

**Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**Center for Substance Abuse Treatment**

**Offender Reentry Program**

**(Short Title: ORP)**

**(Initial Announcement)**

**Request for Applications (RFA) No. TI-10-006**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by January 19, 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, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2010 Offender Reentry Program grants. The purpose of this program is to expand and/or enhance substance abuse treatment and related recovery and reentry services to sentenced juvenile and adult offenders returning to the community from incarceration for criminal/juvenile offenses. Applicants are expected to form stakeholder partnerships that will plan, develop and provide a transition from incarceration to community-based substance abuse treatment and related reentry services for the targeted populations. Because reentry transition must begin in the correctional or juvenile facility before release, limited funding may be used for certain activities in institutional correctional settings in addition to the expected community-based services.

<b>Funding Opportunity Title:</b>	Offender Reentry Program
<b>Funding Opportunity Number:</b>	TI-10-006
<b>Due Date for Applications:</b>	January 19, 2010
<b>Anticipated Total Available Funding:</b>	\$13 million
<b>Estimated Number of Awards:</b>	Juvenile Offenders – Up to 16 Adult Offenders – Up to 17
<b>Estimated Award Amount:</b>	Up to \$400,000 per year
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	Eligible applicants are domestic public and private nonprofit entities. [See Section III-1 of this RFA for complete eligibility information.]

# 1. FUNDING OPPORTUNITY DESCRIPTION

## 1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2010 grants for the Offender Reentry Program (hereafter referred to as ORP). The purpose of this program is to expand and/or enhance substance abuse treatment and related recovery and reentry services to sentenced juvenile and adult offenders returning to the community from incarceration for criminal/juvenile offenses. Applicants are expected to form stakeholder partnerships that will plan, develop and provide a transition from incarceration to community-based substance abuse treatment and related reentry services for the populations of focus. Because reentry transition must begin in the correctional or juvenile facility before release, limited funding may be used for certain activities in institutional correctional settings in addition to the expected community-based services (see Section I-2.3 - Allowable Activities in Institutional Correctional Settings).

SAMHSA recognizes that there is a significant disparity between the availability of treatment services for persons with alcohol and drug use disorders and the demand for such services. According to the 2007 National Survey on Drug Use and Health (NSDUH), 22.3 million individuals needed treatment for an alcohol or illicit drug use problem. Only 10 percent of these individuals received treatment at a specialty facility in the past year. This disparity is also consistent for criminal justice populations, as estimates show only 10 percent of individuals involved with the criminal justice system who are in need of substance abuse treatment receive it as part of their justice system supervision. The Bureau of Justice Statistics estimates that approximately 1 in 5 juveniles in the daily correctional population receive some form of substance abuse treatment (BJS, 2005; Taxman, NIDA CJDATS, 2007). Approximately one-half of the institutional treatment provided is educational programming (Taxman, NIDA CJDATS, 2007).

Furthermore, a 2007 study by NIDA's Criminal Justice Drug Abuse Treatment Study indicates that offenders have a much higher rate of psycho-social dysfunction including substance abuse disorders than the general population. In fact, youth in the juvenile justice system have almost four times the rate of substance abuse disorders than the general juvenile population in the United States (NSDUH, 2007). By providing needed treatment services, this program is intended to reduce the health and social costs of substance abuse and dependence to the public, and increase the safety of America's citizens by reducing substance abuse related crime and violence.

Over the past decade, awareness of the need for a continuing care system for juvenile and adult offenders has grown as States and local communities have struggled with the increasing number of these individuals returning to the community after release from correctional confinement. Taxman et al. (2007) indicates the number of juveniles in correctional settings is under-reported and that there are approximately a quarter of a million juveniles and youths in the correctional system in the United States in need of substance abuse treatment. Often the juvenile or adult criminal justice system has services and structures in place for these offenders at entry into the system (i.e., at pre-trial or adjudication), but there are few and fragmented services in place for

these offenders as they are released from correctional settings. Reentry into the community and reintegration into the family are risky times for these offenders and their families. The U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention (OJJDP) indicates that in the first year following release, young offenders re-offend at a rate of sixty-three (63) percent. Substance abuse treatment for offenders in prison and in the community has been extensively studied and evaluated over the past several years, and the results are consistent and clear – treatment works, reducing crime and recidivism.

SAMHSA/CSAT recognizes the need to successfully return and reintegrate these individuals into the community by providing substance abuse treatment and other related reentry services while also ensuring public safety for the community and family. This program builds on previous and ongoing SAMHSA/CSAT criminal and juvenile justice program initiatives (e.g., SAMHSA/CSAT FY 2009 ORP and 2004 YORP grant programs), and builds on learning gained from these previous initiatives.

