

**Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**State Mental Health Data Infrastructure Grants for Quality Improvement**

**(Short Title: State DIGs)  
(Initial Announcement)**

**Request for Applications (RFA) No. SM-10-009**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by March 4, 2010.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>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.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>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.</b>

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## Executive Summary:

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2010 State Mental Health Data Infrastructure Grants for Quality Improvement (DIGs). Building on the results of the CMHS Client Level Data Pilot initiated in FY2008, CMHS will work with the States through the Data Infrastructure Grants (DIGS) to enable collection and reporting of client level data for five Mental Health Block Grant National Outcome Measures (NOMS) through the Uniform Reporting System (URS). The additional NOMS and URS Tables, which do not require direct State or client level data, will continue to be reported and will add value in decision support at the national and State levels. The population of focus will include mental health consumers served within the purview of the State Mental Health Authorities (SMHAs) as defined in the URS Tables. The project supports the National reporting requirements for the CMHS Mental Health Block Grant Program (MHBG).

<b>Funding Opportunity Title:</b>	State Mental Health Data Infrastructure Grants for Quality Improvement
<b>Funding Opportunity Number:</b>	SM-10-009
<b>Due Date for Applications:</b>	March 4, 2010
<b>Anticipated Total Available Funding:</b>	\$7,260,000
<b>Estimated Number of Awards:</b>	59
<b>Estimated Award Amount:</b>	Up to \$132,941 per year for States and DC Up to \$60,000 per year for US Territories
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	State Mental Health Authorities in the 50 States, the District of Columbia, and the U.S. Territories [See <a href="#">Section III-1</a> of this RFA for complete eligibility information.]

# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. INTRODUCTION**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2010 State Mental Health Data Infrastructure Grants for Quality Improvement. Building on the results of the CMHS Client Level Data Pilot, CMHS will work with the States through the Data Infrastructure Grants (DIGs) to enable collection and reporting of client level data for five Mental Health Block Grant National Outcome Measures (NOMS) over the next three years. These NOMS are Employment/School Attendance, Stability in Housing, Criminal Justice Involvement, Readmission to State Hospital, and Access/Capacity: Number of Persons Served with Demographic Characteristics. The additional NOMS and Uniform Reporting System (URS) Tables, which do not require direct State or client level data, will continue to be reported, and will add value in decision support at the national and State levels. The population of focus will include mental health consumers served within the purview of the State Mental Health Authorities (SMHAs), as defined in the URS Tables. The project supports the reporting requirements for the National CMHS Mental Health Block Grant Program.

The purpose of the State Mental Health Data Infrastructure Grants for Quality Improvement (DIGs) is to support client level data reporting by the States by 2012 for 5 NOMS. Building upon the Federal/State partnership established through the development of the URS the Data Infrastructure Grants (DIGs), this mechanism will be used for collecting client level data for more than 6 million mental health consumers. In addition, by receiving SAMHSA/CMHS funds through the DIGs over the grant period, States will engage in T1 and T2 (to include Admission and Discharge) client level data collection and reporting.

The project supports State Mental Health Authorities (SMHAS) in their continuing implementation and strengthening of the annual collection of URS data through focus on selected NOMS for client level reporting. Historically, great strides have been made in data infrastructure development in the States for reporting the URS and NOMS at the national level. Over a period of years in the DIG grant effort, the States have achieved uniform URS reporting so that by 2008, eight of the 10 NOMS were being reported by 85% of grantees (48 States). The effort has additionally strengthened State and local data infrastructure for reporting and decision support. The future of the SAMHSA/CMHS mental health data reporting program continues to evolve in refining the reporting of NOMS, using the framework of the CMHS Client Level Pilot in which 9 States piloted the feasibility of implementing client level NOMS reporting in the States through FY 2009. In the new grant cycle, the effort will be made to strengthen quality of reporting and performance accountability for selected NOMS, including developing capability to report assessment of service provision and improvement of individual clients from Time 1 to Time 2 (including admission and discharge).

State Mental Health Data Infrastructure Grants for Quality Improvement is one of SAMHSA's infrastructure grant programs. SAMHSA's Infrastructure Grants support an array of activities to help the grantee build a solid foundation for delivering and sustaining effective mental health services. SAMHSA recognizes that each applicant will start from a unique point in developing infrastructure and will serve populations/communities with specific needs. Awardees may pursue diverse strategies and methods to achieve their infrastructure development and capacity expansion goals. Successful applicants will provide a coherent and detailed conceptual "roadmap" of the process by which they have assessed or intend to assess service system needs and plan/implement infrastructure development strategies that meet those needs. The plan put forward in the grant application must show the linkages among needs, the proposed infrastructure development strategy, and increased system capacity that will enhance and sustain effective programs and services.

