, and develop and conduct training and technology transfer activities in Vietnam in a culturally competent and linguistically appropriate manner.

Funding Opportunity Title:	Cooperative Agreement for Workforce Development in Vietnam: HIV-Addiction Technology Transfer Center
Funding Opportunity Number:	TI-11-012
Due Date for Applications:	June 1, 2011
Anticipated Total Available Funding:	$250,000
Estimated Number of Awards:	1
Estimated Award Amount:	$250,000
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	Domestic public and private nonprofit entities. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

The Substance Abuse and Mental Health Services Administration is accepting applications for fiscal year (FY) 2011 for the Cooperative Agreement for Workforce Development in Vietnam: HIV-Addiction Technology Transfer Center (Vietnam H-ATTC). The purpose of the project is to build the capacity and increase the skills and abilities of the Vietnam Medical University (VMU) in developing and implementing a Vietnam H-ATTC to assess the training and development needs of the behavioral health (substance use and mental disorders treatment) and HIV workforce, and develop and conduct training and technology transfer activities in Vietnam in a culturally competent and linguistically appropriate manner.

The grantee will provide training and technical assistance to VMU to enhance their ability to: (1) translate research findings into user-friendly and clinically applicable materials; (2) utilize innovative skills development methods; (3) increase awareness and expertise in cultural competence; and (4) promote and develop education and training programs within the existing academic institution (i.e., primary healthcare).

SAMHSA, as an implementing partner in the Presidents Emergency Plan for AIDS Relief (PEPFAR), is working with countries where the HIV epidemic is driven by substance abuse. Vietnam is one such PEPFAR country. The HIV epidemic in Vietnam is concentrated primarily among injecting drug users (IDU), commercial sex workers (CSW) and men who have sex with men (MSM). Prevalence is estimated at up to 60% among IDUs and 6.5% among CSWs, while the general population prevalence is 0.53% (UNAIDS, 2006). Thus, given the HIV epidemic, there is a strong need to develop the skills and abilities of in-country health care staff in the nexus of HIV, substance use and mental disorders to reduce the impact of HIV /AIDS. The US-Addiction Technology Transfer Center (ATTC) Network promotes and guides effective sharing of knowledge among stakeholders involved in the substance use disorders treatment milieu, resulting in positive changes in policies, attitudes and practices regarding treatment for substance-related problems. The ultimate objective of the ATTC Network is to increase availability and improve delivery of research-proven and culturally appropriate treatments in community settings in order to improve outcomes of substance use disorders treatment throughout the nation. The ATTCs are dedicated to building and supporting a well-trained, recovery-oriented, ethnically diverse workforce dedicated to reducing substance-related problems and consequences.

Accordingly, the ATTC model and approach is the most appropriate for the delivery of technical assistance and training to assist in building the capacity of the workforce in Vietnam as the country begins to build and implement a system of HIV, substance abuse prevention and treatment services.

This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-HIV.

SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted cultural traditions and practices).

2.1 Required Activities

The grantee will be expected to engage in activities that support the goals of the Vietnam H-ATTC program which are to:

1) Develop strategies to strengthen the workforce that provides behavioral health care (substance use and mental disorders treatment, and recovery support) and HIV treatment services to improve lives and support recovery;

2) Promote partnerships with key stakeholders to improve the quality of and client access to HIV, substance use and mental disorders treatment, and recovery support systems.

3) Develop and implement technology transfer strategies and training curricula to meet the changing needs of the region's workforce; and

4) Develop a recovery-oriented system of care within a Vietnam context (See Appendix H).

At a minimum, grant funds must be used to conduct the following activities:

- Assist VMU in developing and conducting training events, academic programming and skill development programs in Vietnam to enhance skills of substance abuse and HIV treatment practitioners.

- Assist VMU in developing and conducting training events, academic programming and skill development programs, based on the CSAT Technical Assistance Publication (TAP 21 –A), *Competencies for Substance Abuse Treatment Clinical Supervisors* (2007) DHHS Publication No. (SMA) 07-4243, as well as on evidence-based and promising practices, in Vietnam to enhance skills of substance abuse clinical supervisors.

