Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Grants for Primary and Behavioral Health Care Integration (Short title: PBHCI)

(Initial Announcement)

Request for Applications (RFA) No. SM-09-011

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

Key Dates:

Application Deadline	**Applications are due by May 27, 2009**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2009 for Grants for Primary and Behavioral Health Care Integration (PBHCI). The purpose of this program is to improve the physical health status of people with serious mental illnesses (SMI) by supporting communities to coordinate and integrate primary care services into publicly funded community mental health and other community-based behavioral health settings. By building the necessary partnerships and infrastructure to support this goal, the expected outcome is for grantees to enter into partnerships to develop or expand their offering of primary healthcare services for people with SMI, resulting in improved health status.

Funding Opportunity Title:	Grants for Primary and Behavioral Health Care Integration (PBHCI)
Funding Opportunity Number:	SM-09-011
Due Date for Applications:	May 27, 2009
Anticipated Total Available Funding:	Up to $5,500,000
Estimated Number of Awards:	11
Estimated Award Amount:	Up to $500,000 per year
Length of Project Period:	Up to 4 years
Eligible Applicants:	Eligible applicants will be limited to community mental health and other community-based behavioral health agencies. [See Section III-1 of this RFA for complete eligibility information.]

1. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2009 for Grants for Primary and Behavioral Health Care Integration (PBHCI). The purpose of this program is to improve the physical health status of people with serious mental illnesses (SMI) by supporting communities to coordinate and integrate primary care services into publicly funded community mental health and other community-based behavioral health settings. By building the necessary partnerships and infrastructure to support this goal, the expected outcome is for grantees to enter into partnerships to develop or expand their offering of primary healthcare services for people with SMI, resulting in improved health status. The population of focus for this grant program is individuals with serious mental illness served in the public mental health system.

Physical health conditions among people with serious mental illnesses impact their quality of life and contribute to disproportionate premature death. In 2006, the National Association of State Mental Health Program Directors (NASMHPD) issued a technical report, Morbidity and Mortality in People with Serious Mental Illness, which revealed that people with serious mental illness on the average die 25 years earlier than people without serious mental illness. While several factors contribute to this alarming disparity (including barriers to appropriate care, stigma and the lack of cross-discipline training), empirical findings indicate that early mortality among people with serious mental illnesses is clearly linked to the lack of access to primary care services for this population. People with serious mental illnesses have elevated rates of hypertension, diabetes, obesity and cardiovascular disease as compared to people without serious mental illnesses. Many of these health conditions are exacerbated by unhealthy practices like inadequate physical activity, poor nutrition, smoking, substance abuse, and by the side effects of psychotropic medication, including weight gain. Many of these health conditions are preventable through routine health promotion activities, primary care screening, monitoring, treatment and care management /coordination strategies and/or other outreach programs at home or community sites. Because people with serious mental illnesses frequently seek and obtain services from community-based behavioral health providers, these organizations must be able to formulate partnerships to foster integration of primary care services and provide wellness education on site with the goal of improving health outcomes for clients.

The purpose of this program is to improve the overall wellness and physical health status of people with serious mental illnesses by making available coordinated primary care services in community mental health and other community-based behavioral health settings. SAMHSA expects that people with serious mental illnesses will show improvement in their physical health status through participation in the programs associated with this grant. PBHCI also includes a focus on providing wellness education and support services. This grant program supports SAMHSA's Pledge for Wellness 10 by 10 Campaign to prevent and reduce early mortality among people with mental illness by 10 years over the next 10 years. It is projected that better coordination and integration of primary and behavioral health care should lead to outcomes such as improved access to primary care services; improved prevention, early identification and intervention to avoid serious health issues including chronic diseases; enhanced capacity to

holistically serve those with mental and/or substance use disorders; and better overall health status of clients.

Grants for Primary and Behavioral Health Care Integration (PBHCI) is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address gaps in substance abuse and mental health prevention and treatment services and increase the ability of States, units of local government, American Indian/Alaska Native Tribes and tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, emerging physical health, mental health and substance abuse problems. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project at the latest.

Primary and Behavioral Health Care Integration grants are authorized under Section 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus areas 18 (Mental Health and Mental Disorders) and 26 (Substance Abuse).

2. EXPECTATIONS

SAMHSA expects applicants to develop and implement an array of integrated services designed to improve the physical health status of people with serious mental illness, including individuals with co-occurring substance use disorders. These services should incorporate a prevention and wellness approach and show cooperation/collaboration across community mental health (including substance abuse) and primary care. Specifically, applicants should clearly demonstrate collaborative agreements with primary care agencies, settings, and/or entities. Examples of evidence include a memorandum of agreement (MOA), letter of commitment, or joint application (community mental health/behavioral health **and** primary care entities). Collaborations inclusive of consumers of mental health services are especially encouraged in development of the grant application, as part of the integration/coordination team, or as part of the governance structure around PBHCI. Services may be provided by the grantee, purchased through a contract with other providers, or made available through a memorandum of agreement (MOA) with other providers. Funds under this program may not be used to supplant financing of medical services that are eligible for payment or reimbursement from third-party payers (i.e., Medicaid or Medicare). Rather, these funds are targeted to coordinate access to primary care services, and for provision of services for which there is no current funding source, including services for uninsured populations.

