Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Targeted Capacity Expansion Program: Substance Abuse Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS

Short Title: TCE-HIV

(Initial Announcement)

Request for Applications (RFA) No. TI-12-007

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

Key Dates:

Application Deadline	**Applications are due by July 20, 2012.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

Table of Contents

EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2012 Targeted Capacity Expansion Program: Substance Abuse Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS grants. The purpose of this program is to facilitate the development and expansion of culturally competent and effective community-based treatment systems for substance use and co-occurring substance use and mental disorders within racial and ethnic minority communities in States with the highest HIV prevalence rates (at or above 270 per 100,000). The expected outcomes for the program include reducing the impact of behavioral health problems, reducing HIV risk and incidence, and increasing access to treatment for individuals with co-existing behavioral health, HIV, and Hepatitis conditions. This program will ensure that individuals who are at high risk for or have a substance use or co-occurring substance use and mental disorder and who are most at-risk for or are living with HIV/AIDS have access to and receive appropriate behavioral health services. Grant funds must be used to serve people diagnosed with a substance use disorder as their primary condition.

Funding Opportunity Title:	Targeted Capacity Expansion Program: Substance Abuse Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS
Funding Opportunity Number:	TI-12-007
Due Date for Applications:	July 20, 2012
Anticipated Total Available Funding:	$26.074 million
Estimated Number of Awards:	Up to 52
Estimated Award Amount:	Up to $500,000 per year
Cost Sharing/Match Required	No [See Section III-2 of this RFA for cost sharing/match requirements.]
Length of Project Period:	Up to five (5) years

Eligible Applicants:	**Eligible applicants are domestic public and private nonprofit, community-based organizations and Federally recognized Tribes and tribal organizations, in States and Territories with HIV prevalence rates of 270/100,000 or higher. Note: Federally recognized Tribes may be partially *or* entirely located in one of the 22 identified States and Territories. Federally recognized Tribes that are not located in one of these States and Territories, but can demonstrate an HIV prevalence rate of 270/100,000 or higher (using local tribal epidemiologic data) are also eligible to apply.** [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2012 Targeted Capacity Expansion Program: Substance Abuse Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS grants. The purpose of this program is to facilitate the development and expansion of culturally competent and effective community-based treatment systems for substance use and co-occurring substance use and mental disorders within racial and ethnic minority communities in States with the highest HIV prevalence rates (at or above 270 per 100,000). The expected outcomes for the program include reducing the impact of behavioral health problems, reducing HIV risk and incidence, and increasing access to treatment for individuals with co-existing behavioral health, HIV, and Hepatitis conditions. This program will ensure that individuals who are at high risk for or have a substance use or co-occurring substance use and mental disorder and who are most at-risk for or are living with HIV/AIDS have access to and receive appropriate behavioral health services. Grant funds must be used to serve people diagnosed with a substance use disorder as their primary condition.

This grant program is part of the Congressional Minority AIDS Initiative, which was developed to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS and to reduce HIV-related health disparities. The program also supports the goals of the National HIV/AIDS Strategy.

Three key findings from National Institute on Drug Abuse (NIDA) Research Report indicate that the interactions of drug abuse and HIV/AIDS extend far beyond injection drug use. First, drug abuse impairs judgment and good decision making, leaving people more prone to engage in HIV risk behaviors, including risky sexual behavior and non-adherence to HIV treatment. Second, drug abuse adversely affects health and may exacerbate disease progression. Third, and most important, because of these linkages, we must recognize that drug abuse treatment is HIV prevention, https://www.drugabuse.gov/sites/default/files/rrhiv.pdf. According to combined data from 2005 to 2009 National Survey on Drug Use and Health (NSDUH) about one in six individuals with HIV/AIDS had used an illicit drug intravenously in their lifetime (16.60 percent); nearly two thirds had used an illicit drug but not intravenously (64.44 percent), and 18.96 percent had never used an illicit drug; and one in four of those living with HIV reported use of alcohol or drugs at a level that warranted treatment, http://www.samhsa.gov/data/2k10/HIV-AIDS/HIV-AIDS.htm.

The National HIV/AIDS Strategy (NHAS) clearly articulates the need for resources to be strategically concentrated in areas with high rates of HIV infection, and the need for targeting specific population subgroups at higher risk, such as young minority men who have sex with men. Key goals of the NHAS include: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities (p. vii, National HIV AIDS Strategy, Office of National AIDS Policy, the White House, Washington, DC, 2010).

In support of the NHAS, the goals of the Minority AIDS Initiative and SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities, applicants eligible to apply for this grant opportunity are limited to domestic public and private nonprofit, community-based organizations (CBOs) and Federally recognized Tribes and tribal organizations, in States and Territories with HIV prevalence rates of 270/100,000 or higher.[1] **The following 22 States and Territories meet this criterion: District of Columbia, New York, U.S. Virgin Islands, Florida, Puerto Rico, Maryland, New Jersey, Georgia, Louisiana, Delaware, South Carolina, Connecticut, California, Mississippi, Nevada, Texas, Virginia, North Carolina, Illinois, Pennsylvania, Tennessee, and Alabama.** Note: Federally recognized Tribes may be partially *or* entirely located in one of the 22 identified States and Territories. Federally recognized Tribes that are not located in one of these 22 States and Territories, but can demonstrate an HIV prevalence rate of 270/100,000 or higher (using local tribal epidemiologic data) are also eligible to apply. **To determine eligibility, provide local tribal prevalence data in Attachment 7.**

Using data from the local health department, all applicants must provide evidence of the need for the provision of substance use and/or co-occurring substance use and mental disorders treatment in their community, that the population(s) of focus are highly impacted by HIV/AIDS, and that they will primarily serve racial and ethnic minority populations, in Section A of the Project Narrative.