- Assist VMU in performing ongoing technical assistance needs assessments of the Vietnam substance use and HIV treatment workforce.

- Assist VMU in developing emerging leaders in the HIV, substance use and mental disorders treatment, and recovery fields.

- Assist VMU in maintaining and continually strengthening relationships within Vietnam across Ministries and Provincial Peoples Committees.

- Assist VMU with building and establishing collaborative relationships with new key stakeholder groups.

- Facilitate coordination with other potential ATTC Regional training and technology transfer activities.

- Facilitate increased communication regarding and implementation of the new counselor certification and licensure program for Vietnam.

- Facilitate partnerships with community agencies in Vietnam, for the provision of training and technical assistance to increase awareness of cultural issues in HIV and substance use and mental disorder treatment among providers.

- Promote the adoption of evidence-based and promising practices and recently available, state-of-the-art addictions and HIV research findings.

- Facilitate the development of new training and technology transfer models that incorporate long-term follow-up and technical assistance/supervision.

- Promote the use of distance learning methods in the provision of training and technical assistance activities.

- Facilitate the development and revision of innovative, research-based curricula and other products and materials to enhance the clinical and cultural competencies of HIV and substance use disorders treatment practitioners in Vietnam.

- Integrate recovery-oriented systems of care concepts and language into the Vietnam H-ATTC training materials, products, and other resource information.

NOTE: Grant funds may not be used for international travel. Should the PEPFAR Country Team and SAMHSA identify a need, it will issue invitational travel using other PEPFAR funds.

2.2 Other Expectations

Promotion of CSAP and CSAT Products and Collaboration with SAMHSA

To maximize distribution of relevant materials on substance abuse prevention, treatment and rehabilitation services, the grantee will promote and distribute SAMHSA publications related to the proposed topics of trainings and courses delivered by the grantee. In addition, the grantee will be required to provide periodic updates to SAMHSA's Office of Communications, alerting SAMHSA of products and services, including training events that the grantee is making available.

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the GPRA Modernization Act of 2010. You must document your ability to collect and report the required data in "Section D: Performance Assessment and Data" of your application. Grantees will be required to report performance on the following performance measures: satisfaction with meetings/trainings/technical assistance; sharing of information from meetings/trainings/ technical assistance; and application of knowledge from meetings/trainings/technical assistance. This information will be gathered using the following GPRA Tools:

- CSAT Baseline Training Satisfaction Survey
- CSAT Follow-up Training Satisfaction Survey
- CSAT Baseline Meeting Satisfaction Survey
- CSAT Follow-up Meeting Satisfaction Survey
- CSAT Baseline Technical Assistance Satisfaction Survey
- CSAT Follow-up Technical Assistance Satisfaction Survey

These tools can be found at http://www.samhsa.gov/grants/CSAT-GPRA/index.aspx, along with instructions for completing it. Hard copies are available in the application kits available by calling SAMHSA's Office of Communications at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

GPRA data must be collected at the end of each event and 30 days following the event. Upon collection of the data, grantees will have 7 business days to submit the data to SAMHSA. GPRA data are to be collected and then entered into SAMHSA's Services Accountability Improvement Systems GPRA tool http://www.samhsa-gpra.samhsa.gov.

The grantee is also required to collect and report PEPFAR indicators and strategic information related to substance abuse treatment and HIV prevention, as well as human resource capacity development. For more information, go to http://www.pepfar.gov/frameworks/vietnam/158520.htm. This information must be provided through quarterly reports.

2.4 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. As part of your regular progress reports, you will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

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

Outcome Questions:

- What was the effect of training and technical assistance on participants?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity?
- How durable were the effects?

Process Questions:

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

This performance assessment should be completed and submitted every quarter, along with the other financial and progress reports due.

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.3 and 2.4 above.

