

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Training and Technical Assistance Center for Primary and Behavioral Health Care Integration (Short Title: TTA-PBHCI)

Request for Applications (RFA) No. SM-10-011

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

Key Dates:

Application Deadline	Applications are due by June 17, 2010
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Table of Contents

I.	FUNDING OPPORTUNITY DESCRIPTION.....	5
1.	INTRODUCTION	5
2.	EXPECTATIONS.....	7
II.	AWARD INFORMATION	15
III.	ELIGIBILITY INFORMATION	17
1.	ELIGIBLE APPLICANTS	17
2.	COST SHARING and MATCH REQUIREMENTS	17
3.	OTHER	17
IV.	APPLICATION AND SUBMISSION INFORMATION	18
1.	ADDRESS TO REQUEST APPLICATION PACKAGE.....	18
2.	CONTENT AND FORM OF APPLICATION SUBMISSION	18
3.	SUBMISSION DATES AND TIMES.....	20
4.	INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS	21
5.	FUNDING LIMITATIONS/RESTRICTIONS	22
6.	OTHER SUBMISSION REQUIREMENTS	23
V.	APPLICATION REVIEW INFORMATION.....	24
1.	EVALUATION CRITERIA	24
2.	REVIEW AND SELECTION PROCESS	33
VI.	ADMINISTRATION INFORMATION.....	34
1.	AWARD NOTICES.....	34
2.	ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	34
3.	REPORTING REQUIREMENTS	35
VII.	AGENCY CONTACTS.....	36
	Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications	38
	Appendix B – Guidance for Electronic Submission of Applications	40
	Appendix C – Sample Logic Model	42
	Appendix E – Funding Restrictions.....	46
	Appendix F – Sample Budget and Justification.....	48
	Appendix G - CMHS-TRAC Infrastructure Categories and Indicators.....	52

Appendix H – CMHS TRAC Prevention and Promotion Categories and Indicators 54

Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, in collaboration with the Health Resources and Services Administration (HRSA), is accepting applications for fiscal year (FY) 2010 for the Training and Technical Assistance Center for Primary and Behavioral Health Care Integration (TTA-PBHCI) cooperative agreement. The purpose of this program, which is jointly funded by SAMHSA and HRSA, is to serve as a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development. SAMHSA is collaborating with HRSA on the TTA-PBHCI to support the mutual goal of promoting integrated primary and behavioral health care services across the health care delivery system. For the purposes of this announcement, “behavioral health care” includes mental health, substance use, and co-occurring disorders treatment and recovery support services. The TTA-PBHCI will provide an array of training and technical assistance services to improve the effectiveness, efficiency, and sustainability of work to achieve the bidirectional integration of primary and behavioral health care. As a national resource, the TTA-PBHCI will provide technical assistance to grantees in SAMHSA’s Primary and Behavioral Health Care Integration (PBHCI) program and entities funded through HRSA to address the health care needs of individuals with mental illnesses, substance use and co-occurring disorders, including individuals seen in Health Centers funded under Section 330 of the Public Health Service Act.

Funding Opportunity Title:	Training and Technical Assistance Center for Primary and Behavioral Health Care Integration (TTA-PBHCI)
Funding Opportunity Number:	SM-10-011
Due Date for Applications:	June 17, 2010
Anticipated Total Available Funding:	\$1,750,000 \$1,400,000 (SAMHSA funds) \$ 350,000 (HRSA funds)
Estimated Number of Grantees:	1 (the award will be made as 2 cooperative agreements – 1 for SAMHSA; 1 for HRSA)
Estimated Award Amount:	Up to \$ 1,750,000 per year
Length of Project Period:	Up to 4 years
Eligible Applicants:	Eligible applicants are domestic public and private non-profit entities. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, in collaboration with the Health Resources and Services Administration (HRSA), is accepting applications for fiscal year (FY) 2010 for the Training and Technical Assistance Center for Primary and Behavioral Health Care Integration (TTA-PBHCI) cooperative agreement. The purpose of this program, which is jointly funded by SAMHSA and HRSA, is to serve as a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development. SAMHSA is collaborating with HRSA on the TTA-PBHCI to support the mutual goal of promoting integrated primary and behavioral health care services across the health care delivery system. For the purposes of this announcement, “behavioral health care” includes mental health, substance use, and co-occurring disorders treatment and recovery support services. The TTA-PBHCI will provide an array of training and technical assistance services to improve the effectiveness, efficiency, and sustainability of work to achieve the bidirectional integration of primary and behavioral health care. As a national resource, the TTA-PBHCI will provide technical assistance to grantees in SAMHSA’s Primary and Behavioral Health Care Integration (PBHCI) program and entities funded through HRSA to address the health care needs of individuals with mental illnesses, substance use and co-occurring disorders, including individuals seen in Health Centers funded under Section 330 of the Public Health Service Act.

Through this coordinated effort, the TTA-PBHCI will:

- Increase the number of individuals trained in specific behavioral health related practices;
- Increase the number of organizations using integrated health care service delivery approaches;
- Increase the number of consumers credentialed to provide behavioral health related practices;
- Increase the number of model curriculums developed for bidirectional primary and behavioral health integrated practice; and,
- Increase the number of health providers trained in the concepts of wellness and behavioral health recovery.