This program will also align with goals of the HHS Action Plan for the Prevention, Care & Treatment of Viral Hepatitis[2] related to addressing the need for reducing viral hepatitis related to drug use behavior. HIV-infected persons, MSM, and intravenous drug users (IDUs) are disproportionately affected by viral hepatitis and related adverse health

[1] (HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2010, Volume 22. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, Table 21, HIV Diagnosis by State p.21 -22.). http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/index.htm. HIV prevalence rates for the District of Colombia and Maryland were estimated to be over 270 per 100,000 people based on the total counts data in CDC's HIV Surveillance Report, Table 21 (see citation above) and U.S. Census estimates of population data (from July 1, 2009).

[2] Combating the Silent epidemic of Viral Hepatitis: Action Plan for the Prevention, Care & Treatment of Viral Hepatitis. http://www.hhs.gov/ash/initiatives/hepatitis/actionplan_viralhepatitis2011.pdf

conditions. Grantees will be required to integrate efforts to prevent new viral hepatitis infections, identify hepatitis infected persons, and to provide better linkages and referrals to care and treatment. Grantees should try to identify persons infected with viral hepatitis early in the course of their disease. All clients who are considered to be at risk for vital hepatitis (B and C) as specified by CDC recommendations for hepatitis B (CDC, 2008)[3] and hepatitis C (CDC, 1998)[4] should be tested for viral hepatitis (B and C). All clients testing positive for viral hepatitis (B or C) should be referred for treatment.

SAMHSA is particularly interested in providing services to focus on young MSM. According to recent CDC data[5], young MSM are particularly affected by HIV, representing one quarter of all new HIV infections. You are not required to focus on young MSM. However, if young MSM is your **sole** population of focus, you will be able to earn up to 5 points in Section B of the Project Narrative. In this section, applicants who propose to provide services to young MSM are asked to describe their experience and effectiveness in serving this population. (See Section V-I, Priority Population-Young MSM).

Applicants must propose to provide substance use and/or co-occurring substance use and mental disorders treatment and recovery support services to racial and ethnic minorities in one or more of the following populations at high risk for HIV or living with HIV:

- Young men who have sex with men (MSM) (ages 18-29)
- Adult heterosexual women and men; and
- Men who have sex with men (MSM) (ages 30 and older).

In addition to providing substance use and/or co-occurring substance use and mental disorders treatment and recovery support services, HIV/AIDS testing and case management services, grantees are expected to enhance infrastructure and capacity to

[3] Centers for Disease Control and Prevention. Recommendations for identification and public health management of persons with chronic hepatitis b virus infection. MMWR 2008; 57(No. RR-8): 1-39. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm

[4] Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis c virus (HCV) infection and HCV-related chronic disease. MMWR 1998; 57(No. RR-19): 1-20. http://www.cdc.gov/hepatitis/HCV/GuidelinesC.htm

[5] Prejean J, Song R, Hernandez A, Ziebell R, Green T, et al. (2011) Estimated HIV Incidence in the United States, 2006–2009. PLoS ONE 6(8): e17502. doi:10.1371/journal.pone.0017502. http://www.ncbi.nlm.nih.gov/pubmed/21826193

improve the community's response to HIV/AIDS by increasing access to care and services for racial and ethnic minorities at high risk for or living with HIV/AIDS.

Expected outcomes for individuals with substance use and/or co-occurring substance use and mental disorders include: reduced HIV transmission; increased number of people receiving treatment for substance use and/or co-occurring substance use and mental disorders; increased number of people who, post-treatment, receive recovery support services; increased number of people who know their HIV status; and increased number of HIV positive people who are case-managed and referred to primary HIV care for antiretroviral therapy (ART) and other services necessary for optimizing health outcomes; increased number of people screened for viral hepatitis (B and C); increased number of people who know their hepatitis status; and increased number of people positive for viral hepatitis (B and C) who are referred to primary care. The TCE-Substance Abuse Treatment for High-Risk Populations program addresses a number of SAMHSA's Strategic Initiatives including Prevention of Substance Abuse and Mental Health Illness, Recovery Support, and Health Reform.

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

The TCE-HIV grants are authorized under Section 509 of the Public Health Service Act. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

Populations of Focus

All applicants must ensure that they will use methods to reach individuals with substance use and/or co-occurring substance use and mental disorders, as described in the Diagnostic and Statistical Manual of Mental Disorders, 4th TR Edition (DSM-IV-TR), and in recovery who are racial/ethnic minorities (e.g., African American, Hispanic/Latino, Asian, Native American, etc.) at highest risk for or living with HIV/AIDS and link these individuals to appropriate community-based services/systems including primary HIV care and ART, primary health care, and other recovery support services. For more information on recovery and recovery support services examples, **see Appendix L**. Grant funds must be used to serve people diagnosed with a substance use disorder as their primary condition. Applicants must also demonstrate that they will provide assistance in enrolling clients in appropriate health care insurance. Applicants must provide the aforementioned services to one or more of the following populations:

- Young MSM (ages 18-29);

- Adult heterosexual women and men; and
- MSM (ages 30 years and older).