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 returning veterans and their families in developing their proposed project.

State Mental Health Data Infrastructure Grants for Quality Improvement are authorized under 1971 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

## **2. EXPECTATIONS**

The following are expectations in regard to how the grant project will be conducted:

The client level data will be collected and reported in a format that would not require HIPAA compliance. Security of client level data will be assured by CMHS.

Client level data from the States will be submitted to a contractor similar to the current reporting process for the URS data, and relevant analyses will be completed by the contractor with the results submitted to SAMHSA.

As a part of the DIG project, State grantees initially will be asked to describe current capacity for collection and reporting of client level data for selected NOMS, and to describe plans and expectations for meeting the capacity to report these NOMS in client level form by the end of the three year grant.

Three NOMS, level of functioning, social connectedness, and client perception of outcome will continue to be reported through the MHSIP Consumer Surveys.

Two other NOMS, number of evidenced based practices and individuals receiving evidenced based practices will be reported directly to the contractor.

In addition to the NOMS listed above, there are additional URS tables which do not require direct State reporting or client level data, such as Prevalence, Profile of MH Health Service Expenditures and Sources of Funding, Number of Persons in the State Mental Health System Receiving Medicaid, and Estimated Number of Persons with Co-occurring Disorders. These tables will continue to be reported, as stated, because of their value for performance accountability and decision support at both State and national levels.

The DIG Project will also build on the available data necessary to report elements of service need and specific targeted spending of MHBG funds through development of a standardized protocol to refine reporting of MHBG expenditures (Tables 7 & 8) and implementation of data collection and reporting of mental health service waiting lists to the extent possible, by the addition of a Waiting List Table to the URS Tables.

The DIG project will continue to work in collaboration with the States, providing technical assistance support, and State data user group technical assistance meetings. DIG Grantees will be expected to participate in monthly conference calls and workgroups to advance the goals of the grant. The DIG project will also inform grantees about related federal developments or initiatives to enhance State data system development. The data infrastructure grant program has provided opportunity for application from each State and US Territory. Technical assistance efforts will support those States/entities which have special needs in meeting grant requirements.

Co-Principal Investigators should include a State data representative and the State planner for the MHBG.

CMHS will continue to work with the Pacific Jurisdictions in developing culturally and regionally appropriate measures while still meeting MHBG reporting expectations.

SAMHSA will explore the feasibility of collecting some of the variables in the Treatment Episode Data Set (TEDS) for mental health treatment episodes, from those States which currently collect this information and wish to submit them through the TEDS. Once the pilot test has been completed, SAMHSA may provide further instruction to grantees as to the method of submitting mental health TEDS variables on an ongoing basis.

## **2.1 Required Activities**

State Mental Health Data Infrastructure Grants for Quality Improvement grant funds must be used primarily to support infrastructure development, including the following types of activities:

- Report Client Level data for the 5 NOM referenced earlier by the end of year three. States that have the capacity to report the data earlier should do so.
- Assess capacity to report on the 5 selected NOMS, and develop a three year plan for developing capacity to report client level NOMS.
- Work with CMHS, using the Client Level Pilot as a model, in refining and developing the client level reporting process; work with local providers to develop, enhance and upgrade systems, provide assistance and training, and develop a State reporting system process. Quality improvement efforts such as data validation and improved technologies are supported.
- Continue to report URS measures annually, including use of the MHSIP consumer survey. Random sampling is preferred.
- Work collaboratively in the DIG program in the development of reporting waiting list measures and standardized reporting protocols for Tables 7 and 8.
- Attend State data user group meetings and participate in DIG conference calls which support the collaborative nature of the project for more effective implementation.

## **2.2 Allowable Activities**

SAMHSA's State Mental Health Data Infrastructure Grants for Quality Improvement grants will also support the following types of activities:

- For advanced States that are able to meet all of the client level reporting and URS requirements, additional data infrastructure developments are supported, as related to client level data collection, improved decision support, electronic health records, or other data related developments.
- Attendance at CMHS sponsored technical assistance meetings or requests for consultation are supported, as needed for State data system development.