The TTA-PBHCI’s overall goal is to promote the planning and development of integrated primary and behavioral health care for those with serious mental illness (SMI), addiction disorders and/or individuals with SMI and a co-occurring substance use disorder, whether seen in specialty mental health or primary care safety net provider settings across the country. It will address primary care-behavioral health care through a “no-wrong door” approach because individuals with mental health and/or substance abuse treatment needs, including individuals with SMI, often seek care in primary care settings to address their health care needs. The “No-wrong door” approach recognizes that access to physical health/behavioral health care services and effective referral arrangements for those living with a mental illnesses and/or addictions must happen in all health care settings, including primary care.

The TTA-PBHCI will support grantees funded through the PBHCI grant program in the coordination and integration of primary care services into publicly funded community mental health and other community-based behavioral health settings. The training and technical assistance will help grantees address the disproportionate rates of early mortality among people with serious mental illnesses by making available routine primary care in community mental health and other community-based behavioral health settings. SAMHSA expects that people with serious mental disorders will show improvement in their physical health status as a result of this program and that others with mental health and substance abuse service needs will be properly screened, provided appropriate brief interventions and/or referred to more extensive treatment/services if needed. The TTA-PBHCI will support SAMHSA's Pledge for Wellness 10 by 10 Campaign to promote wellness for people with mental illnesses and reduce early mortality by 10 years over the next 10 year time period. The TTA-PBHCI will also serve the crucial function of supporting grantees and the field in understanding how health reform legislation and regulations will impact the scope, delivery and financing of integrated primary and behavioral healthcare programs. It is likely these reforms will require provider agencies to have better infrastructure and be prepared to collect and report data that substantiates that appropriate integrated care is being delivered and that it is producing high quality and cost effective outcomes.

Much of the work in the workforce development field focuses on integration of behavioral health into primary care settings, but there is less known about integration of primary care into behavioral health settings or ways to promote peer support as a valuable component of behavioral health service delivery. In addition to the support for the grantees funded by SAMHSA and HRSA, the TTA-PBHCI grant will be a training resource for those in the behavioral health and primary care service fields involved with organizing, delivering and sustaining effective integrated primary care screening, assessment, treatment, and referral services.

SAMHSA has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health. To continue to improve the delivery and financing of prevention, treatment and recovery support services, SAMHSA has identified ten Strategic Initiatives to focus the Agency's work on people and emerging opportunities. More information is available at the SAMHSA website: <http://www.samhsa.gov/About/strategy.aspx>.

Applications responsive to this Request for Application must implement evidence-based or best practices that will create or expand capacity to address the following Strategic Initiative:

Behavioral Health Workforce – In Primary and Specialty Care Settings

Provide a coordinated approach to address workforce development issues affecting the behavioral health and general health service delivery community to promote the integration of services and the training and use of behavioral health screening, brief intervention and referral for treatment in primary care settings.

As of February 2009, approximately 1.89 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). 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 military personnel including active duty, veterans, National Guard, and their families in developing their proposed project.

SAMHSA anticipates that supplemental funds may be available periodically to support and enhance grant activities. Bidirectional integration of primary and behavioral health care is a key priority of SAMHSA. To address this issue SAMHSA may provide supplemental awards in FY 2010 to the TTA-PBHCI grantee that applies for a supplement not to exceed \$3,600,000 per year for up to 4 years to support a coordinated approach that addresses workforce development issues affecting the behavioral health service delivery community and promote the training and use of behavioral health screening, brief intervention and referral for treatment in primary care settings.

Under this program, the grantee will receive two separate awards: HRSA will fund training and technical assistance for their community health centers and SAMHSA will fund training and technical assistance for the PBHCI grantees and a national technical assistance resource for the general public. The grantee will be required to submit separate documentation to HRSA for their Grants Management System and adhere to their statutory authority requirements.

The TTA-PBHCI cooperative agreement is authorized under Section 520A (SAMHSA) and 330(1) (HRSA) 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

The grantee for the TTA-PBHCI will be expected to provide an array of training and technical assistance services that will improve the effectiveness, efficiency, and sustainability of efforts toward bidirectional integration of primary care and behavioral health services. The grantee will work collaboratively with the SAMHSA and HRSA Government Project Officers (GPOs) in the development and implementation of all areas of expectations of the grant announcement. The TTA-PBHCI grantee will be expected to provide support in two core areas: 1) technical assistance and support to SAMHSA and HRSA grantees and 2) serve as a national technical assistance resource to the general public including generating and disseminating best practice materials from Federal partners such as HRSA, AHRQ, NIH and other partners.

Grant funds must be used primarily to support technical assistance and training to the SAMHSA and HRSA grantees through the following types of activities:

- Needs assessment

- Strategic planning
- Ways to coordinate funding streams/financing care
- Organizational/structural change (e.g., change in practice patterns, individualized person-centered treatment planning for integrated care, coordination of service delivery across systems of care)
- Development of interagency coordination mechanisms (e.g., healthcare home approaches)
- Provider/network development (e.g., establishing standards for qualification of providers)
- Workforce development (e.g., training, support for licensure, credentialing, curriculum development, web-based technology, or accreditation)
- Peer specialist and peer support service development including recovery coaches, peer and paraprofessionals and non-traditional workers
- Wellness and health promotion/prevention initiatives including consumer self-management
- Recovery support service development and implementation
- Documentation processes to support quality of care and collaboration
- Data infrastructure/management information systems (MIS) development
- Quality and process improvement efforts
- Performance measurement development
- Evaluation of process, outcomes, and activities, including assessing satisfaction of technical assistance services by the grantees who receive them