All applicants must provide evidence of the need for the provision of substance use and/or co-occurring substance use and mental disorders treatment in their community, that the population(s) of focus are highly impacted by HIV/AIDS, and that they will primarily serve racial and ethnic minority populations.

Program Requirements

Substance Use and Co-occurring Substance Use and Mental Disorders Treatment and Recovery Support Services

Applicants must propose to **expand** substance use and/or co-occurring substance use and mental disorders treatment, and recovery support services, or to **enhance** substance use and/or co-occurring substance use and mental disorders treatment, and recovery support services, or to do both. The application must demonstrate that the service providers have the requisite cultural, gender, and sexual orientation competencies to serve the proposed population(s).

1) Service Expansion: An applicant may propose to **increase access and availability of services to a larger number of clients.** Expansion applications should propose to increase the number of clients receiving services as a result of the award. For example, if a treatment facility currently serves 50 persons per year and has a waiting list of 50 persons (but no funding to serve these persons), the applicant may propose to expand service capacity to be able to admit some or all of those persons on the waiting list. **Applicants must state clearly the number of additional clients to be served for each year of the proposed grant.**

2) Service Enhancement: An applicant may propose to improve **the quality and/or intensity of services,** for instance, by adding evidence-based practices or approaches to treatment, or adding a new service to address emerging trends or unmet needs. For example, a substance use and/or co-occurring substance use and mental disorders treatment project may propose to add intensive gender-specific programming to the current treatment protocol for a population of women and their children being served by the program. **Applicants proposing to enhance services must indicate the number of clients who will receive the new enhancement services.**

Applicants must also screen and assess clients for the presence of co-occurring mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders. [For more information on the process of selecting screening

instruments to identify co-occurring mental and substance use disorders, go to www.samhsa.gov/co-occurring/].

Applicants are expected to utilize other existing funding sources to provide services to the population of focus before using SAMHSA grant funds. Use of SAMHSA grant funds for treatment should be reserved for individuals without insurance (public or private). Grantees are encouraged to increase opportunities to enroll clients in public or private insurance plans. The importance of helping clients enroll in insurance plans will be especially important as many individuals may be newly eligible for coverage of substance abuse treatment services beginning in 2014. Therefore, applicants must describe whether other funding sources currently exist for the proposed population and, if so, how SAMHSA funds will be used. Applicants must also describe how they will assist clients to enroll in insurance programs as a result of changes in coverage that may come into effect on January 1, 2014.

HIV Testing and Case Management Services

All clients must be offered HIV rapid preliminary antibody testing at enrollment. For those clients who test positive, they must be referred to appropriate confirmatory testing. HIV testing may also be made available to the injection and/or sexual partners of the clients. All grantees must provide on-site HIV testing in accordance with State and local requirements. However, if a client requests to be HIV tested off-site, the grantee must provide a referral to an HIV testing site certified by the local health department. The cost of test kits, staff time, and training must be incorporated into the grant application budget.

GPRA Compliance

SAMHSA expects that at a minimum 80% of all clients will be tested for HIV. Grantees must justify an HIV testing rate below 80%. Failure to provide an adequate justification for a testing rate below 80% will be considered by SAMHSA in making annual determinations to continue a grant and the amount of any continuation award (see Section VI-2, Administrative and National Policy Requirements).

HIV Case Management

Applicants must develop a plan for case management of all clients who have a preliminary positive HIV and confirmatory HIV test result. The process of case management includes: comprehensive assessment of the client's needs and development of an individualized service plan. Applicants will be required to provide a monthly report on the disposition of all clients referred to ART including number referred, the number currently receiving ART, and the number who have withdrawn from ART. Grantees will be required to report the number of HIV tests and counseling sessions purchased with SAMHSA grant funds; data on rapid and confirmatory test

results; and risk behaviors and other data that may be required by SAMHSA. All data will be collected using a standardized SAMHSA-approved instrument and reported to a SAMHSA web-based data collection site.

Other Required Training and Technical Assistance

Post award, SAMHSA will provide (when available and budgeted for) technical assistance to: train grantee staff in HIV rapid testing; obtain required State certification to conduct on-site testing; develop, as may be required, agreements with State and local health departments regarding HIV testing activities; and develop a case management system for monitoring and tracking.

Viral Hepatitis Testing and Referral to Treatment

All clients who are considered to be at risk for viral hepatitis (B and C) as specified by CDC recommendations for hepatitis B (CDC, 2008)[6] and hepatitis C (CDC, 1998)[7] must be tested for viral hepatitis (B and C) in accordance with State and local requirements, either onsite or through referral. No more than **5%** of grant funds may be used for viral hepatitis (B and C) testing, including purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.) and training for staff related to viral hepatitis (B and C) testing. Grantees must report all positive viral hepatitis test results to the local and State health department, as appropriate.

Applicants must provide a plan for providing referrals to viral hepatitis testing (if applicable), and to treatment for all clients testing positive for viral hepatitis (B or C) and provide memoranda of agreement demonstrating that you have linkages with appropriate treatment providers in **Attachment 1** of your application.