Applicants are encouraged to consider models of integration and co-location of primary care services in community mental health settings including, but not limited to, regular screening and registry tracking/outcome measurement at the time of psychiatric visits, medical nurse practitioners/ primary care physicians located in behavioral health care settings, primary care supervising physician, embedded nurse care manager, evidence-based practices to improve the health status of the population with serious mental illnesses, and wellness programs.

Applicants must provide an assessment of the primary care needs of the consumers with mental illness served by their agency. Grantees must also screen and assess consumers for the presence of co-occurring substance use (abuse and dependence) and use this information to develop and

implement appropriate treatment approaches for the persons identified as having such co-occurring disorders. We encourage grantees to consider the Screening, Brief Intervention, Referral, and Treatment (SBIRT) model for screening co-occurring substance abuse, which is available at http://www.mayatech.com/SBIRT/about.htm. Applicants will be expected to develop a plan to sustain the integrated services beyond the life of the grant.

Partnerships between existing primary care **and** behavioral health organizations are deemed crucial to this grant. Preference will be given to those applicants who have begun developing collaborations and/or agreements with primary care agencies towards primary care and behavioral health integration.

As of April 2008, approximately 1.64 million men and women have been deployed to serve in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in support of the Global War on Terror. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

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 of focus. An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In your application, you will need to:

- Identify the evidence-based practice(s) you propose to implement.
- Identify and discuss the evidence that shows that each practice is effective. [See note below.]
- Discuss the population(s) for which this practice has been shown to be effective and show that it is appropriate for your population(s) of focus. [See note below.]

Note: 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 encouraged to provide other forms of evidence that the practice(s) they propose is appropriate for the population 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 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 people reviewing your application.

- Document the evidence that the practice you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice(s) you have chosen meet SAMHSA's goals for this grant program.
- Describe any modifications/adaptations you will need to make to this practice 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/practice in a way that is as close as possible to the original service/practice. However, SAMHSA understands that you may need to make minor changes to the service/practice to meet the needs of your population of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to your proposed service/practice that you believe are necessary for these purposes. You may describe your own experience either with the population 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.

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 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 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. This especially will be the case for physical health best practices that you intend to employ.

Models of integration of primary care services in community mental health include, but are not limited to, the following (the research base for each component is also presented):

1. Assure regular screening and registry tracking/outcome measurement at the time of psychiatric visits for all individuals receiving psychotropic medications—check glucose and lipid levels, as well as blood pressure and weight/BMI, record and track changes and response to treatment, and use the information to obtain and adjust treatment accordingly.

Basis for this component: The individual and family history, baseline and longitudinal monitoring as recommended by The American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, and the North American Association for the Study of Obesity in 2004 should be the standard of practice. This is also a corollary to the IMPACT registry and tracking of symptom status in order to support stepped care.

2. Co-Locate medical nurse practitioners/primary care physicians in behavioral health facilities—provide routine primary care services in the behavioral health setting via a nurse practitioner or physician out-stationed from the full-scope healthcare home. Organizations implementing this model have found that adoption of primary care improvements such as open access scheduling and group visits are effective methods for engaging people in healthcare. The population will present with a mixture of acute care concerns, prevention and screening needs, and chronic medical conditions. The strategy of easy access can be used to engage individuals in their healthcare and connect them to an ongoing relationship with the full-scope healthcare home for their complex healthcare concerns. Nurse practitioners should be highly experienced, with readily available access to a supervising physician and an ongoing training/supervision component to ensure quality of care. A behavioral health organization hiring a nurse practitioner directly, without the backup of a skilled physician and a full-scope healthcare home, cannot be described as a healthcare home, and is not a recommended pathway.

Basis for this component: Health & Education Services, Inc. in Massachusetts has five years of experience with a nurse practitioner model. Their data indicate that emergency department visits were 42% lower in the study group; the study group also had 66% more physical examinations and 51% more primary care provider contacts compared to the control group.

3. Identify a primary care supervising physician within the full-scope healthcare home to provide consultation on complex health issues for the psychiatrist, medical nurse practitioner, and/or nurse care manager, if there is no primary care physician practicing at the behavioral health site.

Basis for this component: This is an alternative to having a primary care physician on site and has its corollary in the IMPACT consulting psychiatrist, who provides assistance in complex problem solving with the care team. The physician would be accountable for determining when stepped care to the full-scope healthcare home or specialty/hospital care would be necessary and appropriate.