II. AWARD INFORMATION

1. AWARD AMOUNT

A total of $250,000 may be awarded each year for up to 3 years for this project. This amount includes direct and indirect costs. Your proposed budget cannot exceed the allowable amount in any year of the proposed project. Annual continuation awards will depend on the availability of funds, your progress in meeting project goals and objectives, and timely submission of required data and reports.

2. FUNDING MECHANISM

This award is being made as a cooperative agreement because it requires substantial post-award Federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of the grantee and SAMHSA staff are:

Role of Grantee:

The grantee is expected to participate and cooperate fully with SAMHSA staff. The grantee will comply with all terms and conditions of the cooperative agreement; provide semi-annual progress reports (at a minimum), or ad-hoc reports on specific goals and objectives and/or when requested by SAMHSA staff.

Role of SAMHSA Staff:

SAMHSA staff will serve as the Government Project Officer for this cooperative agreement as a collaborator with the project director from the program and will serve to co-facilitate project related activities. SAMHSA expects the communication between the grantee and SAMHSA will be continuous and comprehensive. Staff involvement will include, but is not limited to the following: providing guidance on evidence-based and promising treatment/recovery practices; technical assistance on technology transfer activities and services; guidance on any SAMHSA modifications in program direction and priorities; and to provide subject matter expertise where appropriate.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

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

- State and local governments
- Federally recognized American Indian/Alaska Native (AI/AN) Tribes and tribal organizations
- Urban Indian organizations

- Public or private universities and colleges
- Community- and faith-based organizations

Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of Tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

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

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

You must use the HHS 5161-1 application form and comply with certain program requirements, such as provisions relating to participant protection and protection of human subjects specified in Appendix HG of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

Required application forms and guidelines are included in this mailing. You may download additional copies of the application forms 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

The SAMHSA application kit includes the following documents:

- HHS 5161-1 (revised August 2007) – Includes the face page (SF 424 v2), budget forms, and checklist. You must use the HHS 5161-1.

- Cover Letter – Invites submission of your application and includes instructions specific to your grant application.

- Request for Applications (RFA) – Includes instructions for your grant application. This document is the RFA.

You must use all of the above documents in completing your application. A complete list of documents included in the application kit is available at http://www.samhsa.gov/Grants/ApplicationKit.aspx.

2.2 Required Application Components

Your application should be complete and contain all information needed for review. In order for your application to be complete, it must include the following 11 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 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 F of this document.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. More detailed instructions for completing each section of the Project Narrative are provided in "Section V – Application Review Information" of this document.

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through G. There are no page limits for these sections, except for Section E, 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 3** – 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 and 3 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

  - *Attachment 1:* Letters of Commitment/Coordination/Support

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

  - *Attachment 3:* Sample Consent Forms

- **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.
  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. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **June 1, 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 "**Vietnam H-ATTC and TI-11-012**" 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 or it will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

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

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

4. 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 Vietnam H-ATTC grant recipient must comply with the following funding restrictions:

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

- SAMHSA reimburses indirect costs at a fixed rate of 8 percent of modified total direct costs, exclusive of tuition and fees, expenditures of equipment, and subawards and contracts in excess of $25,000.

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

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

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

- You must use the four sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, **or it will not be considered.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA's guidelines for cultural competence can be found on the SAMHSA Web site at http://www.samhsa.gov/grants/apply.aspx at the bottom of the page under "Resources for Grant Writing."

- The Supporting Documentation you provide in Sections E-H and Attachments 1-3 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 Need (10 points)

- Describe the proposed catchment area and provide demographic information on the population(s) to receive services through the targeted systems or agencies, e.g., race, ethnicity, age, socioeconomic status, geography.

- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective HIV and substance abuse treatment and/or behavioral health services in Vietnam. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

- Discuss the current state of knowledge in Vietnam regarding culturally competent services in the area of substance abuse prevention, treatment and recovery support services, and describe how this knowledge will be increased, disseminated and applied in Vietnam.