Grantees will be required to provide a monthly report on the number of viral hepatitis tests purchased with SAMHSA grant funds; number of positive tests; and data on referrals.

Applicants must also provide evidence that the proposed expansion, enhancement and/or capacity development activities, will address the overall goals and objectives of the project during the 5-year grant period.

---

[6] Centers for Disease Control and Prevention. Recommendations for identification and public health management of persons with chronic hepatitis b virus infection. MMWR 2008; 57(No. RR-8): 1-39. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm

[7] Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis c virus (HCV) infection and HCV-related chronic disease. MMWR 1998; 57(No. RR-19): 1-20. http://www.cdc.gov/hepatitis/HCV/GuidelinesC.htm

Infrastructure and Capacity Development (up to 20% of total grant award)

Required Activities

In addition to providing substance use and/or co-occurring substance use and mental disorders treatment, and recovery support services, HIV/AIDS testing and case management services, applicants are expected to enhance infrastructure and capacity to improve the community's response to HIV/AIDS by increasing access to care and services for racial and ethnic minorities at high risk for or living with HIV/AIDS. Grantees may use **up to 20%** of their total grant award to support the following required infrastructure activities within the targeted community:

- Develop linkages, as evidenced by memoranda of agreement or contracts, with community-based organizations with experience in providing other services not provided by the grantee necessary for optimizing health outcomes for clients. Examples of possible community linkages include but are not limited to:

    - primary HIV care (ART);
    - specialty mental health services;
    - primary health care;
    - support for the homeless; and
    - work placement for recovering persons.

  Applicants must specify the roles of collaborating organizations in responding to the targeted need. Memoranda of agreement and contracts must specify the terms and conditions of the services to be provided, including the level and intensity of these services. Participating and coordinating organizations and the services they will provide must be included in **Attachment 1.**

- Demonstrate planning and coordination of services at the local level with the Single State Agency for Substance Abuse (SSA), and where applicable, the:

    - Centers for Disease Control and Prevention's (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention's (NCHHSTP) HIV Prevention Community Planning Groups, the National Immunization Program, and HIV/AIDS CDC-funded projects.
    - Health Resources and Services Administration (HRSA) Ryan White Planning Councils and their approved service providers;

- Indian Health Service (IHS);

- Department of Housing and Urban Development (HUD) Housing Opportunities for Persons with AIDS (HOPWA);

- HRSA's Federally Qualified Health Centers (FQHCs) funded under section 330 of the Public Health Service Act (Consolidated Health Center Program) and Federally Qualified Health Centers Look-Alikes (FQHCLAs) that meet Federal requirements, but do not receive funds and are designated FQHCLAs by HRSA and the Centers for Medicare and Medicaid Services (CMS). Four types of Health Centers are funded under Section 330 of the Public Health Service Act: Community Health Centers, Migrant Health Centers, Homeless Health Centers, and Public Housing Health Centers. Additional information and the location of FQHCs and FQHCLAs can be found at: http://ask.hrsa.gov/pc/; and

- Clinics funded under the HHS Office of Population Affairs, Family Planning Program, authorized under Title X of the Public Health Service Act, administered by the Department of Health and Human Services' Office of Population Affairs (OPA), Office of Family Planning (OFP). A list of Title X-Funded Family Planning Grantees, Delegates, and Clinics can be found at: http://opa.osophs.dhhs.gov/titlex/ofp-service-grantees.html.

- Conduct outreach activities for the proposed population of focus (i.e., young MSM, heterosexual men and women; and/or MSM); and

- Provide case management of HIV positive clients into ART.

Allowable Activities

Grantees may also use funds for the following allowable infrastructure enhancement activities:

- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.

- Training and workforce development to help your staff or other providers in the community identify substance use and/or co-occurring substance use and mental disorders issues or provide effective services consistent with the purpose of the grant program (e.g., the use of evidence-based practices for the treatment of

substance use and/or co-occurring substance use and mental disorders, and/or the training of behavioral health and HIV/AIDS care coordinators, etc.).

Electronic Health Records

The Affordable Care Act (ACA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act place strong emphasis on the widespread adoption and implementation of electronic health record (EHR) technology. Accordingly, all SAMHSA grantees who provide services to individuals are encouraged to demonstrate ongoing clinical use of a certified electronic health record (EHR) system in each year of their SAMHSA grant. A certified EHR is an electronic health record system that has been tested and certified by an approved Office of National Coordinator's (ONC) certifying body.

In Section G: Electronic Health Record Technology (EHR), of the Project Narrative, applicants **must** either:

- Identify the certified, EHR system that you have adopted to manage client-level clinical information (include a copy of your signed, executed EHR vendor contract in **Attachment 6** of your application); ***or***

- Describe your plan to acquire an EHR system. This plan should include staffing, training, budget requirements and a timeline for implementation.

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

This activity is considered infrastructure development; not more than 20% of the total grant award may be used for infrastructure and capacity development activities.

SAMHSA expects grantees to utilize the data they collect to (1) identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to disparities; and (2) implement strategies to decrease the differences in **access, service use**, and **outcomes** among those subpopulations. A strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. See Appendix J: Addressing Behavioral Health Disparities.