In addition, the TTA – PBHCI grantee must:

- Develop and disseminate resources on strategies/approaches for bidirectional integration of primary and behavioral health care for community-based settings, self-help community groups, consumers and family members, and other Federal, State and Local stakeholders
- Develop strategies and materials to enhance recruitment and retention of behavioral health professionals trained in integrated service delivery models/systems
- Facilitate policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, competencies for collaborative care, development/revision of credentialing, licensure, or accreditation requirements) in an effort to advance bidirectional integrated care strategies
- Establish a steering committee to provide guidance and input on the development and implementation of the TTA-PCBHI activities. The committee should be comprised of consumers, family members, and primary and behavioral health practitioners, in addition to other key stakeholders including Federal partners such as SAMHSA, HRSA, AHRQ, and CMS as determined collaboratively with the SAMHSA and HRSA Government Project Officers.

SAMHSA-funded Activities

SAMHSA expects the TTA-PBHCI grantee to support collaboration of primary care, behavioral health service providers, and safety-net care providers to best address the health care needs of those with SMI, individuals with addiction and co-occurring disorders seen in their

organizations. Through this effort, SAMHSA has prioritized the technical assistance needs of organizations participating in the PBHCI program. The TTA-PBHCI grantee will be required to perform the following functions for approximately 22 grantees involved in the program:

- Provide multifaceted workforce development training and technical assistance across a wide spectrum of topics in the area of primary and behavioral health care integration, coordinated service delivery, workforce development, and health reform to the field and PBHCI grantees. This should include an explicit focus on wellness-related education.
- Establish a centralized system for administration, management and coordination of training and technical assistance.
- Coordinate efforts with other entities, such as the AHRQ Academy on Integration addressing evidence-based models in bidirectional integration of primary care and behavioral health care.
- Establish a process for identifying best integration practices, promising approaches and resource development and sharing of those resources with and among the field, including PBHCI grantees.
- Use innovative technology transfer strategies to promote the adoption of culturally appropriate, evidence-based and promising practices, disseminate relevant research findings to the field, including PBHCI grantees, and capture any required data.
- Develop and conduct a schedule of monthly national conference calls that offer opportunities to discuss strategies that promote the bidirectional integration of primary care and behavioral health.
- Establish internal performance systems to monitor all TTA-PBHCI activities for relevance, efficiency, effectiveness and impact. This information should be used for identifying gaps in TA and for continuous improvement of the TA provided.
- Develop analysis and support materials related to demonstration projects (and potentially full implementation in selected areas) of payment reform methodologies.
- Create linkages with State level organizations, including: mental health and substance abuse directors, primary health care leadership (i.e., Primary Care Associations), maternal and child health program directors, HIV/AIDS program directors, rural health leadership, Medicaid/CHIP Directors, and other behavioral health related directors.
- Engage consumers and families (and related organizations) as key stakeholders in the planning, implementation and evaluation of project activities.
- Develop and use web-based data and technical assistance resources to provide the most current and relevant information on emerging issues in the field.

- Build and maintain collaborative relationships with key stakeholders to advance the professional development of practitioners in the primary care and behavioral health service delivery integration field.
- Coordinate and cooperate with related grant programs, technical assistance providers, projects, and contractors including appropriate HRSA funded safety net providers.
- Support the development and implementation of processes that will ensure that PBHCI grantees can effectively fulfill their mission and their efforts are sustained once this grant funding is over.

HRSA-funded Activities

Through this collaborative effort with SAMHSA, HRSA expects to improve access to physical health/behavioral health care services and facilitate effective referral arrangements for patients living with mental illnesses and addiction disorders seen in primary care settings. The TTA-PBHCI grantee will also be expected to provide an array of training and technical assistance services to help HRSA-funded Health Center grantees and other primary care providers provide behavioral health and primary care services to individuals with SMI and those living with less severe mental illnesses (i.e., depression, and anxiety disorders) or persons living with a co-occurring mental illness and substance use disorder. The grantee will be required to perform the following functions for the identified HRSA grantees:

- Conduct a needs assessment and related environmental scan of the spectrum of need for primary care providers working with people with mental illnesses and addiction disorders. Identify specific issues of concern (including systems issues, financing issues, clinical issues), barriers to the effective provision of services for persons living with a range of behavioral health issues, as well as promising practices that can be shared with other providers.
- Develop and maintain a web-based technical resource center regarding best practices in treating people with mental illnesses in primary care settings, linkages with specialty behavioral healthcare settings (both mental health and substance abuse); as well as access to available resources on this subject.
- Provide group training and technical assistance as identified in conjunction with the HRSA/SAMHSA project team, on the topic of behavioral health and behavioral health integration in HRSA-funded Health Centers (Public Health Service Act Section 330 grantees) and across systems of care.

(For the purpose this task, Health Centers are defined as provider organizations receiving grant funding under Section 330 of the Public Health Service Act.)

- Facilitate up to four state-of-the-art Webinar's and/or other virtual technology transfer opportunities per year for the dissemination of promising and best practices for the

identification, management, financing, referral and / or treatment of people with mental illnesses seen in primary care settings identify by HRSA (e.g., Health Centers and other interested providers).