- Describe the service gaps, barriers, and other problems related to the need for workforce development; and technology transfer principles, strategies and activities.

- Describe the stakeholders and resources in Vietnam that can help implement the needed workforce development.

Section B: Proposed Approach (40 points)

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives, as outlined in Section 2.1. These must relate to the performance measures you identify in Section D, Performance Assessment and Data.

- Describe how achievement of goals will increase system capacity to support effective HIV, substance abuse and/or behavioral health services.

- Clearly identify the total number of participants you propose to serve through the Vietnam H-ATTC activities each year, as well as the total number of events you plan to offer. In addition, provide a break-down of the:

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

    - Number of academic programming and technical assistance events (i.e., ongoing courses or learning interventions designed to develop or enhance skills, provide in-depth knowledge, or affect organizational processes related to the adoption of evidence-based or promising practices in agencies or systems), as well as the number of participants in academic programming and technical assistance

events. [Note: for the purpose of this program, academic programming and technical assistance are combined into a single service category.]

- Explain how you will coordinate with other training and technology transfer programs and services.

- Discuss how you will perform ongoing needs assessments and how you will focus on those needs most critical to the effectiveness of HIV/substance use disorder/behavioral health clinical treatment and recovery support services.

- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

- Provide a logic model that demonstrates the linkage between the identified need, the proposed approach, and outcomes. (See Appendix D for a sample logic model.)

- If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.

- Describe the collaborative relationships with the relevant organizations (State/Provincial and local governments: provider associations; academic institutions; professional, recovery community, and faith-based organizations; related systems of care, such as criminal justice, child welfare, primary health care; counselor credentialing bodies) or how you plan to develop these relationships in order to formulate knowledge needs assessments and design technology transfer initiatives to respond to the needs of the region's workforce.

- Describe any other organizations that will participate and their roles and responsibilities. Demonstrate their commitment to the project. Include letters of commitment/coordination/support from these community organizations in **Attachment 1** of your application.

- Describe how you will promote the adoption of evidence-based/promising practices and state-or-the-art addictions research, including findings from NIDA, NIAAA, and SAMHSA, including SAMHSA's Knowledge Application (KAP) products and National Registry of Effective Prevention Programs (NREPP). Give examples of how you will develop and revise innovative, research-based curricula and other products and materials that you expect to enhance the clinical and cultural competencies of substance use disorders treatment practitioners in the region.

- Explain how you will develop emerging leaders in the substance use disorders treatment/recovery field.

- Explain how you will develop and conduct training and technical assistance for clinical supervisors based on the CSAT Technical Assistance Publication (TAP 21 –A), *Competencies for Substance Abuse Treatment Clinical Supervisors* (2007) DHHS Publication No. (SMA) 07-4243, as well as on evidence-based and promising practices, for the purpose of enabling clinical supervisors to foster the adoption of evidence-based and promising practices by front-line addictions counselors. (TAP 21 – A may be accessed electronically through http://www.ncadi.samhsa.gov . Copies may be obtained by calling the SAMHSA information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889]).

- Discuss the approach you will utilize to work with relevant stakeholders in the region to help prepare the workforce to function in a recovery-oriented system of care. (See Appendix H for a description of Recovery-Oriented Systems of Care.)

- Describe how you will serve as a resource on recovery from substance use and mental disorders, including medication-assisted treatment and recovery-oriented systems of care, to community-based and faith-based organizations, recovery community organizations, consumers, family members, and other stakeholders.

- Describe how you will actively promote and market your services in the region.

- Describe how your activities will improve HIV prevention and/or treatment services, substance abuse prevention and/or treatment services, and prevention/treatment of mental disorders.

- Discuss how the project plan will use culturally appropriate approaches and methods, taking into account age, race/ethnicity, cultural, language, disability, and gender and sexual orientation issues, and be responsive to regional technology transfer needs and opportunities.

- 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.

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

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.

- Describe the applicant organization's experience in working with institutions of higher education in Vietnam, particularly on issues of HIV and substance abuse certification and coursework.