4. Embed nurse care managers within the primary care team working in the behavioral health setting, to support individuals with significantly elevated levels of glucose, lipids, blood pressure, and/or weight/BMI. Accountabilities would include keeping the registry (glucose, lipids, blood pressure, and weight/BMI) current and complete, longitudinal monitoring of health status and communicating the need for treatment adjustments to the primary care team, as well as coordinating care across multiple medical providers on behalf of the team. For people who have established external primary care relationships and choose not to use the primary care services available in the behavioral health setting, the nurse care manager would work to establish this team relationship with outside healthcare providers and might accompany individuals to outside medical appointments.

Nurse care managers and the primary care team would use standard protocols and curriculum to assure the following services in primary care settings:

- Intake assessment
- Health examination
- Medication list
- Vital signs monitoring
- Preventive healthcare
- Disease specific goals
- Action plan
- Healthcare proxy
- Health education

The nurse care managers would work with individuals to connect them to the full-scope person-centered healthcare home (using the behavioral health entry point as the entry point into primary healthcare as well as access to dental services), link them to enabling services, benefits counseling and peer mentors, as well as plan and co-lead with peers ongoing groups that support smoking cessation, weight management, and physical exercise. Behavioral health case managers can be redeployed to the care management function, especially for individuals with less complex healthcare needs, after being provided with training in chronic medical conditions and care management. All behavioral health clinicians/case managers play key team roles in the following ways: assuring that behavioral health treatment plans incorporate selected general healthcare goals and actions from the primary care arena; working with nurse care managers on specific elements of individuals' self management plans; accompanying individuals to medical appointments; linking to nonmedical enabling functions; and providing assistance with community resources such as housing and other supports. For collaborative care to be effective, the respective roles and responsibilities of all members of the team should be defined, and structures put in place to support each member of the team.

Basis for this component: These nurse care manager approaches and tools are currently being studied in NIMH-funded research trials such as PCARE (Primary Care Access, Referral, and Evaluation), led by Druss in a Georgia behavioral health agency, and HOPES (Helping Older People with SMI Experience Success), led by Bartels in multiple New England sites. This is the corollary to the IMPACT care manager who assures longitudinal monitoring and timely response to the course of illness.

5. Use the evidence-based practices developed to improve the health status of the general population, adapting these practices for use in the behavioral health system. There are evidence-based practices in clinical preventive services that should be utilized with all populations, whether or not they are receiving services related to a particular diagnosis or condition. This is an area for improvement in services to persons with serious mental illness, who historically have had difficulty accessing healthcare services for acute or chronic medical conditions, not to mention clinical screening and preventive services.

Basis for this component: The U.S. Preventive Services Task Force (USPSTF) was convened by the U.S. Public Health Service to rigorously evaluate clinical research in order to assess the merits of preventive measures, including screening tests, counseling, immunizations, and chemoprevention. The USPSTF recommendations form the basis for the screening program, to be made available to any person receiving behavioral health services.

6. Create wellness programs. Utilize proven methods and materials developed for engaging individuals in managing their health conditions, adapted for use in the mental health setting, with peers serving as group facilitators.

Basis for this component: The Chronic Disease Self Management Program is a research-based approach that was developed by Lorig for people living with chronic health conditions, such as diabetes. This model uses structured materials, trained peers and group processes that are effective in helping people take control of their chronic health conditions. The HARP project (Health and Recovery Peer Project) is an NIMH-funded study led by Druss to adapt this peer led medical self-management program for mental health consumers in Atlanta, Georgia.

2.2 Services Delivery

Primary and Behavioral Health Integration (PBHCI) grantees are required to use grant funds to provide the following:

- Facilitate screening and referral for necessary primary care prevention and treatment needs. Provide and/or ensure that provision of direct services (including primary care screening/assessment/treatment and referral for, but not limited to, hypertension, diabetes, obesity, smoking and substance abuse) be provided in a community mental health center and/or other community-based behavioral health agency, as appropriate.

- Development of a registry/tracking system for all primary care needs of, and outcomes for, clients with serious mental illness.

- Care management, individualized person-centered planning and coordination to increase consumer participation and follow up with all primary care screening, assessment and treatment services (including the involvement of consumers and family members in services development and implementation and peer support/management services).

- Prevention and wellness support services (including nutrition consultation, health education and literacy, peer specialists, self-help/management programs).

- Processes for referral and follow-up for needed treatments that are not appropriately provided in a primary care setting. In such instances, please explain how you intend to coordinate care.

Funds under this program may not be used to supplant financing of medical services that are eligible for payment or reimbursement from third-party payers (i.e., Medicaid or Medicare). Rather, these funds are targeted to coordinate access to primary care services, and for provision of services for which there is no current funding source, including services for uninsured populations.

Note that a minimum of 10% of each applicant's budget request must be dedicated to wellness-related education and programming activities. Wellness programs (e.g., nutrition consultation, health education and literacy, peer specialists, self-help/management programs) should be available as primary as well as secondary preventive interventions, incorporating recovery principles and peer leadership and support. These activities must be included in formulation of an individualized wellness plan for each individual receiving services by the grantee for PBHCI.

Service delivery should begin by the 4th month of the project <u>at the latest</u>.