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

2.1 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In Section B of your project narrative, you will need to:

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

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

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). You must document your ability to collect and report the required data in "Section E: Performance Assessment and Data" of your application. Grantees will be required to report performance on the following performance measures: abstinence, education/employment, housing, social connectedness, criminal justice and have no/reduced alcohol or illegal drug and related health, behavioral or social consequences. This information will be gathered using the Government Performance Results Act (GPRA) tool, which can be found at https://www.samhsa-gpra.samhsa.gov/. This site includes instructions for completing the tool.

Grantees will also be required to complete the 'SAMHSA/CSAT MAI Rapid HIV Testing Clinical Information Form' (access to this form will be provided post grant award) in order to collect and report information to SAMHSA for all grant clients being offered a Rapid HIV Test. The information to be collected for each grant client who is offered a Rapid HIV Test includes substance abuse treatment site characteristics, demographics, reason for test or refusal to take test, risk behaviors, rapid HIV testing results and retesting results, type of service provided and confirmatory test results.

Hard copies are available in the application kits available by calling SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected at **baseline (i.e., the client's entry into the project), at discharge, and at 6 months post baseline**. Data are to be **entered into the GPRA based system according to the required time frames, and are generally provided in other requested written reports, etc., and through other reporting mechanisms. Technical assistance will be provided on the use of the GPRA/SAIS Tool, data collection requirements and timelines.** The collection of these data will enable SAMHSA to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use. In addition to the NOMs, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide. If you have an electronic health records (EHR) system to collect and manage most or all client-level clinical information, you should use the EHR to automate GPRA reporting.

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

2.3 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having /will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted 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 the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/ sexual identity (sexual orientation and gender identity)?
- How durable were the effects?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address **disparities in access, service use, and outcomes** across subpopulations, including the use of the CLAS standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program?

No more than 10% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.

2.4 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in each year of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Proposed budgets cannot exceed $500,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award. These awards will be made as grants.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit, community-based organizations (CBOs) and Federally recognized Tribes and tribal organizations, in States and Territories with HIV prevalence rates of 270/100,000 or higher.[8] The following 22 States and Territories meet this criterion: District of Columbia, New York, U.S. Virgin Islands, Florida, Puerto Rico, Maryland, New Jersey, Georgia, Louisiana, Delaware, South Carolina, Connecticut, California, Mississippi, Nevada, Texas, Virginia, North Carolina, Illinois, Pennsylvania, Tennessee, and Alabama. Note: Federally recognized Tribes may be partially *or* entirely located in one of the 22 identified States and Territories. Federally recognized Tribes that are not located in one of these 22 States and Territories, but can demonstrate an HIV prevalence rate of 270/100,000 or higher (using local tribal epidemiologic data), are also eligible to apply. To determine eligibility, provide local tribal prevalence data in Attachment 7.

A community-based organization (CBO) is a public or private nonprofit organization (including faith-based organizations) representative of a community, and engaged in meeting health, behavioral health and human services needs.

Examples of CBOs[9] include:

- CBOs serving racial and ethnic minorities

[8] (HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2010, Volume 22. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, Table 21, HIV Diagnosis by State p.21 -22.). http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/index.htm. HIV prevalence rates for the District of Colombia and Maryland were estimated to be over 270 per 100,000 people based on the total counts data in CDC's HIV Surveillance Report, Table 21 (see citation above) and U.S. Census estimates of population data (from July 1, 2009).

[9] CBOs with limited substance abuse treatment experience must have strong written agreements with established, licensed and State certified agency(s).

- CBOs serving lesbian, gay, bisexual, transgendered and questioning persons (LGBTQ)

- Faith-based CBOs

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 National HIV/AIDS Strategy (NHAS) clearly articulates the need for resources to be strategically concentrated in areas with high rates of HIV infection, and the need for targeting specific population subgroups at higher risk, such as men who have sex with men. In support of the NHAS, the goals of the Minority AIDS Initiative and SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities, applicants eligible to apply for this grant opportunity are limited to CBOs and Federally recognized Tribes and tribal organizations, in States and Territories that are highly impacted by HIV/AIDS. Federally recognized Tribes that are not located in one of these 22 States and Territories, but are also highly impacted by HIV/AIDS are also eligible to apply.

SAMHSA believes that in order to achieve the goals of this program to enhance infrastructure and capacity to improve the community's response to HIV/AIDS by increasing access to care and services for racial and ethnic minorities at high risk for or living with HIV/AIDS, grant funds must go directly to community-based organizations, Tribes and tribal organizations. **Therefore, State and local governments are not eligible to apply. The statutory authority for this program prohibits grants to for-profit agencies.**

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

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

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

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

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

3.2 Evidence of Experience and Credentials

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

The three requirements are:

- A provider organization for direct client (e.g., substance use and/or co-occurring substance use and mental disorders treatment) services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;

- Each substance use and/or co-occurring substance use and mental disorders treatment provider organization involved must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and

- Each substance use and/or co-occurring substance use and mental disorders treatment organization involved must comply with all applicable local (city, county) and State licensing, accreditation, and certification requirements, as of the due date of the application.