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

- Discuss how key staff have demonstrated experience and are qualified to serve the Vietnamese population to receive services and are familiar with the workforce development needs in Vietnam.

- Discuss the applicant organization's capability and experience in developing substance abuse training curricula in Vietnamese.

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

Section D: Performance Assessment and Data (20 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this RFA, including data required by SAMHSA to meet GPRA requirements. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures you plan to use for your grant project.

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

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

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

SUPPORTING DOCUMENTATION

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

Section F: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than **20%** of the total grant award will be used for data collection, performance measurement, and performance assessment. **Specifically identify the items associated with these costs in your budget**. An illustration of a budget and narrative justification is included in Appendix F of this document.

NOTE: Local travel should be included in your budget but international travel should not. Should the PEPFAR Country Team and SAMHSA identify a need for international travel, invitational travel using other PEPFAR funds will be issued.

Section G: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what 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 H: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of your application, using the guidelines provided below. See Appendix G 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 Substance Abuse Treatment's National Advisory Council; and
- availability of funds.

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; or

  - revised budget and narrative justification.

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

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

- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application 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-2.3, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit semi-annual and final progress reports, as well as semi-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 Subaward and Executive Compensation Reporting Requirements. See http://www.samhsa.gov/grants/subaward.aspx for information on implementing this requirement.

3.2 GPRA Modernization Act of 2010 (GPRA)

The GPRA 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 grantees. The performance requirements for SAMHSA's Vietnam H-ATTC grant program are described in Section I-2.3 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

For questions about program issues contact:

Donna Doolin, LSCSW
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1126
Rockville, Maryland 20857
(240) 276-2965
donna.doolin@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Love Foster-Horton
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1095
Rockville, Maryland 20857
(240) 276-1653
love.foster-horton@samhsa.hhs.gov

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

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

- Use the 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 G 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, 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 **12,875** 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.

With the exception of the 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 – 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 reimburses indirect costs at a fixed rate of 8 percent of modified total direct costs, exclusive of tuition and fees, expenditures of equipment, and subawards and contracts in excess of $25,000.

Appendix D – Sample Logic Model

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

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

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

Examples of **Inputs** depicted in the sample logic model include Federal policies, funding, and requirements; federally sponsored technical assistance; site-specific context items (e.g., populations; site characteristics, e.g., political and geographical; previous activities, policies, etc.; infrastructure, e.g., planning capability & other resources; pre-existing outcomes); and performance data.