2.3 Infrastructure Development (maximum 25% of total grant award)

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the integration of services or improve their effectiveness. You may use no more than 25% of the total services grant award for infrastructure development necessary to support the direct service expansion of the grant project. This includes:

- Development of interagency coordination mechanisms and partnerships with other service providers for service delivery (e.g., building provider networks, building functional and sustainable linkages among services partners)

- Policy development to support needed collaborative service systems improvement (e.g., change in standards of practice, data sharing)

- Workforce development (e.g., training, support for certification/licensure, or credentialing)

- Enhanced computer system, management information system (MIS), electronic health records, etc.

- Training/workforce development to assist staff or other providers in the community identify primary care, mental health or substance abuse issues or provide effective

services consistent with the purpose of the grant program, as well as to focus on coordinating access to and enrollment in public and private insurance

- Redesigning processes, as needed, to enhance effectiveness, efficiency and optimal collaboration between primary care and behavioral health provider staff

2.4 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 Act (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: mental illness symptomotology; employment/education; crime and criminal justice; stability in housing; social support/social connectedness; access – number of persons served by age, gender, race, and ethnicity; and rate of readmission to psychiatric hospitals. This information will be gathered using the CMHS NOMs Adult Consumer Outcome Measures for Discretionary Programs, located in a Web-based reporting system called Transformation Accountability (TRAC), which can be found at TRAC https://www.cmhs-gpra.samhsa.gov/index.htm, along with instructions for completing it. Grantees will be provided initial training and ongoing technical assistance in order to ensure satisfactory use of the TRAC system and continued user support. Applicants must agree to comply with the Web-based submission of performance data in Section E: Performance Assessment and Data of their applications. Hard copies are available in the application kits available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected at baseline (i.e., the consumer's entry into the project) with follow-up at 3 month intervals until the consumer is no longer receiving services by the grantee. Grantees are expected to obtain a minimum 80% follow-up rate on those consumers determined to be in need of follow-up post-screening/ evaluation. The collection of these data will enable CMHS to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health.

In addition, grantees must collect and report the following information for those individuals receiving services provided with grant funds (grantees will be required to aggregate and report for the population receiving services).[1] After establishing a baseline measurement using this set of outcome data, change in medical and other test or assessment values will be measured and reported to assess program compliance, impact and consumer outcomes. The goal of tracking these indicators is to demonstrate that via screening and subsequent intervention, grantees are able to improve the health outcomes of consumers over time.

Descriptive Information/Data (baseline):

- Personal/family history of diabetes, hypertension, cardiovascular disease
- Personal/family history of substance use

[1] Parks, J. and Radke, A. (eds.). *Measurement of health status for people with serious mental illnesses.* National Association of State Mental Health Program Directors, 2008. www.nasmhpd.org

- Personal/family history of tobacco use
- Medication history/current medication list, with dosages
- Social supports (recommend LOCUS/IV Recovery Environment score, i.e., Level of Stress and Level of Support)

Health Outcome Indicators by Individual (to be reported quarterly):

- Weight/Height/Body Mass Index (BMI) (quarterly assessment)
- Blood pressure (quarterly assessment)
- Blood glucose or HbAiC (annual assessment)
- Lipid profile (annual assessment)

Services Outcome Indicators (to be reported quarterly):

- The number of mental health consumers receiving primary care services
- The number of mental health consumers screened for hypertension
- The number of mental health consumers screened for obesity
- The number of mental health consumers screened for diabetes
- The number of mental health consumers screened for co-occurring substance use disorders
- The number of mental health consumers screened for tobacco product use

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

2.5 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. 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, the performance assessment should include the required performance measures identified above. Grantees may also consider outcome and process questions, such as the following:

Outcome Questions:

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

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 deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.4 and 2.5 above.

2.6 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, and 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 up to 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	Cooperative Agreement
Anticipated Total Available Funding:	$5,500,000
Estimated Number of Awards:	11
Estimated Award Amount:	Up to $500,000 per year
Length of Project Period:	Up to 4 years

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.

Cooperative Agreement

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

Role of Grantee:

- Comply with all terms and conditions of the award and satisfactorily perform activities to achieve the program goals;
- Consult with and accept guidance and respond to requests for information from the Government Project Officer, the Grants Management Specialist, and other relevant SAMHSA and Federal staff;
- Agree to provide SAMHSA with all required data;
- Respond to requests for information from SAMHSA and other Federal partners;
- Support and participate in grant meetings;
- Produce required SAMHSA reports; and
- Keep Federal program staff informed of emerging issues, developments, and problems.