Requests for hardware and software support will be considered on a case by case basis.

## **2.3 Data Collection and Performance Measurement**

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in “Section D: Performance Assessment and Data” of your application. Grantees will be required to report performance on infrastructure development. These measures are derived from the following domains: policy development; workforce development; financing; organizational restructuring; partnership/collaboration; accountability; types/targets of practices, and cost efficiency. SAMHSA grantees are expected to collect and report data only on those domains that are germane to their program. The domain/s will be determined collaboratively with SAMHSA after award.

Data collected will be entered into the CMHS Transformation Accountability (TRAC) web-based system on an annual basis at <https://www.cmhs-gpra.samhsa.gov/index.htm> on data collection forms at Appendix H. Initial training and ongoing technical assistance on the use of the TRAC system will be provided.

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

## **2.4 Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. 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 annually. The progress report should be brief but thorough and will be provided separately from the annual data report within 30 days following the data report submission. At a minimum, your annual performance report should include the following:

*Outcome Questions for each year:*

- Were goals for the year met and what were the effects?
- What factors were associated with outcomes?

*Process Questions:*

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- What were the specific challenges to data reporting, and how were these challenges addressed?
- What challenges remain in data reporting, and how will they be addressed in the next year?

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

## **2.5 Grantee Meetings**

Grantees must plan to send a minimum of at least two representatives, preferably the Principal Investigators, to at one grantee meeting in each year of the grant. Applicants must include a detailed budget and narrative for this travel in application budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be at least 1 1/2 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## II. AWARD INFORMATION

<b>Funding Mechanism:</b>	Grant
<b>Anticipated Total Available Funding:</b>	\$7,260,000
<b>Estimated Number of Awards:</b>	59
<b>Estimated Award Amount:</b>	Up to \$132,941 per year for States and DC Up to \$60,000 per year for US Territories
<b>Length of Project Period:</b>	Up to 3 years

**Proposed budgets cannot exceed \$132,941 per year for States and DC or \$60,000 per year for US Territories in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Eligible applicants are State Mental Health Agencies (SMHAs) in the 50 States, the District of Columbia, and the U.S. Territories that receive Mental Health Block Grants (MHBG). A central goal of the State DIG grants is to address data collection requirements for the MHBG program. The SMHAs are the entities responsible for State data collection of the URS/NOMS and are the only entities eligible for the grant. States have operational authority over SMHAs and/or have the existing infrastructure to undertake these activities.

#### **2. COST SHARING and MATCH REQUIREMENTS**

Cost sharing/match is required in this program. The statutory authorization for this program, Section 1971 (c)(1) of the Public Health Service Act (42 U.S.C.300y(c) (1)), States that, “(1) With respect to the costs of the program to be carried out under subsection (a) of this section by a State, the Secretary may make an award under such subsection only if the applicant agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 50 percent of such costs (100% of the Federal share). (2) Non-Federal contributions under paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such contributions.”

#### **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 Health Information Network at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

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

Additional materials available on this Web site include:

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

### 2. CONTENT AND GRANT APPLICATION SUBMISSION

#### 2.1 Application Kit

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://www.samhsa.gov/grants/index.aspx>) and a synopsis of the RFA is available on the Federal grants Web site (<http://www.Grants.gov>).

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

#### 2.2 Required Application Components

Applications must include the required application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Attachments,

Project/Performance Site Location(s) Form, 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 attachment.
- **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.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through 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).

- **Attachments 1 through 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
  - *Attachment 1*: Letters of Support
  - *Attachment 2*: Data Collection Instruments/Interview Protocols
  - *Attachment 3*: Sample Consent Forms
  - *Attachment 4*: Letter to the SSA (if applicable; see Section IV-4 of this document)
  - *Attachment 5*: Quantified Infrastructure Objectives (do not use more than 2 pages for Attachment 5).
  
- **Project/Performance Site Location(s) Form** – This form is part of the PHS 5161-1. The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed.
  
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
  
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
  
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.
  
- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

### 2.3 Application Formatting Requirements

Please refer to [Appendix A](#), *Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications*, for SAMHSA’s basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

### 3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **March 4, 2010**. Hard copy applications are due by 5:00 PM (Eastern Time). Electronic applications are due by 11:59 PM (Eastern Time).

**Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

You will be notified by postal mail that your application has been received.

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

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

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

SAMHSA accepts electronic submission of applications through <http://www.Grants.gov>. Please refer to [Appendix B](#) for “Guidance for Electronic Submission of Applications.” **If you plan to submit electronically through Grants.gov it is very important that you read thoroughly the application information provided in [Appendix B](#)** “Guidance for Electronic Submission of Applications.”

### 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](http://www.whitehouse.gov/omb/grants_spoc).

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State’s review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of 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-10-009. 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)<sup>1</sup> to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate State or local health agencies.

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's Web site at <http://www.samhsa.gov>. A listing of the SSAs for mental health can be found on SAMHSA's Web site at <http://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.

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<sup>1</sup> Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, “Letter to the SSA.”** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** 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-10-009. 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>:

- 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 State Mental Health Data Infrastructure Grants for Quality Improvement grant recipients must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.

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 attachments). 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 “**State DIGs SM-10-009**” 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.

## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. 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://www.samhsa.gov/grants/apply.aspx> at the bottom of the page under “Resources for Grant Writing.”
- The Supporting Documentation you provide in Sections E-H and Attachments 1-5 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 your current SMHA information system as it relates to the status of reporting client level data for each of the 5 NOMS referenced in the RFA. Additionally report on the general status of annual URS/NOMS reporting, and the general status of data infrastructure development for State/provider mental health data systems. Indicate those measures that still need to be reported to meet appropriate and uniform standards.

- Describe the data reporting gaps, barriers, and other challenges related to developing the data infrastructure development for this grant project, with a focus on the 5 client level measures to be reported.
- Document your State’s status regarding decision support for planning, improved technologies, including web-based information technology and data quality improvement efforts.
- Describe the stakeholders and resources in the target area that can help implement the needed data infrastructure development.
- Document other State related needs for collecting and reporting mental health data.
- Non-tribal applicants must show that identified needs are consistent with priorities of the State or county that has primary responsibility for the service delivery system.

**Section B: Proposed Approach (35 points)**

- Describe the proposed goals and objectives of the project in detail. Provide a detailed one year plan, and general three year plan for the full project. Provide evidence that the proposed goals and objectives will meet the reporting and data infrastructure development and reporting needs of the grant project, including how they will be met annually and over the grant cycle. Identify the activities to be funded through the proposed project and demonstrate how they will lead to improved State and local mental health data infrastructure, data collection and reporting, including reporting of the 5 client level NOMS referenced in the RFA.
- Indicate plans to assess the State system in detail regarding current capacity for reporting of the 5 selected client level NOMS, and describe subsequent activities that will take place to plan over the grant cycle for development and reporting of these NOMS.
- Describe the infrastructure development and activities that you plan to conduct during the grant project. Select the CMHS-TRAC Infrastructure Indicators from Appendix H of this announcement that represent changes you plan to make during the grant period; in **Attachment 5** of your application, provide a table quantifying your objectives (in terms of the underlined section of each Indicator at Appendix H of this announcement) for each selected indicator during each year of the grant.
- Describe your plans for annual data collection, management, analysis, interpretation, and reporting in this RFA. Data collection instruments/interview protocols are included in Attachment 2 of your application.

- Describe in detail any specific projects and activities addressed in the RFA that you are proposing, which will enhance the data reporting capacity and development related to the URS and NOMS, the State data infrastructure system, and client level reporting. Indicate the status of reporting of mental health service waiting lists in your State and plans to address data collection of this measure. Indicate the extent of current reporting for URS Table 8 currently in URS reporting, and commitment to address further development of standardized protocols for Tables 7 and 8.
- Describe in detail the potential barriers to successful completion of the proposed project and how you will overcome them.
- Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population of focus, discuss how the proposed approach addresses these issues.
- Provide a logic model that demonstrates the linkage between the identified need, the proposed approach, and outcomes. (See [Appendix C](#) for a sample logic model.)
- Describe any other organizations that will participate and describe their roles and responsibilities. Demonstrate their commitment to the project by including letters of commitment/coordination/support from these community organizations in **Attachment 1** of your application.
- Describe how the proposed project will address the following issues in the population of focus:
  - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
  - Language and literacy;
  - Sexual identity – sexual orientation and gender identity; and
  - Disability.
- Describe how members of the population of focus were involved in the preparation of the application, and how they will be involved in the planning, implementation, and performance assessment of the project.
- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

### **Section C: Staff, Management, and Relevant Experience (25 points)**

- Provide a realistic timeline 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 attachment.]
- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.
- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as treatment/prevention personnel.
- Discuss how key staff have demonstrated experience in serving the population of focus and are familiar with the culture and language of the population of focus. If the population of focus is multicultural and multilingual, describe how the staff are qualified to serve this population.
- Describe the resources available for the proposed project (e.g., facilities, equipment).