2.1 – Supplement – Expansion and Enhancement of the TTA-PBHCI Program

SAMHSA anticipates that from time to time additional Federal funds (e.g., HRSA, AHRQ, CMS) may be available to be used as supplements to support an expanded number of grantees and to enhance and/or expand the primary grant activities. To address this issue SAMHSA (and these agencies) may provide a supplemental award in FY 2010 for the TTA-PBHCI not to exceed \$3,600,000 per year for up to 4 years to provide technical assistance support for up to 30 additional grantees, support a coordinated approach to address workforce development issues affecting the behavioral health service delivery community, and promote the training and use of behavioral health screening, brief intervention and referral for treatment in primary care settings.

SAMHSA recognizes the need to address the workforce development crisis affecting the behavioral health service delivery community. This is of particular interest when supporting the bidirectional integration of primary and behavioral health care. According to a recent study, 94% of primary care physicians failed to diagnose substance use disorders properly. Approximately 90% of individuals who died by suicide had a behavioral health disorder, and while 40% visited their primary care doctor within the month, the question of suicide was seldom raised. Many primary care providers lack sufficient decision support to decide whom to refer and whom to manage themselves. Psychiatric specialty education does not provide sufficient training in primary care and the interactions and effects of co-existing medical disorders and mental health and substance use conditions. Moreover, half of the counties in the United States do not have a behavioral health professional available to the community.

The Project Narrative of your application must include “Section E: Supplement - Expansion of TTA-PBHCI Expectations.” Applications that do not include Section E in the Project Narrative will be considered incomplete and will not be scored. Only the grantee funded under this TTA-PBHCI announcement is eligible for the supplement.

EXPECTATIONS:

The grantee will be required to expand upon the scope of the expectations laid out in Section I.2 of this RFA and expand activities related to the development of a national workforce development initiative. The grantee will work collaboratively with the SAMHSA and HRSA GPOs in the development and implementation of all grant expectations. The required activities will include the following activities:

- Establish a comprehensive national resource and training center on behavioral health workforce development including the development and implementation of a national action agenda for workforce development.

- Coordinate technical assistance efforts with other national organizations/entities (e.g., AHRQ) to help build evidence based thinking and evidence based practice adoption in behavioral health workforce development across traditional and non-traditional service settings.
- Facilitate the role of recovery in core competency and curriculum development for education and training of a range of primary and behavioral health practitioners and workers such as nurse practitioners, pediatricians, psychiatrists, and family physicians.
- Establish and/or increase partnerships with local, regional, and State primary and behavioral health partners in order to provide direct support for training and career opportunities for students interested in working in behavioral health in both primary and behavioral health care settings, including linkages with HRSA's National Health Services Corps.
- Develop and disseminate strategies to strengthen the workforce including, but not limited to, recruitment and retention strategies at the federal, state, and local levels, enhancing the relevance, effectiveness, and accessibility of workforce training, supporting the role of peers, recovery support, and fostering leadership development across all areas of the workforce.
- Workforce development efforts should include, but not be limited to, strategies to address an aging workforce, bidirectional training, evidence-base practice adoption and support for licensure, credentialing, curriculum development, and accreditation.
- Incorporation of holistic health, wellness, prevention and recovery-oriented approaches.
- Provision of training and technical assistance support (as outlined in Section I.2) to an additional cohort of grantees (up to 30 grantees) for the Primary and Behavioral Health Care Integration (PBHCI) program.
- Development of resources to include a toolkit addressing core elements of integration models that yield success, in collaboration with results of the PBHCI cross-site evaluation.

In addition, applicants must provide a detailed description of the methods and approaches that will be used to reach the specified population(s) of focus and evidence that the proposed expansion and/or enhancement will address the overall goals and objectives of the project within the grant period.

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). The applicant must

document an ability to collect and report the required data in “Section D: Performance Assessment and Data” of your application. Grantees will be required to report performance on training and technical assistance activities related to infrastructure development and/or prevention and mental health promotion. The infrastructure measures are derived from the following domains: policy development; workforce development; financing; organizational restructuring; partnership/collaboration; accountability; types/targets of practices, and cost efficiency. The prevention and mental health promotion measures are derived from the following domains: awareness; training; knowledge/attitudes/beliefs; screening; outreach; referral, and access. SAMHSA grantees are expected to collect and report data only on those domains that are germane to their program. Final determination of the domain/s will be made collaboratively with SAMHSA after award. CHC and FQHC performance measures related to activities under the HRSA Expectations section of this RFA will be identified and finalized after award.

Data collected for both SAMHSA and HRSA related activities will be entered by the grantee into the CMHS Transformation Accountability (TRAC) or a subsequent web-based data system on at least a quarterly basis at <https://www.cmhs-gpra.samhsa.gov/index.htm> on data collection forms at Appendix G and Appendix H. Initial training and ongoing technical assistance on the use of the TRAC system will be provided.

In addition to the measures listed above, an online customer satisfaction survey of grantee Project Directors (PDs) who received technical assistance from the TTA-PBHCI will be conducted each year by the TRAC contractor. The purpose of this data collection is to quantify grantee’s satisfaction with the Technical Assistance (TA) provided, assess whether technical assistance provided met a minimum level of competency, and determine the extent to which TA had an impact on grantees’ ability to conduct the grant. Grantee PDs will be asked to complete the survey annually for the duration of their grant; they will be given one month to complete the online survey. Participation is voluntary.