Role of SAMHSA Staff:

- Review and approve sub-recipient contracts and awards;
- Work cooperatively with grantees to ensure that the project continues after the funding period ends;
- Consult with the PBHCI grant investigators on all phases of the project development and implementation to ensure accomplishment of the goals;
- Approve key staff (e.g., project director, supervisors) responsible for the management, leadership, and oversight of the grants;
- Review critical project activities for conformity to the mission of the PBHCI grant program;
- Provide guidance on project design and components, as needed;

- Participate in policy and steering groups or related work groups;

- Approve data collection plans;

- Recommend outside consultants, if needed;

- Facilitate collaboration, as needed; and

- Assume overall responsibility for monitoring the conduct and progress of the PBHCI grant program, review semi-annual reports, conduct site visits, and make recommendations to SAMHSA regarding continuation funding.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Applicants will be limited to publicly funded community mental health and other community-based behavioral health agencies. Community-based behavioral health agencies are in a unique position to carry out the activities of this grant. People with serious mental illness frequently seek and obtain services from community-based behavioral health agencies, thereby forming long-lasting relationships. Many individuals served by the behavioral health treatment system are unable to access primary care settings due to coverage issues, stigma, and the difficulties fitting into the fast-paced model of primary care. Without appropriate outpatient primary care services, people with serious mental illness commonly seek primary healthcare services in emergency rooms, often resulting in overcrowding, high costs, inappropriate care, and poor health outcomes. Because those with serious mental illness are more likely to visit their community-based behavioral health agencies, these agencies are well primed to formulate partnerships with primary care organizations in order to facilitate improved health outcomes for clients.

For the purposes of this announcement, community mental health and other behavioral health agencies are defined as the following: 1) an entity that meets applicable licensing or certification requirements in the State in which it is located; and 2) provides outpatient mental health and/or other behavioral health services for individuals with serious mental illness. SAMHSA will use the Assurance Statement (see Appendix C) to determine eligibility. See also Section III – 3.2, Evidence of Experience and Credential, below.

Existing Federally Qualified Health Centers may participate as a partner organization but only community mental health and other behavioral health agencies are eligible to be the applicant organization.

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 requirements, or your application will be screened out and will not be reviewed: use of the PHS 5161-1 application form; application submission requirements in Section IV-3 of this document; and 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. Preference will be given to those applicants who have begun developing collaborations and/or agreements with primary care agencies towards primary and behavioral health integration. You must meet three additional requirements related to the provision of services, as follows:

- A provider organization for direct client (e.g., mental health 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;

- The applicant organization must have at least 2 years experience (as of the due date of the application) providing outpatient mental health and/or other behavioral health services for individuals with SMI 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 direct service provider organization must comply with all applicable local (city, county) and State/tribal 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.]

In **Appendix 1** of your application, you must: (1) identify at least one experienced, licensed service provider organization; (2) include a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a treatment or prevention service provider organization; and (3) include the Statement of

Assurance (provided in Appendix C of this announcement), signed by the authorized representative of the applicant organization identified on the face-page (SF 424 v2) of the application, attesting that all participating service provider organizations:

- meet the 2-year experience requirement;
- meet applicable licensing, accreditation, and certification requirements; and
- if the application is within the funding range for grant award, the applicant will provide the Government Project Officer (GPO) with the required documentation within the time specified.

In addition, if, following application review, your application's score is within the funding range, the GPO will call you and request that the following documentation be sent by overnight mail:

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

- official documentation that all participating organizations have been providing relevant services for a minimum of 2 years before the date of the application in the area(s) in which the services are to be provided; and

- official documentation that all participating service provider organizations comply with all applicable local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other 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 kit from the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

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

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and

- a list of certifications and assurances referenced in item 21 of the SF 424 v2.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**

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

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

2.2 Required Application Components

Applications must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- **Face Page** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at 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.]

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

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

- **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. 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 E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.). More detailed instructions for completing each section of the Project Narrative are provided in "Section V – Application Review Information" of this document.

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F through I. There are no page limits for these sections, except for Section H, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation." Supporting documentation should be submitted in black and white (no color).

- **Appendices 1 through 5**– Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3 and 4 combined. There are no page limitations for Appendices 2 and 5. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.

  - *Appendix 1:* (1) Identification of at least one experienced, licensed service 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 C of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support.
  - *Appendix 2:* Data Collection Instruments/Interview Protocols
  - *Appendix 3:* Sample Consent Forms
  - *Appendix 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
  - *Appendix 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.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.

- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.

- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.

- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

Please refer to Appendix A, *Checklist for Formatting Requirements and Screenout 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. SUBMISSION DATES AND TIMES

Applications are due by close of business on **May 27, 2009.** Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **Hand carried applications will not be accepted. 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.

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 will not accept or consider any applications sent by facsimile.

SAMHSA accepts electronic submission of applications through 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. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) Web site at www.whitehouse.gov/omb/grants/spoc.html.

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

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

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

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. SM-09-011. Change the zip code to **20850** if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)[2] to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); and

[2] Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

- 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 can be found on SAMHSA's Web site at www.samhsa.gov/grants/ssadirectory.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 **Appendix 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:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. SM-09-011. 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.

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 www.samhsa.gov/grants/management.aspx:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments and federally Recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's Grants for Primary Care and Behavioral Health Care Integration grant recipients must comply with the following funding restrictions:

- No more than 25% of the total grant award may be used for developing the infrastructure necessary for expansion of services.