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

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

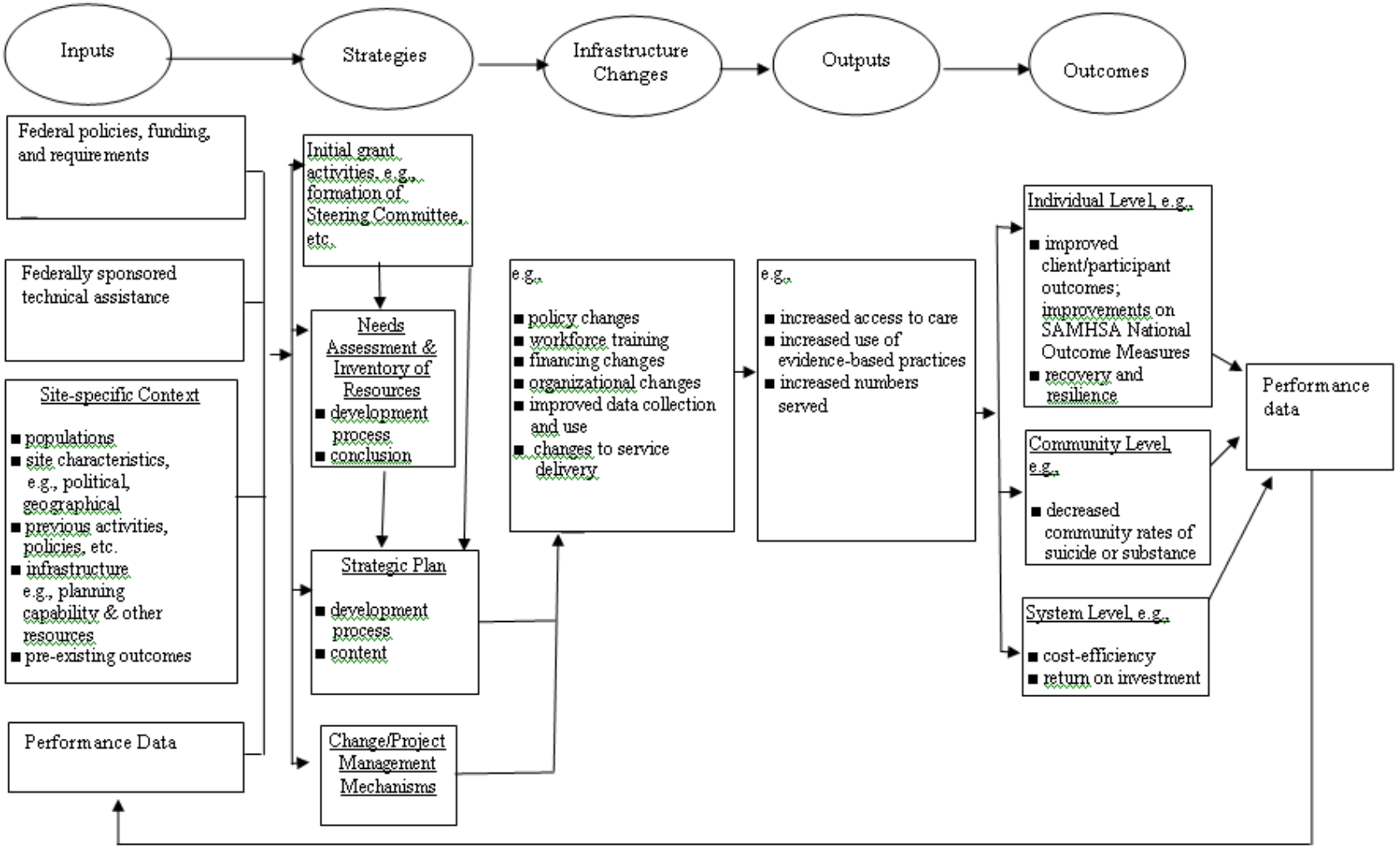
Outputs from these infrastructure changes depicted in the sample logic model include such things as increased access to care, increased use of evidence-based practices, and increased numbers served.

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

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

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

Sample Infrastructure Logic Model



Appendix E – 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 F – 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.

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form 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
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 G – 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, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix H- Recovery-Oriented Systems of Care

Background

In 2005 the Center for Substance Abuse Treatment (CSAT) convened a series of meetings with stakeholders to help identify key ideas that could help the field move toward a recovery orientation. CSAT convened a Summit Planning Meeting in June 2005, a National Summit in September 2005, and a Follow-Up/Synthesis Meeting in December 2005. CSAT's primary goals for this meeting were to move toward consensus on principles of recovery and elements of recovery-oriented systems of care that could help inform policy and practice, ultimately leading to increases in access, retention, and quality of care for those with substance use disorders.

A brief summary of the Summit discussions appears below. A complete copy of the report from the CSAT National Summit on Recovery is available at http://pfr.samhsa.gov/report_notice.html as a reference document to assist individuals and organizations submitting applications under this RFA.

Definition of Recovery

Participants at the September 28-29, 2005, National Summit on Recovery recommended that CSAT develop a definition of recovery that could be used across systems, programs, and stakeholder groups. CSAT, in turn, asked participants at the Summit Follow-up/Synthesis meeting to submit, for consideration by the field, a working definition that reflected the tenor of the Summit deliberations. The Summit Follow-Up/Synthesis group developed the following definition:

> *Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.*

Principles of Recovery

Participants in the National Summit on Recovery reached agreement on the following principles of recovery. These principles can be used to conceptualize and guide the development of recovery-oriented policies, programs, and practices at various systems levels.