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

2.3 Performance Assessment

The TTA-PBHCI grantee must periodically review the performance data reported to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant project. 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. The TTA-PBHCI grantee may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of training and technical assistance on participants?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race and 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 for the delivery of training and technical assistance?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned training and technical assistance and performance assessment? How were quality findings implemented to achieve gains in performance from recipients of training and technical assistance and the performance of the applicant?
- 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)?

The performance assessment must be conducted, completed and submitted annually. It should be designed to provide regular feedback to the project so that the information can be translated into a resource for informed decision making and ongoing project management.

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-2.2 and 2.3 above.

2.4 Grantee Meetings

The TTA-PBHCI grantee will coordinate the logistics and technical support for at least one joint meeting for PBHCI grantees in each year of the PBHCI grant program. This will include involving the grantees and the SAMHSA and HRSA Government Project Officers in the development of an agenda, selection of presenters, and facilitation of the meeting. Also, the TTA-PBHCI grantee must plan to send a minimum of four people (including the Project Director) to the annual PBHCI grantee meeting in each year of the grant. The applicant should include a detailed budget and narrative for this annual meeting and travel in the application budget. In addition, at these meetings the grantee will provide technical assistance and training for the PBHCI grantees.

II. AWARD INFORMATION

Funding Mechanism:	Cooperative Agreement
Anticipated Total Available Funding:	\$1,750,000
Estimated Number of Grantees:	1 (the award will be made as 2 cooperative agreements – 1 for SAMHSA; 1 for HRSA)
Estimated Award Amount:	Up to \$1,750,000 per year \$1,400,000 (SAMHSA funds) \$ 350,000 (HRSA)
Length of Project Period:	Up to 4 years

Proposed budgets cannot exceed \$1,750,000 in total costs (direct and indirect) in any year of the proposed project. Applicants are required to submit three separate budgets to indicate how funds from SAMHSA (\$1,400,000), funds from HRSA (\$350,000), and funds from the Supplement – Expansion and Enhancement of the TTA-PBHCI Program (up to \$3,600,000) will be used in the project’s implementation. 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 the grantee and SAMHSA/HRSA staff are:

Role of Grantee:

- Work with the SAMHSA and HRSA Government Project Officers in the development and implementation of all areas of activities supported by this grant;
- Secure the input and approval of the SAMHSA and HRSA Government Project Officers and through the SAMHSA and HRSA GPOs, the TTA-PBHCI leadership and management team (including AHRQ and other Federal partners) for activities associated with targeted outreach to relevant organizations (e.g., health care professionals), model curriculum development and other key grant activities outlined this grant announcement;
- 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 Officers, the Grants Management Specialist, and other relevant SAMHSA and Federal staff;
- Agree to provide SAMHSA and HRSA with all required data;
- Produce required SAMHSA and HRSA quarterly and annual reports;
- Keep Federal program staff informed of emerging issues, developments, and problems.

Role of SAMHSA and HRSA Staff:

- Review and provide input in the development and implementation of all areas of activity supported by this grant;
- Review and approve sub-recipient contracts and awards;
- Consult with TTA-PBHCI leadership and management team (including AHRQ and other Federal partners) on all phases of the project development and implementation to ensure the accomplishment of program goals;
- Approve key staff (e.g., project director, supervisors) responsible for the management, leadership, and oversight of TTA-PBHCI, including key staff changes;
- 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;
- Submit required clearance packages to the U.S. Office of Management and Budget (OMB) using information and materials provided by the grantee and evaluator;
- Recommend outside consultants for training, site specific evaluation, and data collection, if needed;
- Facilitate collaboration, as needed; and
- Assume overall responsibility for monitoring the conduct and progress of the TTA-PBHCI program, review semi-annual reports, conduct site visits, and make recommendations regarding continuation funding.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example, State and local governments, federally recognized American Indian/Alaska Native Tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; and community- and faith-based organizations may apply. Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribal organizations are eligible to apply, but each participating entity must indicate its approval.

Applications are encouraged from national entities with experience in the provision of training and technical assistance in the area of primary care and behavioral health integration for those with serious mental illness (SMI) and those with SMI and co-occurring substance use disorders, particularly with regards to involvement at the community level across the 50 states. Joint applications from behavioral health **and** primary care training and technical assistance entities are strongly encouraged.

Under this program, the grantee will receive two separate awards: HRSA will fund training and technical assistance for their community health centers and SAMHSA will fund training and technical assistance for the PBHCI grantees and a national technical assistance resource for the general public. The grantee will be required to submit separate documentation to HRSA for their Grants Management System and adhere to their statutory authority requirements.

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

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program

3. OTHER

You must 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.

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 <http://samhsa.gov/grants/apply.aspx>.

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF 424 v2.

2. CONTENT AND 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 <http://samhsa.gov/grants/index.aspx> and a synopsis of the RFA is available on the Federal grants Web site <http://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 <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]

- **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 F of this document. Note: Three budgets are required for this RFA indicating how funds from SAMHSA, funds from HRSA and the supplemental funds will be used.
- **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 E through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting documentation should be submitted in black and white (no color).

- **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 Appendix 2. 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:* Letters of 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: Quantified Measures*
- **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. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kits.
 - **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 **June 17, 2010**. 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 <http://www.Grants.gov>. Please refer to Appendix B for “Guidance for Electronic Submission of Applications.”