### **Section D: Performance Assessment and Data (30 points)**

- Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this document, including data required by SAMHSA to meet GPRA requirements. Specify and justify any additional measures you plan to use for your grant project.
- Describe your plan for conducting the performance assessment as specified in Section 2.4 of this RFA and document your ability to conduct the assessment. Describe continuous quality improvement of the program effort and describe how information related to process and outcomes will be routinely communicated to program staff.
- Describe how you will evaluate the process of developing and reporting selected client level measures over the time period of the grant. Document your State's ability to provide data to complete the required Uniform Reporting System (URS) data tables for the CMHS Block grant reporting. A listing of all required data tables is provided in Appendix G.
- Name the entities that provide data to the State to enable State level reporting of URS measures/NOMS, their relationship to the SMHA, and the frequency with which data are reported to the State. Indicate the mechanisms by which data collected will be assessed for quality, security, and accuracy.

## SUPPORTING DOCUMENTATION

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

**Section F:** Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. In addition, provide an estimate of the percentage and dollar amount of the grant award that you will spend on each of the following categories during each year of the grant:

- infrastructure development
- data collection and performance measurement and assessment
- grant administration

An illustration of a budget and narrative justification is included in [Appendix F](#) of this document.

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

**Section G:** Biographical Sketches and Job Descriptions.

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

**Section H:** Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section 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](mailto:ohrp@osophs.dhhs.gov), or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.

## **2. REVIEW AND SELECTION PROCESS**

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

Decisions to fund a grant are based on:

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

## **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;
  - requirements to address problems identified in review of the application; or
  - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet Stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.

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

### **3. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in Section I-2.3, you must comply with the following reporting requirements:

#### **3.1 Progress and Financial Reports**

- You will be required to submit annual data and progress reports, as well as annual and final financial status reports.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

#### **3.2 Government Performance and Results Act (GPRA)**

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s State Mental Health Data Infrastructure Grants for Quality Improvement program are described in Section I-2.3 of this document under “Data Collection and Performance Measurement.”

#### **3.3 Publications**

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

In addition, SAMHSA requests that grantees:

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

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

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Olinda Gonzalez, Ph.D.  
Public Health Advisor  
State Planning and Systems Development Branch  
Division of State and Community Systems Development  
Center for Mental Health Services  
1 Choke Cherry Road 2-1087  
Rockville, MD 20857  
240-276-1762

For questions on grants management and budget 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](mailto: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 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
  - Attachments
  - Project/Performance Site Location(s) Form
  - 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. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments Stated in [Section IV-2.2](#) of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in [Section IV-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](mailto: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 three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application.** The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). **REMINDER: CCR registration expires each year and must be updated annually.**

Please also allow sufficient time for enter your application into Grants.gov. When you submit your application you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov. within the next 24-48 hours. One will confirm receipt of the application in Grants.gov and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. Please note that it is incumbent on the applicant to monitor their application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov it will not be forwarded to SAMHSA as the receiving institution.**

**It is strongly recommended that you 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 12,875 words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

If you are submitting any documentation that cannot be submitted electronically, please send a hard copy to the address below. [SAMHSA no longer requires submission of a signed paper original of the face page (SF 424 v2) or the assurances (SF 424B)]. **You must include the Grants.gov tracking number for your application on these documents. 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 the resources you put in (inputs), the strategies you use, the infrastructure changes that occur, what takes place (outputs), and what happens or results (outcomes). Your logic model should form a logical chain of “if-then” relationships that enables you to demonstrate how you will get to your desired outcomes with your available resources. Because your logic model requires you to be specific about your intended outputs and outcomes, it can be a valuable resource in assessing the performance of your project by providing you with specific outputs (objectives) and outcomes (goals) that can be measured.