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

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

- a letter of commitment from every substance use and/or co-occurring substance use and mental disorders treatment provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;

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

- official documentation that all participating substance use and/or co-occurring substance use and mental disorders treatment provider organizations: 1) comply with all applicable local (city, county) and State requirements for licensing, accreditation, and certification; **OR** 2) official documentation from the appropriate agency of the applicable State, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.[10]

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

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

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

Additional materials available on this Web site include**:**

- a grant writing technical assistance manual for potential applicants;

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

- standard terms and conditions for SAMHSA grants;

- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and

- a list of certifications and assurances referenced in item 21 of the SF-424.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Package

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

- The Face Page (SF-424); Budget Information form (SF-424A); Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. **Applications that do not include the required forms will be screened out and will not be reviewed.**

- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (http://www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (http://www.Grants.gov).

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

2.2 Required Application Components

Applications must include the following 12 required application components:

- **Face Page** – SF-424 is the face page. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at http://www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application. In addition, you must be registered in the Central Contractor Registration (CCR) prior to submitting an application and maintain an active CCR registration during the grant funding period. **REMINDER: CCR registration expires each year and must be updated annually. It can take 24 hours or more for updates to take effect, so check for active**

registration well before your grant deadline. Grants.gov will not accept your application if you do not have current CCR registration. If you do not have an active CCR registration prior to submitting your paper application, it will be screened out and returned to you without review. The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at http://www.bpn.gov/CCRSearch/Search.aspx **and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at** https://www.bpn.gov/ccr/default.aspx**.**

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

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

- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in Appendix H of this document**.**

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

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections H through K. There are no page limits for these sections, except for Section J, 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 7**– Use only the attachments listed below. If your application includes any attachments not required in this document, they will be

disregarded. Do not use more than a total of 30 pages for Attachments 1, 3, and 4 combined. There are no page limitations for Attachments 2, 5, 6 and 7. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

- **Attachment 1**: (1) Identification of at least one experienced, licensed substance abuse/co-occurring disorders treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix D of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) memoranda of agreement or contracts.

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

- **Attachment 3**: Sample Consent Forms

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

- **Attachment 5**: A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

- **Attachment 6:** A copy of the signed, executed EHR vendor contract, if you have an existing EHR system (if applicable).

- **Attachment 7:** Local tribal epidemiologic data (if applicable).

- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant

announcement will be performed. This form will be posted on SAMHSA's Web site with the RFA and provided in the application package.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site **and check the box marked 'I Agree'** before signing the face page (SF-424) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA's Web site with the RFA and provided in the application package.

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

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

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

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

2.3 Application Formatting Requirements

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

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **July 20, 2012.** SAMHSA provides two options for submission of grant applications: 1) electronic submission, **or** 2) paper submission. Electronic applications are encouraged. Hard copy applications are due by **5:00 PM** (Eastern Time). Electronic applications are due by **11:59 PM** (Eastern Time). **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

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

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

Submission of Electronic Applications

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

Submission of Paper Applications

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

Send applications to the address below:

For United States Postal Service:

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

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "TCE-HIV" and "TI-12-007" in item number 12 on the face page (SF-424) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

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

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

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

5. FUNDING LIMITATIONS/RESTRICTIONS

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

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

In addition, SAMHSA's TCE-Substance Abuse Treatment for High-Risk Populations grant recipients must comply with the following funding restrictions:

- No more than 20% of the total grant award may be used for infrastructure and capacity development.
- No more than 5% of the total grant award may be used for viral hepatitis (B and C) testing.
- No more than 10% of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

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

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

- You must use the seven 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 strategies to reduce disparities in access, service use, and outcomes (including implementation of the CLAS standards) in each section of the Project Narrative, and will consider how well you address the evaluation criteria focusing on these subpopulation disparities when scoring your application. See Appendix J: Addressing Behavioral Health Disparities.

- The Supporting Documentation you provide in Sections H-K and Attachments 1-7 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Population of Focus and Statement of Need (15 points)

- Identify your population(s) of focus (i.e., young MSM, heterosexual men and women, and/or MSM) and provide comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized Tribe, language, gender, age, socioeconomic characteristics, sexual identity (sexual orientation and gender identity) and other relevant factors, such as literacy

[NOTE: Young MSM must be your **sole** population of focus in order to respond to Section B that follows].

- Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.

- Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Using data from the local health department, provide evidence of the need for the provision of substance use and/or co-occurring substance use and mental disorders treatment in your community, that the population(s) of focus are highly impacted by HIV/AIDS, and that you will primarily serve racial and ethnic minority populations.

Section B: Priority Population- Young MSM (5 points)
*NOTE: Only applicants for whom young MSM is your **sole** population of focus may respond to this section and receive points for your response.*

- Present evidence that demonstrates your ability to recruit and retain young MSM.

- Describe your experience in providing substance use and/or co-occurring substance use and mental disorders treatment and recovery support services to young MSM.

- Describe your experience in providing HIV service–related case management and other support services to young MSM.

- Describe the experience and current agency practices that will ensure that service delivery to young MSM is culturally appropriate, sensitive to the specific needs of this population, and evidence based, as applicable.

Section C: Proposed Evidence-Based Service/Practice (20 points)

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

- Describe the Evidence-Based Practice (EBP) that will be used and justify its use for your population of focus, your proposed program, and the intent of this RFA. Describe how the proposed practice will address the following issues

in the population(s) of focus, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age geography, and socioeconomic status; language and literacy; sexual identity (sexual orientation and gender identity); and disability. [See Appendix C: Using Evidence-Based Practices (EBPs).]