- **There are many pathways to recovery.** Individuals are unique with specific needs, strengths, goals, health attitudes, behaviors, and expectations for recovery. Pathways to recovery are highly personal, and generally involve a redefinition of identity in the face of crisis or a process of progressive change. Further, pathways are often social, grounded in cultural beliefs or traditions, and involve informal community resources, which provide support for sobriety. The pathway to recovery may include one or more episodes of psychosocial and/or pharmacological treatment. For some, recovery involves neither treatment nor involvement with

mutual aid groups. Recovery is a process of change that permits an individual to make healthy choices and improve the quality of his or her life.

- **Recovery is self-directed and empowering.** Although the pathway to recovery may involve one or more periods of time when activities are directed or guided to a substantial degree by others, recovery is fundamentally a self-directed process. The person in recovery is the "agent of recovery" and has the authority to exercise choices and make decisions based on his or her recovery goals that have an impact on the process. The process of recovery leads individuals toward the highest level of autonomy of which they are capable. Through self-empowerment, individuals become optimistic about life goals.

- **Recovery involves a personal recognition of the need for change and transformation.** Individuals must accept that a problem exists and be willing to take steps to address it; these steps usually involve seeking help. The process of change can involve physical, emotional, intellectual, and spiritual aspects of the person's life.

- **Recovery is holistic.** Recovery is a process through which one gradually achieves greater balance of mind, body, and spirit in relation to other aspects of one's life, including family, work, and community.

- **Recovery has cultural dimensions.** Each person's recovery process is unique and informed by cultural beliefs and traditions. A person's cultural experience often shapes the recovery path that is right for him or her.

- **Recovery exists on a continuum of improved health and wellness.** Recovery is not a linear process. It is based on continual growth and improved functioning. It may involve relapse and other setbacks, which are a natural part of the continuum but not inevitable outcomes. Wellness is the result of improved care and balance of mind, body, and spirit. It is a product of the recovery process.

- **Recovery emerges from hope and gratitude.** Individuals in or seeking recovery often gain hope from those who share their search for or experience of recovery. They see that people can and do overcome the obstacles that confront them and they cultivate gratitude for the opportunities that each day of recovery offers.

- **Recovery is a process of healing and self-redefinition.** Recovery is a holistic healing process in which one develops a positive and meaningful sense of identity.

- **Recovery involves addressing discrimination and transcending shame and stigma.** Recovery is a process by which persons confront and strive to overcome stigma.

- **Recovery is supported by peers and allies.** A common denominator in the recovery process is the presence and involvement of people who contribute hope and support and suggest strategies and resources for change. Peers, as well as family members and other allies, form vital support networks for people in recovery. Providing service to others and experiencing mutual healing help create a community of support among those in recovery.

- **Recovery is (re)joining and (re)building a life in the community.** Recovery is a process of building or rebuilding what one has lost or never had due to one's condition and its consequences. Recovery involves creating a life within the limitation imposed by that condition. Recovery is building or rebuilding healthy family, social, and personal relationships. Those in recovery often achieve improvements in the quality of their life, such as obtaining education, employment, and housing. They also increasingly become involved in constructive roles in the community through helping others, productive acts, and other contributions.

- **Recovery is a reality.** It can, will, and does happen.

Systems of Care Elements

Participants at CSAT's National Summit on Recovery agreed that recovery-oriented systems of care will support persons seeking to overcome substance use disorders across the lifespan. Moreover, they will be comprehensive, flexible, outcomes-driven and uniquely individualized, offering a fully coordinated menu of services and supports to maximize choice at every point in the recovery process. Summit participants identified the following elements of a recovery-oriented system of care for individuals with substance use disorders.

- **Person-centered:** Recovery-oriented systems of care will be person-centered. Individuals will have a menu of choices that fit their needs throughout the recovery process. Choices can include spiritual supports that fit with the individuals' recovery needs.