SAMHSA and the U.S. Department of Justice Bureau of Justice Assistance (BJA) share a mutual interest in supporting and shaping offender reentry-treatment services, as both agencies fund “offender reentry” programs. SAMHSA and BJA have developed formal agreements to further encourage and engage in mutual interests and activities related to criminal justice-treatment issues. SAMHSA and BJA are currently working on a formal collaboration to coordinate the SAMHSA ORP grant-related activities and BJA’s Second Chance Act grant-related activities in FY 2010. SAMHSA’s ORP grantees will be expected to seek out and coordinate with any local federally-funded offender reentry initiatives including “Second Chance Act” offender reentry programs, as appropriate.

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

ORP grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

## **2. EXPECTATIONS**

Grantees must provide a coordinated, multi-system approach designed to combine the transition planning (screening and assessment of substance abuse and coordination of continued care from institution to community) in the correctional institution with effective community-based treatment, recovery and reentry-related services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. SAMHSA/CSAT is seeking applications that will include a stakeholder partnership of institutional corrections officials with community corrections and community-based services in order to plan, develop, and implement a continuum

of care services from the correctional institution (prison/jail/detention center) to the community setting.

Stakeholders will be expected to work together to give individual clients the opportunity to improve their lives, including recovery from substance use disorders and developing the capacity and skills to become fully-functioning parents, employees and citizens. SAMHSA's interest is to actively support and shape offender reentry treatment partnerships so that clinical needs are met and clients are treated using evidence-based practices consistent with the disease model and the problem-solving model, rather than with the traditional criminal justice model. A long-term goal of this program is to build sustainable systems of care for juveniles and adults needing substance abuse treatment and recovery supports services as they return to the community from incarceration.

This program is designed to address the needs of sentenced substance-abusing juveniles or adult offenders returning to their families and community from adult or juvenile incarceration in facilities including prisons, jails, or juvenile detention centers. Therefore, grantees must only serve individuals who are incarcerated and within four months of release into the community. This grant program is not designed to address the needs of individuals in custody or detention settings awaiting adjudication, or sentenced to residential treatment facilities, or in school-based programs.

Grantees should begin allowable activities in institutional correctional settings (See Section I-2.3- Allowable Activities in Institutional Correctional Settings) and start transitional planning as soon as possible, and provide community-based treatment services within four months of grant award.

## **2.1 Populations of Focus**

Applicants must propose to serve only one of two specific offender population categories:

Juvenile Offenders: Those offenders, 14 years up to 18 years old (or as defined by your State law) under the jurisdiction of the juvenile justice system who have been sentenced to incarceration. If your State jurisdiction uses a different age range for juvenile offenders, you must document how the age of "juveniles" is defined in your State justice system.

Adult Offenders: Those offenders, 18 years of age and older (or as defined your State law) under the jurisdiction of the criminal justice system who have been sentenced to incarceration as adults. If your State jurisdiction uses a different age range for adult offenders, you must document how the age of "adults" is defined in your State justice system.

In addition, the "juvenile" or "adult" offender must meet the following criteria to receive services funded under this grant program:

- Be assessed as substance-using/abusing or diagnosed as having a substance abuse disorder;
- Must have been sentenced to and serving at least one year in a correctional institution (jail/prison/detention center;)

- Be within four months of scheduled release to the community in order to receive services in the correctional/detention setting (See Section I-2.3- Allowable Activities in Institutional Correctional Settings); and
- Upon immediate release from the correctional facility to the community be referred to community-based treatment.

**Applicants must address one specific offender population of focus (i.e., juveniles or adults), and those offenders must be within four months of scheduled release to the community or your application will not be reviewed and will not be considered for an award. Federal Bureau of Prisons institutions are not eligible to apply for an ORP grant. Additionally, if you propose to serve offenders who are currently in the Federal Bureau of Prisons or its various correctional/community corrections institutions and programs, your application will not be reviewed and will not be considered for an award.**

## **2.2 Required Activities and Services**

Offender reentry, also referred to as reintegration or continuing care for younger populations, is the process an offender in a juvenile or adult correctional facility goes through as he/she transitions from the institution to the community. SAMHSA/CSAT has a substantial interest in funding projects that provide **both services/treatment and systems linkages** for the reentering offender. Applicants must propose to address both of these areas.

### **2.2.1 Services/Treatment**

Applicants must propose activities that improve the health of the targeted clients by:

- providing comprehensive substance abuse treatment;
- improving family functioning;
- helping clients develop job skills and find jobs;
- reducing the likelihood the client will be re-arrested; and
- reducing the crime rate and the number of victims.