- Explain how your choice of an EBP will help you achieve the goals of access/use/outcomes for service recipients, including subpopulation disparities, if any, and how they will be addressed.

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

- If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.

Section D: Proposed Implementation Approach (25 points)

- Describe how achievement of the goals will produce meaningful and relevant results for your community (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and enhance the capacities of community behavioral health systems to respond to the HIV/AIDS epidemic among racial and ethnic populations with substance use and/or co- occurring mental disorders.

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

- Describe the process for offering HIV rapid preliminary antibody testing to all clients at enrollment, as well as the referral process to appropriate confirmatory testing for those clients who test positive.

- Describe whether other funding sources currently exist to provide services for the proposed population and, if so, how SAMHSA funds will be used.

- Describe how you will assist clients to enroll in insurance programs as a result of changes in coverage that may come into effect on January 1, 2014.

- Describe your plan for case management of all clients who have a preliminary positive HIV and confirmatory HIV test result. Describe your process for monthly reporting on the disposition of all clients referred to ART including number referred, the number currently receiving ART, and the number who have withdrawn from ART.

- Describe the process for providing onsite or referral to viral hepatitis (B and C) testing for all clients who are considered to be at risk as specified by CDC recommendations and in accordance with State and local requirements.

- Describe your plan for providing referrals to treatment for all clients testing positive for viral hepatitis (B or C). Include memoranda of agreement or contracts from community organizations involved in the project in **Attachment 1**.

- Describe your process for monthly reporting on the number of viral hepatitis tests purchased with SAMHSA grant funds; number of positive tests; and data on referrals.

- Describe how you will screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

- Describe how you will identify, recruit and retain the population(s) of focus. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.

- Describe how you will ensure the input of clients in assessing, planning and implementing your project.

- Describe how you will develop linkages with community-based organizations with experience in providing other services, not provided by your organization, necessary for optimizing health outcomes for clients. Identify the other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include memoranda of agreement or contracts from community organizations involved in the project in **Attachment 1**.

- Describe how you will enhance infrastructure through coordination of services at the local level with the Single State Agency for Substance Abuse (SSA), and where applicable, the CDC's NCHHSTP Program, and HIV/AIDS CDC-funded projects; HRSA's Ryan White Planning Councils and their approved service

providers; IHS; HUD HOPWA;HRSA's FQHCs; and FQHCLAs designated by HRSA and CMS; and Clinics funded under the HHS Office of Population Affairs, Family Planning Program, authorized under Title X of the Public Health Service Act, administered by the Department of Health and Human Services' Office of Population Affairs (OPA), Office of Family Planning (OFP).

- Indicate whether you are proposing to expand services, enhance services, or both. State the unduplicated number of individuals you propose to serve, including sub-populations, (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. You are required to include the numbers to be served by race, ethnicity, gender and/or sexual orientation.

- Provide a per-unit cost for this program. One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved. Justify that this per-unit cost is providing high quality services that are cost effective. Describe your plan for maintaining and/or improving the provision of high quality services that are cost effective throughout the life of the grant.

Section E: Staff and Organizational Experience (15 points)

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

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

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

Section F: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.

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

- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration, if any, of access/use/outcomes disparities of identified sup-populations. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisor bodies, and individuals who receive services from your program.

- Describe your plan for conducting the performance assessment as specified in Section I-2.3 of this RFA and document your ability to conduct the assessment.

Section G: Electronic Health Record (EHR) Technology (5 points)

- If you currently have an existing EHR system, identify the EHR system that you have adopted to manage client-level clinical information for your proposed project. Include a copy of your EHR vendor contract in Attachment 6 of your application.

- If you do not currently have an existing EHR system, describe your plan to acquire an EHR system. This plan should include staffing, training, budget requirements (including additional resources for funding), and a timeline for implementation. Be sure to include these costs in your budget.

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

Section I: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a

description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than: 20% of the total grant award will be used for infrastructure development, no more than 5% of the total grant award may be used for viral hepatitis (B and C) testing, and that no more than 10% of the total grant award will be used for data collection, performance measurement and performance assessment. **Specifically identify the items associated with these costs in your budget**. An illustration of a budget and narrative justification is included in Appendix H of this document.

Section J: Biographical Sketches and Job Descriptions.

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

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

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

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

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;

- when the individual award is over $150,000, approval by the SAMHSA/Center for Substance Treatment's National Advisory Council;

- availability of funds; and

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

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

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

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at http://www.samhsa.gov/grants/management.aspx.

- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (http://www.samhsa.gov/grants/management.aspx).

- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:

  - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;

  - requirements relating to additional data collection and reporting;

  - requirements relating to participation in a cross-site evaluation;

  - requirements to address problems identified in review of the application; or

  - revised budget and narrative justification.

- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and

objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

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

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

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.2, grantees must comply with the reporting requirements listed on the SAMHSA Web site at http://www.samhsa.gov/Grants/apply.aspx.

VII. AGENCY CONTACTS

For questions about program issues contact:

David C. Thompson
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1007
Rockville, Maryland 20857
(240) 276-1623
David.thompson@samhsa.hhs.gov

-or-

Kirk James, M.D.
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1109
Rockville, Maryland 20857
(240) 276-1617
Kirk.james@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Team Leader
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1407
eileen.bermudez@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 SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.