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

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

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

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

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

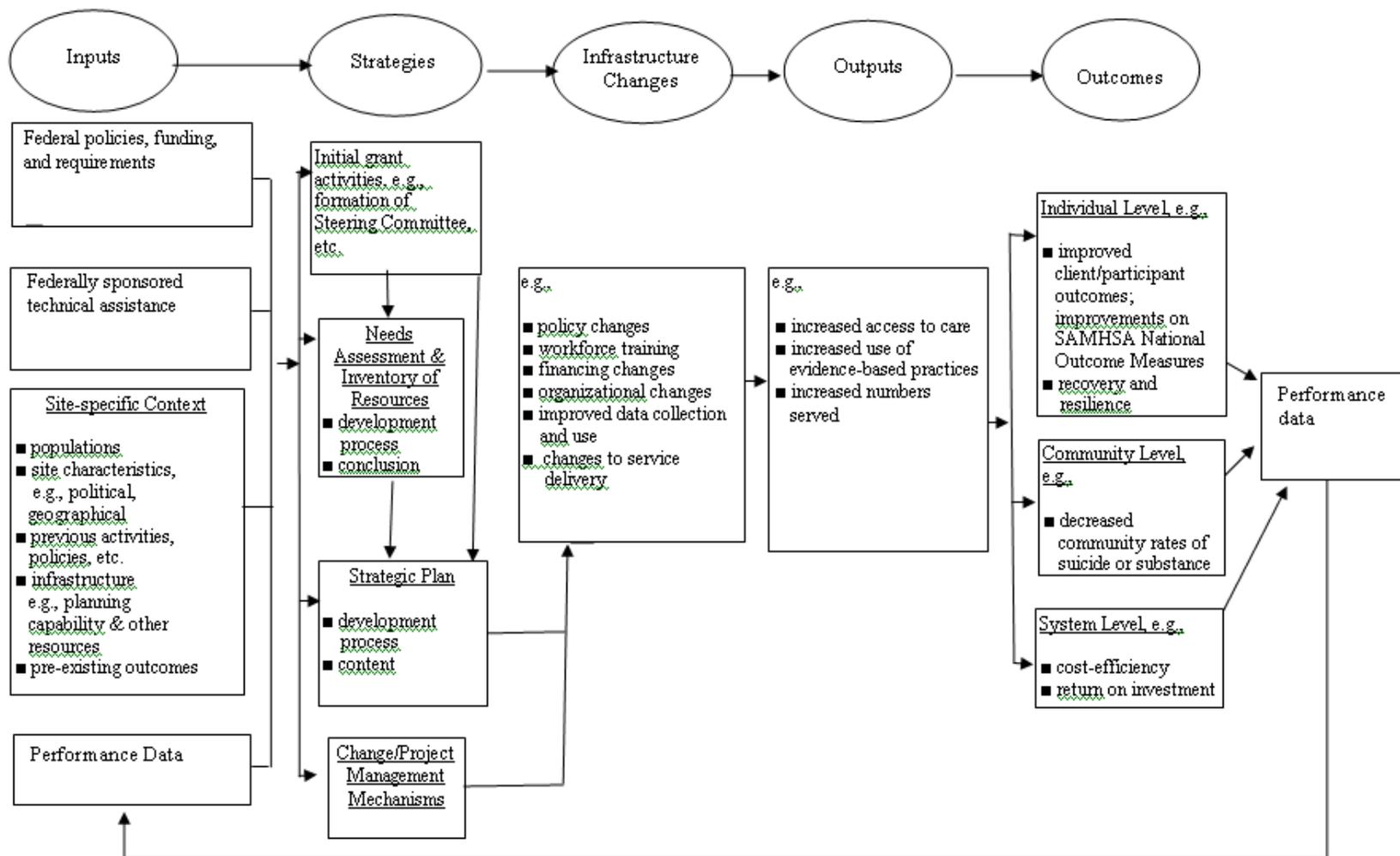
**Outputs** from these infrastructure changes depicted in the sample logic model include such things as increased access to care, increased use of evidence-based practices, and increased numbers served.

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

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

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

## Sample Infrastructure Logic Model



## Appendix 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.

W.K. Kellogg Foundation, (2004). *Logic Model Development Guide*. Battle Creek, MI. To receive additional copies of the Logic Model Development Guide, call (800) 819-9997 and request item #1209.

## Appendix 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.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

## Appendix F – Sample Budget and Justification

(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 position. 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. (Be as specific as possible regarding events and conference names and locations.) Local travel rate is based on the grantee organization’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 and need 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 for a fee. A contract provides services for a fee. The grantee must have procurement policies and procedures governing their use of consultants and contracts that are consistently applied among all the organization’s projects.