The following represents a comprehensive but not inclusive range of services/treatment to be provided, and for which funds may be used:

- Alcohol and drug (substance abuse) treatment;
- Wrap around services supporting the access to and retention in substance abuse treatment or to address the treatment-specific needs of clients during or following a substance abuse treatment episode;
- Screening, assessment, case management, program management and referrals related to substance abuse treatment for clients;
- Comprehensive individual assessment for alcohol and drug abuse;
- Individualized services planning;

- Case management, using a team approach that includes juvenile or adult criminal justice supervising authorities, substance abuse treatment professionals, existing treatment alternatives organizations such as TASC or similar treatment referral and case management models, and law enforcement as appropriate to the community setting;
- Drug testing as required for supervision, treatment compliance, and therapeutic intervention;
- Support in obtaining a GED and/or other necessary education;
- Relapse prevention and long-term management support; and
- As appropriate for juvenile populations, continuing care programming, including peer support groups and mentoring services.

### **2.2.2 Systems Linkages**

Applicants must propose activities that support communities in their development of a comprehensive, multi-agency approach to expanding and/or enhancing substance abuse treatment in addition to juvenile/criminal justice supervision to targeted juveniles and adults leaving incarceration and returning to the community and to their families. In order to effectively address the expansion and/or enhancement of treatment and recovery services to the offender reentering the community from prison/jail/detention settings, applicants are expected to demonstrate a collaborative partnership between the institutional corrections agency and the community-based organization.

Upon release of the offender to the community, funds should be used to provide effective, comprehensive substance abuse and related reentry services to the population of focus. The following represents a comprehensive but not inclusive range of systems linkage coordination activities to be provided, and for which funds may be used:

- Systems coordination planning and developmental activities that bring all the key stakeholder agencies/organizations together;
- The development of systems linkages and referral sources in the community;
- Efforts to increase treatment capacity to provide immediate entry into substance abuse treatment; and
- Assistance in paying for Department of Labor Bonding for employment of the substance-abusing offender.

Applicants must screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders. For more information on the process of selecting screening instruments to identify co-occurring substance use and mental disorders, go to [http://www.coce.samhsa.gov/products/cod\\_presentations.aspx](http://www.coce.samhsa.gov/products/cod_presentations.aspx).

Grantees are also encouraged to provide HIV rapid preliminary antibody testing as part of their treatment regimen. Grantees providing HIV testing must do so in accordance with State and local requirements. No more than 5% of grant funds may be used for HIV rapid testing. [Note: Grant funds may be used to purchase such services from another provider.]

All clients who have a preliminary positive HIV test result must be administered a confirmatory HIV test result. Post award, applicants must develop a plan for medical case management of all clients who have a preliminary positive HIV and confirmatory HIV test result. Grantees will be required to report the number of HIV tests and counseling sessions purchased with CSAT grant funds; data on rapid and confirmatory test results; and risk behaviors and other data that may be required by CSAT. All data will be collected using a standardized CSAT-approved instrument and reported to a CSAT web-based data collection site.

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

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.

### **2.3 Allowable Activities in Institutional Correctional Settings**

Because CSAT's focus is on the return of the offender to the community, the expectation is that most proposed treatment and related reentry services will be provided in the community. However, recognizing that effective offender reentry requires assessment and release planning while the offender is incarcerated, limited funds (not more than 15% of the total grant award) may be used for certain activities inside juvenile or adult institutional correctional settings for:

- Systems coordination planning and developmental activities that bring together all the key stakeholder agencies/organizations to form partnerships that will plan, develop, and provide substance abuse treatment and related reentry services in the community;
- The development of systems linkages and referral processes in both institutional and communities settings;
- Purchase and/or administration of brief diagnostic and screening tools for identification of substance abuse issues for the targeted offender population.
- Purchase and/or administration of substance abuse instruments for the targeted offender population.
- Intake and/or case management staff with substance abuse treatment expertise to administer assessment instruments and to assist correctional staff in developing the individual offender transition plans for reentry into the community.

- Community-based organizations, including faith-based groups, to go inside the correctional institution to begin wrap around transition planning activities such as, but not limited to, jobs skills planning or educational program planning for community follow up upon release.