- **Family and other ally involvement:** Recovery-oriented systems of care will acknowledge the important role that families and other allies can play. The family and other allies will be incorporated, when appropriate, in the recovery planning and support processes. They can constitute a source of support to assist one in entering

and maintaining recovery. Additionally, systems need to address the treatment, recovery, and other support needs of families and other allies.

- **Individualized and comprehensive services across the lifespan:** Recovery-oriented systems of care will be individualized, comprehensive, and flexible. Systems will adapt to the needs of individuals, rather than requiring the individuals to adapt to them. They will be designed to support recovery across the lifespan. The approach to substance use disorders will change from an acute episode-based model to one that manages chronic disorders over a lifetime.

- **Systems anchored in the community:** Recovery-oriented systems of care will be nested in the community for the purpose of enhancing the availability and support capacities of families, intimate social networks, community-based institutions, and other persons in recovery.

- **Continuity of care:** Recovery-oriented systems of care will offer a continuum of care, including pretreatment, treatment, continuing care, and recovery support throughout recovery. Individuals will have a full range of services from which to choose at any point in the recovery process.

- **Partnership-consultant relationships:** Recovery-oriented systems of care will be patterned after a partnership-consultant model that focuses more on collaboration and less on hierarchy. Systems will be designed so that individuals feel empowered to direct their own recovery.
- **Strength-based:** Recovery-oriented systems of care will emphasize individual strengths, assets, and resiliencies.

- **Culturally responsive:** Recovery-oriented systems of care will be culturally sensitive, competent, and responsive. There will be recognition that beliefs and customs are diverse and can impact the outcomes of recovery efforts. In addition, the cultures of those who support the recovering individual affect the recovery process.

- **Responsiveness to personal belief systems:** Recovery-oriented systems of care will respect the spiritual, religious, and/or secular beliefs of those they serve and provide linkages to an array of recovery options that are consistent with these beliefs.

- **Commitment to peer recovery support services:** Recovery-oriented systems of care will include peer recovery support services. Individuals with personal experience of recovery will provide these valuable services.

- **Inclusion of the voices and experiences of recovering individuals and their families:** The voices and experiences of people in recovery and their family members will contribute to the design and implementation of recovery-oriented systems of care. People in recovery and their family members will be included among decision-makers and have oversight responsibilities for service provision. Recovering individuals and family members will be prominently and authentically represented on advisory councils, boards, task forces, and committees at the Federal, State and local levels.

- **Integrated services:** Recovery-oriented systems of care will coordinate and/or integrate efforts across service systems to achieve an integrated process that responds effectively to the individual's unique constellation of strengths, desires, and needs.

- **System-wide education and training:** Recovery-oriented systems of care will ensure that concepts of recovery and wellness are foundational elements of curricula, certification, licensure, accreditation, and testing mechanisms. The workforce also requires continual training, at every level, to reinforce the tenets of recovery-oriented systems of care.

- **Ongoing monitoring and outreach:** Recovery-oriented systems of care will provide ongoing monitoring and feedback with assertive outreach efforts to promote continual participation, re-motivation and reengagement.

- **Outcomes driven:** Recovery-oriented systems of care will be guided by recovery-based process and outcome measures. These measures will be developed in collaboration with individuals in recovery. Outcome measures will reflect the long-term global effects of the recovery process on the individual, family, and community, not just remission of biomedical symptoms. Outcomes will be measurable and include benchmarks of quality-of-life changes.

- **Research Based:** Recovery-oriented systems of care will be informed by research. Additional research on individuals in recovery, recovery venues, and the processes of recovery, including cultural and spiritual aspects, is essential. Research will be informed by the experiences of people in recovery.

- **Adequately and flexibly financed:** Recovery-oriented systems of care will be adequately financed to permit access to a full continuum of services, ranging from detoxification and treatment to continuing care and recovery support. In addition, funding will be sufficiently flexible to permit unbundling of services, enabling the establishment of a customized array of services that can evolve