- No more than 20% of the total grant award may be used for data collection and performance assessment, including incentives for participating in the required data collection follow-up.

- No less than 10% of the total grant award must be dedicated to wellness-related education and programming activities.

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

6. OTHER SUBMISSION REQUIREMENTS

You may submit your application in either electronic or paper format:

Submission of Electronic Applications

SAMHSA accepts electronic submission of applications through www.Grants.gov. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the www.Grants.gov apply site. You will be able to download a copy of the application package from www.Grants.gov, complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

Please refer to Appendix B for detailed instructions on submitting your application electronically.

Submission of Paper Applications

You must submit an original application and 2 copies (including appendices). The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

Send applications to the address below:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
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 another delivery service.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "**PBHCI SM-09-011**" in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

SAMHSA will not accept or consider any applications sent by facsimile.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

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

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

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

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA's guidelines for cultural competence can be found on the SAMHSA Web site at www.samhsa.gov. Click on "Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence."

- The Supporting Documentation you provide in Sections F-I and Appendices 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

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

Section A: Statement of Need (20 points)

- Clearly describe the population of focus within your programs who have serious mental illness and who are without adequate primary care services. Include demographic

information on the population of focus, e.g., race, ethnicity, age, socioeconomic status, geography.

- Describe the nature of the problem and extent of the need (e.g., current prevalence rates or incidence data) for the population of focus based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local data or trend analyses, State data (e.g., from State Needs Assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

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

- Non-tribal applicants must show that identified needs are consistent with priorities of the State or county that has primary responsibility for the service delivery system. You may include, in **Appendix 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.

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

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment, intervention, and/or outcomes associated with improved physical and mental health) and support SAMHSA's goals for the program.

- Identify the evidence-based service/practice that you propose to implement and the source of your information. (See Section I-2.1, Using Evidence-Based Practices.) Discuss and document the evidence that shows that this practice is effective with your population of focus and is appropriate for the outcomes you seek to achieve. If the evidence is limited or non-existent for your population of focus, provide other information to support your selection of the intervention for your population of focus.

- Explain why you chose this evidence-based practice over other evidence-based practices. If this is not an evidence-based practice, explain why you chose this intervention over other interventions.

- Identify and justify any modifications or adaptations you will need to make to the proposed practice to meet the goals of your project and why you believe the changes will improve the outcomes.

- Describe how the proposed project will address the following issues in the population of focus, while retaining fidelity to the chosen practice:
    - Demographics – race, ethnicity, religion, gender, age, and geography
    - Language and literacy
    - Sexual identity – sexual orientation and gender identity
    - Disability
    - Socio-economic status

- Describe how the agency's approach is aligned with a recovery/wellness program.

- Demonstrate how the proposed service/practice will meet your goals and objectives. Provide a logic model that links need, the services or practice to be implemented, and outcomes. (See Appendix D for a sample logic model.)

Section C: Proposed Implementation Approach (25 points)

- Describe how the proposed service or practice will be implemented and how it will be responsive to the needs of the population of focus.

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

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

- Describe how the population of focus will be identified, recruited, and retained. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population 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 screen and assess consumers for physical health disorders of interest (e.g., obesity, hypertension, diabetes, metabolic syndrome) and use the information obtained from the screening and assessment to develop and implement appropriate treatment approaches for the persons identified as having such disorders.

- Describe how you will refer consumers for needed treatments that are not provided in a primary care setting and how you will provide follow-up/coordination of care.

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- Describe how you will screen and assess consumers for the presence of co-occurring substance use (abuse and dependence) and mental illness and use the information obtained from the screening and assessment to develop and implement appropriate treatment approaches for the persons identified as having such co-occurring disorders. We encourage grantees to use SAMHSA/Center for Substance Abuse Treatment's Screening, Brief Intervention, Referral, and Treatment (SBIRT) model for screening co-occurring substance abuse, which is available at http://www.mayatech.com/SBIRT/about.htm.

- Describe how project planning, implementation and assessment will meaningfully involve consumers and families (e.g., involvement in development of the grant application, part of the integration/coordination team, part of the governance structure around PBHCI).

- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Appendix 1**.

- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.

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

- Describe your plan to continue the project after the funding period ends with a focus on a description of the financial underpinnings of your proposed collaborative treatment model. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

- Describe your plan for reducing the use of seclusion and restraint practices and ensuring that these practices are used only when the safety of the client, other clients or staff is in jeopardy.

Section D: Staff and Organizational Experience (20 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 of focus and ties to grassroots/community-based organizations that are rooted in the culture and language of the population of focus.

- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as treatment/prevention personnel.

- Discuss how key staff have demonstrated experience in serving the population of focus and are familiar with the culture and language of the population of focus. If the population of focus is multicultural and multilinguistic, describe how the staff are qualified to serve this population.

- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population of focus. If the ADA does not apply to your organization, please explain why.