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) Web site at <http://www.whitehouse.gov/omb/grants/spoc.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-10-011. 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)¹ to the head(s) of appropriate State and local health agencies in the area(s) to

¹ 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

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
- 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 <http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA01-3509/page4.asp>. 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-10-011. 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 <http://www.samhsa.gov/grants/management.aspx>:

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).

- 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 Training and Technical Assistance Center for Primary and Behavioral Health Care Integration (TTA-PBHCI) grant recipients must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.
- No more than 20% of the grant award may be used for data collection and performance assessment expenses.
- Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the grant project. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

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

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 <http://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 <http://www.Grants.gov> apply site. You will be able to download a copy of the application package from <http://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 “**TTA-PBHCI and SM-10-011**” 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 four 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 <http://samhsa.gov>. Click on “Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence.”

- The Supporting Documentation you provide in Sections F-H 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 (10 points)

- Describe the major issues involved in the delivery of training and technical assistance services on an ongoing basis.
- Document your understanding of the need for training and technical assistance to increase the capacity to effectively integrate primary care into behavioral health services for the field, including PBHCI grantees and the bi-directional integration of primary care and behavioral health. Describe your understanding of the operations and role of Health Centers with regards to this integration. Documentation of need may 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 your understanding of potential needs and issues in the following areas:
 - Service gaps, barriers, and other problems related to the need for infrastructure development to effect systemic change;
 - Engaging community stakeholders, including youth and family members, in all stages of strategic planning, implementation, evaluation, continuous quality improvement, and the sustaining of a project;
 - Implementing evidence-based programs with an appropriate balance of fidelity and cultural adaptation; and
 - Impact health reform will have on primary and behavioral health care integration.

Section B: Proposed Approach (35 points)

- Describe the purpose, goals, and objectives of the proposed project and offer evidence that the proposed activities meet all the guidelines set forth in Section 2, “Expectations,” of this document. Describe how achievement of goals will increase system capacity to support effective primary care and behavioral health integrated services for people with serious mental illnesses (SMI) and /or SMI and a co-occurring substance use disorders and improve the health status of people with SMI and/or SMI and a co-occurring substance use disorder. Describe key issues in assuring that the safety-net in primary

care systems provide for the needs of people living with an SMI, SMI and co-occurring substance use disorders and other mental illness seen in primary care settings.

- Describe the technical assistance and prevention and behavioral health promotion activities that you plan to conduct during the grant project. Select the CMHS-TRAC Infrastructure Indicators from Appendix G and/or the CMHS-TRAC Prevention and Mental Health Promotion Indicators from Appendix H of this announcement that represent the activities you are planning during the grant period; in Appendix 5 of your application, provide a table quantifying your objectives (in terms of the underlined section of each indicator at Appendix G or Appendix H of this announcement) for each selected indicator during each year of the grant.
- Describe your current technical and organizational capability and plan for providing training and technical assistance services addressing all activities listed in Section I-2 of this document.
- Describe and justify the proposed training and technical assistance delivery services model. Discuss how you will ensure that the technical information you disseminate is relevant, reliable, culturally competent, and scientifically sound. Explain how you will ensure that those in the field integrating primary care into behavioral health settings and health care professionals providing behavioral health services in Health Centers have access to and receive appropriate training and technical assistance. Include in your description information on the specific types of training and models you propose to use in the development of assessment and training materials.
- Describe your approach in providing communications and social marketing technical assistance services to a national audience.
- Describe your approach to establishing a steering committee to provide guidance on the development and implementation of the activities of the TTA-PCBHI.
- Provide a logic model (see Appendix C) that demonstrates the linkage between the identified need, the proposed approach, and outcomes.
- Describe how each PBHCI grantee's stage of readiness in implementing grant activities will be addressed and how training and technical assistance service plans will be developed, implemented, and monitored.
- Describe how the proposed project will incorporate holistic health, wellness, prevention and recovery-oriented approaches including peer specialists, recovery coaches, and consumer self-management in all proposed activities and products.
- Describe how you will develop, identify, maintain, and utilize a cadre of expert consultants for specialized training and technical assistance needs.

- If you plan to include an advisory body in your project, describe its membership, roles and functions, planned involvement of consumers and family members and frequency of meetings.
- Describe any other organizations that will participate and their roles and responsibilities. Demonstrate their commitment to the project. Include letters of commitment/coordination/support from these community organizations in **Appendix 1** of your application.
- Describe the potential barriers to successful conducting the proposed project and how you will overcome them.
- Describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section C: Staff, Management, and Relevant Experience (35 points)

- Describe your expertise in providing training and technical assistance on integrating primary care into behavioral health services for those with serious mental illness, including those with co-occurring substance use disorders, particularly with regards to community level involvement across the 50 states. Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in assisting primary care providers and provider organizations, and specifically, Public Health Service Act Section 330 grantees, to effectively treat people with SMI, SMI with co-occurring substance use disorder and/ or other mental illness for their primary care/behavioral health care needs in primary care settings, including referrals to specialty mental health settings when appropriate and available. In addition, discuss your experience in providing culturally appropriate/competent services and training and technical assistance on bidirectional integration of primary care and behavioral health services. Explain your involvement, if at all, in the integration work of other federal agencies, including HRSA, AHRQ, NIMH, etc.
- Describe any experience with health reform efforts, and any understanding of the potential impact it will have on primary and behavioral health care integration.
- 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.]
- 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.