**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 develop 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 service site 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. Brochures will be used at various community functions (health fairs and exhibits) once per month throughout the service area.

\*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 indirect cost rate agreement. For information on applying for the indirect rate go to: [samhsa.gov](http://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 salaries and wages and fringe benefits (.08 x \$63,661)      **\$5,093**

**BUDGET SUMMARY: (identical to SF-424A)**

Category	Federal Request
Salaries & Wages	\$52,765
Fringe Benefits	\$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 - Uniform Reporting System (URS) Tables**

CMHS Uniform Reporting System (URS) Measures for the Mental Health Block Grant Program  
(National Outcome Measures NOMS \*)

**Table 1. Profile of the Estimated State Population with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED)**

**\*Table 2. Profile of Persons Served, All Programs by Age, Gender, and Race/Ethnicity**

Source: Administrative Data Systems  
(National Outcome Measure)

**\*Table 3. Profile of Persons Served in the Community Mental Health Setting, State Psychiatric Hospitals and Other Settings**

Source: Administrative Data Systems  
Source: State Hospital or Other Inpatient Administrative Data Systems  
(National Outcome Measure)

**\*Table 4. Profile of Adult Clients by Employment Status**

Source: Administrative Data Systems  
(National Outcome Measure)  
Optional 4b. Profile of Adults by Employment Status: by Primary Diagnosis Reported

**Table 5. Profile of Clients by Type of Funding Support (Medicaid)**

Source: Administrative Data Systems

**Table 6. Profile of Client Turnover**

Source: Administrative Data Systems

**Table 7. Profile of Mental Health Service Expenditures and Sources of Funding**

Source: National Association of Mental Health Program Director's Research Institute

**Table 8. Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities**

Source: State Mental Health Agency Fiscal Systems

**\*Table 9a. Social Connectedness**

**\*Table 9b. Improved Functioning**

Source: State Mental Health Agency Statewide Surveys  
(National Outcome Measures)

**Table 10. Profile of Agencies Receiving Block Grant Funds Directly from the State Mental Health Agency**

Source: State Mental Health Agency

**\*Table 11. Summary Profile of Client Evaluation of Care**

Source: State Mental Health Agency Statewide Surveys

Includes: Perception of Outcome Domain

(National Outcome Measure)

**Table 12. State Mental Health Agency Profile**

Source: Administrative Data Systems

**Table 13. Mental Health Service Waiting Lists (to be developed)**

Source: Administrative Data Sets

**Table 14. Profile of Clients Served with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED), All Programs by Age, Gender, and Race/Ethnicity**

Source: Administrative Data Systems

**\*Table 15. Profile of Clients' Living Situation in Institutional and Non-Institutional Settings**

Source: Administrative Data Systems

(National Outcome Measure)

**\*Table 16. Profile of Clients with Serious Mental Illness (SMI) and Clients with Serious Emotional Disturbance (SED) receiving Evidence-Based Services of Supported Housing, Supported Employment, Assertive Community Treatment-Adults; Therapeutic Foster Care, Multi-Systemic Therapy, and Family Functional Therapy-Children**

Source: Administrative Data Systems

(National Outcome Measure)

**\*Table 17. Profile of Adult Clients with Serious Mental Illness (SMI) receiving Evidence-Based Services of Family Psycho-education, Integrated Treatment for Co-occurring Disorders, Illness Management and Recovery Skills, and Medication Management \***

Source: Administrative Data Systems

(National Outcome Measure)

**Table 18. Profile of Adults with Schizophrenia receiving New Generation Medications**

(Optional)

Source: Administrative Data Systems

**\*Table 19a. Profile of Criminal Justice Involvement**

**\*Table 19b. Profile of Change in School Attendance**

Sources: State Mental Health Agency Statewide Surveys

(National Outcome Measures)

**\*Table 20. Rate of Readmission to State Psychiatric Hospitals within 30 days and 180 days (Non-Forensic and Forensic)**

Source: State Hospital Administrative Data Systems

**Table 21. Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) Within 30/180 Days of Discharge. (Optional)**

Source: State Operated (not State Hospital) and Other Psychiatric Inpatients Units  
Administrative Data Systems

## Appendix H - 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.