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

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

- Information provided must be sufficient for review.

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

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

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

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

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

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

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

- Black ink should be used throughout your application, including charts and graphs. Pages should be typed single-spaced with one column per page. **Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

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

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

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

Appendix B – Guidance for Electronic Submission of Applications

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

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

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

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

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

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

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

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

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

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-G) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections H-K) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-7) in this order and numbered consecutively.

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

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

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

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

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

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

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

Appendix C – Using Evidence Practices (EBPs)

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

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

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

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

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

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

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

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

Resources for Evidence-Based Practices:

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

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

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

Appendix D – Statement of Assurance

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

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

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

- official documentation that all substance abuse/co-occurring disorders treatment provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; **OR** 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.[11] (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

- for Tribes and tribal organizations only, official documentation that all participating substance abuse/co-occurring disorders treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the Tribe or other

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

tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

_____ _____

Signature of Authorized Representative Date

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

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

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

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

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

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. **TI-12-007.** Change the zip code to **20850** if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)[12] to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health

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

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

The PHSIS consists of the following information:

- a copy of the face page of the application (SF-424); and

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

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

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA.**" The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **TI-12-007.** Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any State comments.

- The applicant must notify the SSA within 30 days of receipt of an award.

Appendix F – Funding Restrictions

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

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

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

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

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

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

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

Appendix G – Biographical Sketches and Job Descriptions

Biographical Sketch

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

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

Job Description

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

Appendix H – Sample Budget and Justification (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 S-424A) **$52,765**

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

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

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

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

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

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **$ 0**

E. Supplies: materials costing less than $5,000 per unit and often having one-time use

FEDERAL REQUEST

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

(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 SF-424A) **$86,997**

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

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

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

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

==========

TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

TOTALS: (sum of 6i and 6j)

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

==========

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

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

Proposed Project Period

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

BUDGET SUMMARY (should include future years and projected total)

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

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Indirect Charges	$5,093	$5,246	$5,403	$5,565	$5,732	$27,039
Total Project Costs	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$889,030**

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

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

*FOR REQUESTED FUTURE YEARS:

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

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

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

Confidentiality and Participant Protection:

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

1. Protect Clients and Staff from Potential Risks

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

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

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

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

2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of people who have a substance use disorder, 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 J – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: "**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.** HHS leadership will assure that: Program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits."

To accomplish this, SAMHSA expects grantees to utilize their data to (1) identifying subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities and (2) implement strategies to decrease the differences in **access, service use**, and **outcomes** among those subpopulations. A strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have

an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011, http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our Nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and

health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at: http://www.ThinkCulturalHealth.hhs.gov

Appendix K – Electronic Health Record (EHR) Resources

The following is a list of Web sites for EHR information:

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

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

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

Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42CRF Part 2 (http://www.samhsa.gov/HealthPrivacy/). EHR implementation plans should address compliance with these regulations.

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

Appendix L – Recovery Support Services Examples

Recovery support services (RSSs) are non-clinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. RSSs may be provided in conjunction with treatment, and as separate and distinct services, to individuals and families who desire and need them. RSSs may be delivered by peers, professionals, faith-based and community-based groups, and others.

Recovery support services are typically provided by paid staff or volunteers familiar with how their communities can support people seeking to live free of alcohol and drugs, and are often peers of those seeking recovery. Some of these services may require reimbursement while others may be available in the community free of charge. Examples of recovery support services include the following:

- Transportation to and from treatment, recovery support activities, employment, etc.
- Employment services and job training, including job coaching
- Information and Referral Services
- Outreach
- Referrals and assistance in locating housing
- Child care
- Peer-to-peer services, mentoring, coaching
- Life skills
- Alcohol and drug free socialization activities
- Peer emotional support groups
- Health and Wellness classes/supports

Definitions for Recovery Support Services

Transportation

Commuting services are provided to clients who are engaged in treatment- and/or recovery support-related appointments and activities and who have no other means of obtaining transportation. Forms of transportation services may include public transportation or a licensed and insured driver who is affiliated with an eligible program provider.

Employment Services and Job Training

These activities are directed toward improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, résumé writing, interviewing skills, and tips for retaining a job. Other services include training in a specific skill or trade to assist individuals to prepare for, find, and obtain competitive employment such as skills training, technical skills, vocational assessment, and job referral.

Referrals and Assistance in Locating Housing

This includes referral to local sober houses, access to housing databases, and assistance in locating housing.

Child Care

These services include care and supervision provided to a client's child(ren), less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment and/or recovery support activities. These services must be provided in a manner that complies with State law regarding child care facilities.

Peer-to-Peer Services, Mentoring, Coaching

Mutual assistance in promoting recovery may be offered by other persons who have experienced similar substance abuse challenges. These services focus more on wellness than illness. Peer mentoring or coaching refers to a one-on-one relationship in which a peer leader with more recovery experience motivates, supports and encourages another peer in establishing and maintaining his/her recovery. Mentors/coaches may help peers develop goals and action plans, as well as help them find resources. Recovery support includes an array of activities, resources, relationships and services designed to assist an individual's integration into the community, participation in treatment and/or recovery support services and improved functioning in recovery.

Life Skills

Life skills services address activities of daily living, such as budgeting, time management, interpersonal relations, household management, anger management, and other issues.