- Describe the resources available for the proposed project (e.g., facilities, equipment), including a discussion of organizational capacity to deliver a national center for training and technical assistance.
- Describe the organizational capacity and process that would be used to track grant funds, including mechanisms to account for and report on funds from SAMHSA and HRSA separately.

Section D: Performance Assessment and Data (20 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this document, including data required by SAMHSA to meet GPRA requirements and data required for the HRSA Expectation sections. Specify and justify any additional measures you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups.
- Describe your plan for conducting the performance assessment as specified in Section I-2.3 of this RFA and document your ability to conduct the assessment.

Section E: Supplement—Expansion of the TTA-PBHCI Expectations (100 Points)

- Describe how you will plan, prepare for, and implement the proposed expansion/enhancement of TTA-PBHCI, including reference to the areas of workforce development, wellness/prevention activities, and toolkit development. Provide details about organizational capacity to implement the expanded scope of work that would be required through the supplemental funding.
- Provide a realistic time line for the proposed supplement project (chart or graph) showing key activities, milestones, and responsible staff.
- Describe the potential barriers to successful and timely implementation of the proposed supplement project and how you will overcome them.
- Discuss your capability and experience and other collaborating organizations with similar projects (including size and scope) and populations. Demonstrate that the applicant organization and other collaborating 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 proposed expansion project, showing the role of each and their level of effort and qualifications.

NOTE: Although the budgets 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. In addition, for each year of the grant, please include the percent and amount of grant dollars to be spent on the following areas:

- Infrastructure development
- Technical assistance
- Evaluation
- Grant administration

Be sure to show that no more than 15% of the total grant award will be used for infrastructure development, if necessary, and that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix F of this document. Please note that you must submit three separate budgets to indicate how funds from SAMHSA (\$1,400,000), funds from HRSA (\$350,000), and funds from the Supplement – Expansion and Enhancement of the TTA-PBHCI Program (up to \$3,600,000) will be used in the project’s implementation.

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 elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, **including risks to confidentiality**.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Attachment 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.

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

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

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Possible risks from participation in the project.
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

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

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

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

- availability of funds.

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;
 - requirements relating to participation in a cross-site evaluation; 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-2.2, 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 the grantee. The performance requirements for SAMHSA’s Healthcare Integration Technical Assistance Center (TTA-PBHCI) grant program are described in Section I-2.2 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 Officers (GPOs) and SAMHSA’s Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA/HRSA-funded grant project that are accepted for publication.

In addition, SAMHSA requests that the grantee:

- Provide the GPOs 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:

For SAMHSA:

Trina Dutta, MPP, MPH
Public Health Analyst
Center for Mental Health Services/SAMHSA
1 Choke Cherry Road
Room 6-1076
Rockville, MD 20857
(240)276-1944
Trina.dutta@samhsa.hhs.gov

For HRSA:

Alexander F. Ross, Sc.D.
Office of Special Health Affairs, HRSA
Room 12B-17, 5600 Fishers Lane
Rockville, MD 20857
(301) 443-1512
Alexander.Ross@hrsa.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 <http://www.Grants.gov> for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the <http://www.Grants.gov> apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for 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 – 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), the strategies you use, the infrastructure changes that occur, what takes place (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 strategies, the strategies to infrastructure changes, the infrastructure changes 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 targeted systems or agencies. Then you look at the Inputs, which are the resources you will invest to change these conditions. These inputs then are organized into the Strategies you will use and the Infrastructure Changes that will result. These changes then are intended to create Outputs such as increased numbers of people served or numbers of providers trained. Outcomes are the intended consequences of the program or activity, such as changes in behavior or rates of substance abuse or mental illness.