Section E: Performance Assessment and Data (15 points)

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

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

- 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 55 % (20% for data and performance assessment, 25% for infrastructure activities, and 10% for wellness-related education and programming activities); 2) dividing this number by the total unduplicated number of persons to be served.

- Describe your plan for conducting the performance assessment as specified in Section I-2.5 of this RFA and document your ability to conduct the assessment.

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

SUPPORTING DOCUMENTATION

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

Section G: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 25% of the total grant award will be used for infrastructure development, if necessary, that no more than 20% of the total grant award will be used for data collection and performance assessment, and that no less than 10% of the total grant award will be used for wellness-related education and programming activities. An illustration of a budget and narrative justification is included in Appendix H of this document.

Section H: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application, using the guidelines provided below.

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 bullets below. Appendix F of this RFA provides a more detailed discussion of issues applicants should consider in addressing these seven bullets. 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 bullets, 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.

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks. Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

- Describe the population of focus and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.
- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. 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 to be effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed $20. (See Appendix F: Confidentiality and Participant Protection.)

- Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 2** of your application, "Data Collection Instruments/Interview Protocols." State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.

- Explain how you will ensure privacy and confidentiality of participants' records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.

- Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in **Appendix 3** of your application, "Sample Consent Forms." If needed, give English translations.

- Discuss why the risks are reasonable compared to expected benefits 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 of 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.

Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, 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 involving clients 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.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above. For those programs where the individual award is over $100,000, applications also must be reviewed by the appropriate National Advisory Council.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Mental Health Services' National Advisory Council;

- availability of funds; and

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

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received.

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

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

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

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

- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
  - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting; or
  - requirements to address problems identified in review of the application.

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

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

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

3. REPORTING REQUIREMENTS

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

3.1 Progress and Financial Reports

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

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

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

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., "GPRA data") from grantees. The performance requirements for SAMHSA's Wellness Action Grants grant program are described in Section I-2.4 of this document under "Data Collection and Performance Measurement."

3.3 Publications

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

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.

- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.

- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

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

VII. AGENCY CONTACTS

For questions about program issues contact:

Christopher Carroll
Office of the Director
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 6-1059
Rockville, MD 20857
(240) 276-1765
christopher.carroll@samhsa.hhs.gov

For questions on grants management issues contact:

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

Appendix A – Checklist for Formatting Requirements and 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 PHS 5161-1 application form.

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

- Information provided must be sufficient for review.

- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Section IV-6 of this announcement under "Submission of Electronic 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.

- The 10 application components required for SAMHSA applications should be included and submitted in the following order:

    - Face Page (Standard Form 424 v2, which is in PHS 5161-1)
    - Abstract
    - Table of Contents
    - Budget Form (Standard Form 424A, which is in PHS 5161-1)

- Project Narrative and Supporting Documentation
- Appendices
- Assurances (Standard Form 424B, which is in PHS 5161-1)
- Certifications
- Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
- Checklist (a form in PHS 5161-1)

- Applications should comply with the following requirements:

  - Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
  - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
  - Documentation of nonprofit status as required in the PHS 5161-1.

- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.

- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Appendices 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 Appendices 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-6 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. 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 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 www.Grants.gov apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete four 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; 3) Credential Provider registration; and 4) Grants.gov registration. **REMINDER: CCR registration expires each year and must be updated annually.**

It is strongly recommended that you submit your grant application using Microsoft Office 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office 2003 products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

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

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

- *Amount of space allowed for Project Narrative*: The Project Narrative for an electronic submission may not exceed **15,450** words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not**

be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. **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.**

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424 v2), the assurances (SF 424B), and hard copy of any other required documentation that cannot be submitted electronically. **You must include the Grants.gov tracking number for your application on these documents with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications

For other delivery services, change the zip code to 20850.

If you require a phone number for delivery, you may use (240) 276-1199.

Appendix C – 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 that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project;

- official documentation that the applicant organization participating in the project has been providing outpatient mental health and/or other behavioral health services for individuals with SMI 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 participating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (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.)

_____ _____

Signature of Authorized Representative Date

Appendix D – Sample Logic Model

A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or "change" and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A Logic Model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among what resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Based on both your planning and evaluating activities, you can then make a "logical" chain of "if-then" relationships.

Look at the graphic on the following page to see the chain of events that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

The framework you set up to build your model is based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. Then you look at the Inputs, which are the resources, contributions, time, staff, materials, and equipment you will invest to change these conditions. These inputs then are organized into the Program Components, which are the activities, services, interventions and tasks that will reach the population of focus. These outputs then are intended to create Outputs such as changes or benefits for the consumer, families, groups, communities, organizations and SAMHSA. The understanding and further evidence of what works and what does not work will be shown in the Outcomes, which include achievements that occur along the path of project operation.

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

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

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

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

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

Sample Logic Model

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

Appendix E – Logic Model Resources

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

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

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

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

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

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

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

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

Appendix F – Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

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

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

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

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

2. Fair Selection of Participants

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

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

    - Explain the reasons for including or excluding participants.