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

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

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

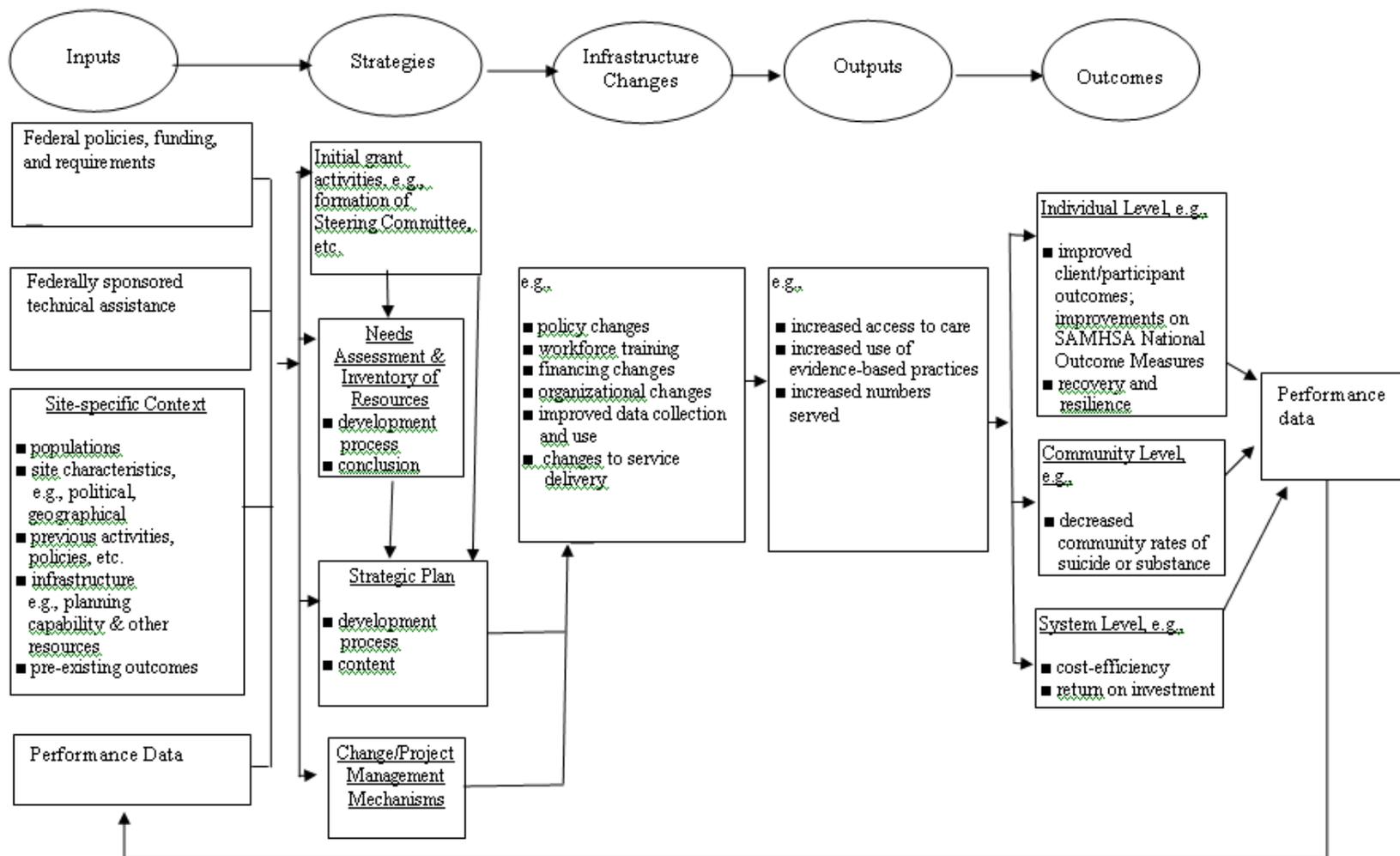
Outputs from these infrastructure changes depicted in the sample logic model include such things as increased access to care, increased use of evidence-based practices, and increased numbers served.

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

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

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

Sample Infrastructure Logic Model



Appendix D – Logic Model Resources

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

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

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

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

Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.

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

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

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

Appendix E – 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.
- 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 F – Sample Budget and Justification (no match required)

Note: Three budgets are required for this RFA

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 G - CMHS-TRAC Infrastructure Categories and Indicators

Policy Development

1. The number of policy changes completed as a result of the grant.
2. The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health-related practices as a result of the grant.

Workforce Development

3. The number of organizations or communities implementing mental health-related training programs as a result of the grant.
4. The number of people in the mental health and related workforce trained in specific mental health-related practices as a result of the grant.
5. The number of people credentialed/certified to provide specific mental health-related practices as a result of the grant.
6. The number of changes made to credentialing and licensing policies in order to incorporate expertise needed to improve mental health-related practices as a result of the grant.
7. The number of consumers who provide mental health-related services as a result of the grant.

Financing

8. The amount of funding for mental health-related practices obtained as a result of the grant (not including funds from this CMHS grant).
9. The number of changes to financing policies to fund and/or improve mental health-related practices specified within the grant.
10. The amount of pooled or braided funding with other agencies used for mental health services and supports specified within the grant.

Organizational Change

11. The number of organizational changes made to support improvement of mental health-related practices as a result of the grant.

Partnership/Collaborations

12. The number of organizations that entered into formal written inter-organizational agreements (e.g., MOUs/ MOAs) to improve mental health-related practices as a result of the grant.
13. The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.

Accountability

14. The number of organizations making changes to accountability mechanisms in order to improve mental health practices as a result of the grant.

15. The numbers of organizations that regularly obtain, analyze, and share data on mental health-related results as a result of the grant.
16. The number of communities with management information system or information technology system links across multiple agencies to share service population and service delivery data.
17. The number and percentage of members of advisory groups that monitor mental health-related practices specified within the grant who are consumers.
18. The number of consumers representing consumer organizations who are involved in mental health-related planning activities specified within the grant.
19. The number of consumers who are involved in evaluating mental health-related practices specified within the grant.

Types/Targets of Practices

20. The number of programs/organizations/communities utilizing mental health-related practices specified by the grant.
21. The number of programs/organizations/communities utilizing evidence-based mental health-related practices as a result of the grant.
22. The number of people receiving evidence-based mental health-related services as a result of the grant.

Appendix H – CMHS TRAC Prevention and Promotion Categories and Indicators

Awareness

1. The number of individuals exposed to mental health awareness messages.

Training

2. The number of individuals who have received training in prevention or mental health promotion.

Knowledge/Attitudes/Beliefs

3. The number and percentage of individuals who have demonstrated improvement in knowledge attitudes/beliefs related to prevention and/or mental health promotion.

Screening

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

Outreach

5. The number of individuals contacted through program outreach efforts.
6. The total number of contacts made through program outreach efforts.

Referral

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

Access

8. The number and percentage of individuals receiving mental health or related services after referral.