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

3. Absence of Coercion

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

    - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum

amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $20.

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

4. Data Collection

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

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

- Provide in **Appendix 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 **Appendix 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

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific performance assessment design proposed by the applicant may require compliance with these regulations. 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.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to involving any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the Web at http://www.hhs.gov/ohrp. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (240/453-6900). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

Appendix G – 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.

- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.

- 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 H – Sample Budget and Justification (no match required)

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: an employee of the applying agency whose work is tied to the application

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.
The Project Director will provide daily oversight of the grant and will be considered a key staff. The coordinator will coordinate project services and project activities, including training, communication and information dissemination. Key staff positions requires prior approval of resume and job description.

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

B. Fringe Benefits: List all components of fringe benefits rate

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the purpose of travel and how costs were determined.
Cost for two staff to attend a grantee meeting in Washington, DC. Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on agency's policies and procedures privately owned vehicle (POV) reimbursement rate.

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

D. Equipment:

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

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

E. Supplies:

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe need and include explanation of how costs were estimated.
Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.
*Provide adequate justification for purchases.

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

F. Contract:

A consultant is an individual retained to provide professional advice or services for a fee but usually not as an employee of the organization. The grantee must have policies and procedures governing their use of consultants that are consistently applied among all organization's agreements.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
Joan Doe	Training staff	$150/day	15 days	$2,250
	Travel	.38/mile	360 miles	$137
			TOTAL	$2,387

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.
This person will advise staff on ways to increase the number clients and client services. Consultant is expected to make up to 6 trips (each trip a total of 60 miles) to meet with staff and other local and government experts. Mileage rate is based on grantee's POV reimbursement rate.

FEDERAL REQUEST

Entity	Product/Service	Cost
To Be Announced	Marketing Coordinator $25/hour x 115 hours	$2,300
ABC, Inc.	Evaluation $65/hr x 70 days	$4,500
	TOTAL	$6,800

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.
The Marketing Coordinator will development a marketing plan to include public education and outreach efforts to engage clients of the community about grantee activities, provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools. Information disseminated by written or oral communication, electronic resources, etc. A local evaluator will be contracted to produce the outcomes and report input of GPRA data.

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

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

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

FEDERAL REQUEST

Item	Rate	Cost
Rent*	$15/sq.ft x 700 sq. feet	$10,500
Telephone	$100/mo. x 12 mo.	$1,200
Client Incentives	$10/client follow up x 278 clients	$2,784
Brochures	.89/brochure X 1500 brochures	$1,335
	TOTAL	$15,819

JUSTIFICATION: Break down costs into cost/unit, i.e. cost/square foot. Explain the use of each item requested.
Office space is included in the indirect cost rate agreement; however other rental costs are necessary for the project as well as telephone service to operate the project. The rent is calculated by square footage and reflects SAMHSA's share of the space. The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only. Survey copyright requires the purchase of the ATOD surveys. Brochures will be used at various community functions (health fairs and exhibits).
*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 since mortgage costs are unallowable.

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

Indirect cost rate: Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement.

For information on applying for the indirect rate go to: samhsa.gov then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)
8% of personnel and fringe (.08 x $63,661) **$5,093**

BUDGET SUMMARY: (identical to SF-424A)

Category	**Federal Request**
Personnel	$52,765
Fringe	$10,896
Travel	$2,444
Equipment	0
Supplies	$3,796
Contractual	$9,187
Other	$15,819
Total Direct Costs*	$94,907
Indirect Costs	$5,093
Total Project Costs	$100,000

* TOTAL DIRECT COSTS:

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

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

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

Appendix I – Guidelines for Consumer and Family Participation

SAMHSA is committed to fostering consumer and family involvement in substance abuse and mental health policy and program development across the country. A key component of that commitment is involvement of consumers and family members in the design, development and implementation of projects funded through SAMHSA's grant programs. The following guidelines are intended to promote consumer and family participation in SAMHSA grant programs.

In general, applicant organizations should have experience and a documented history of positive program involvement by recipients of mental health or substance abuse services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

Program Mission —The organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

Program Planning —Consumers and family members should be involved in substantial numbers in the conceptualization of initiatives, including identification of community needs, goals and objectives; identification of innovative approaches to address those needs; and development of budgets to be submitted with applications. Approaches should incorporate peer support methods.

Training and Staffing— Organization staff should have substantive training in, and be familiar with, consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

Informed Consent— Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time. SAMHSA Confidentiality and Participant Protection requirements are detailed in SAMHSA RFAs. These requirements must be addressed in SAMHSA grant applications and adhered to by SAMHSA grantees.

Rights Protection —Consumer and family members must be fully informed of all of their rights including those related to information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

Program Administration, Governance, and Policy Determination— Efforts should be made to hire consumers and family members in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

Program Evaluation— Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. These activities include: determining research questions, adapting/selecting data collection instruments and methodologies, conducting surveys, analyzing data, and writing/submitting journal articles.