**Note: These activities are considered infrastructure development (See Section I-2.6 Infrastructure Development); not more than 15% of the total grant award may be used for Infrastructure Development activities.**

## **2.4 Recommended Treatment Models and Assessment Tool**

**For Juvenile Offenders:** Although applicants may propose appropriate treatment models of their choosing, you are encouraged, when appropriate for your setting and population to implement the Adolescent Community Reinforcement Approach (A-CRA) coupled with Assertive Continuing Care (ACC) and/or Motivational Enhancement Therapy/Cognitive Behavioral Therapy-5 (MET/CBT-5) with juvenile offenders. A-CRA/ACC, and MET/CBT-5 have proven effective in building community capacity for treatment and were developed with funding from CSAT and NIAAA. These models are in the public domain, allow for cost-effective training of multiple staff and are amenable to a train-the-trainers approach, ensuring sustainability over time. While you may implement both evidence-based practices, you are encouraged to implement only one (i.e., A-CRA coupled with ACC or MET/CBT-5). The A-CRA, ACC, and MET/CBT-5 manuals are available for free download at <http://www.chestnut.org/LI/BookStore/index.html>. For additional information on the A-CRA/ACC training and certification processes/requirements, see **Appendix H**. For additional information on the MET/CBT-5 training and certification processes/requirements, see **Appendix I**. For information on the cost of A-CRA and ACC, please contact Chestnut Health Systems Inc. at <http://www.chestnut.org>. For information on the cost of the MET/CBT-5 intervention, contact Randy Muck, M.Ed., Chief, Targeted Populations Branch, CSAT, at [Randy.Muck@samhsa.hhs.gov](mailto:Randy.Muck@samhsa.hhs.gov)

**For Juvenile and Adult Offenders:** Applicants are encouraged to use the Global Appraisal of Individual Needs (GAIN). The GAIN is a bio-psycho-social clinical assessment tool that identifies Substance Use Disorders (SUD), co-occurring mental health disorders, and family support and functioning. This instrument also cross-walks to DSM-IV-TR and ICD-10 diagnostic criteria as well as ASAM PPC II patient placement criteria, and is in the public domain. More information on the GAIN can be found at <http://www.chestnut.org/LI/gain/index.html>. For information on the GAIN training and certification requirements, see **Appendix J**.

**Note: Any training, certification, licensing, and software for the recommended treatment models and the assessment tool must be provided at the expense of the grantee and must be budgeted for in the application. Applicants choosing to use the A-CRA and ACC models should budget approximately \$22,000 per year to train and certify clinicians and supervisors in these models. Applicants choosing to use the MET-CBT-5 should budget approximately \$5,000 each year to train and certify a clinical supervisor and a clinician. Applicants choosing to use the GAIN should budget \$25,000 in their contractual-**

screening/assessment/treatment budget line for this expense. For additional information please contact Chestnut Health Systems Inc. at <http://www.chestnut.org>.

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

## 2.5 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population of focus. An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented research evidence. **Applicants who choose to use us A-CRA/ACC and/or MET/CBT-5 with juvenile offenders only need to document this choice and do not need to provide a justification.** Applicants proposing to implement any other model(s) for juvenile offenders or serving adult offenders must:

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

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

- Document the evidence that the practice(s) you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.

- Describe any modifications/adaptations you will need to make to this practice to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service/practice in a way that is as close as possible to the original service/practice. However, SAMHSA understands that you may need to make minor changes to the service/practice to meet the needs of your population of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to your proposed service/practice that you believe are necessary for these purposes. You may describe your own experience either with the population of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose this evidence-based practice over other evidence-based practices.
- If applicable, justify the use of multiple evidence-based practices. Discuss in the logic model and related narrative how use of multiple evidence-based practices will be integrated into the program, while maintaining an appropriate level of fidelity for each practice. Describe how the effectiveness of each evidence-based practice will be quantified in the performance assessment of the project.
- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

*Resources for Evidence-Based Practices:*

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

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

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

## **2.6 Infrastructure Development (maximum 15% of total grant award)**

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use up to 15% of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

- Developing partnerships with other service providers for service delivery.
- Enhancing your computer system, management information system (MIS), electronic health records, etc.
- Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.
- Conducting specified activities outlined in this RFA under Section I-2.3 -Allowable Activities in Institutional Correctional Settings.

## **2.7 Data Collection and Performance Measurement**

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in “Section E: Performance Assessment and Data” of your application. Grantees will be required to report performance on the following performance measures: client’s substance use, family and living condition, employment status, social connectedness, access to treatment, retention in treatment, and criminal justice status. This information will be gathered using the data collection tool referenced below. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use. In addition to these measures, grantees will be expected to collect and report data on the frequency and type of substance use 90 days prior to incarceration.

Grantees must collect and report data using the CSAT Discretionary Services Client Level GPRA Tool, which can be found at <http://www.samhsa.gov/grants/tools.aspx>, along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Health Information Network at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

GPRA data must be collected at baseline (i.e., the client’s entry into the project), discharge, and 6 months post baseline. Data are to be entered into CSAT’s GPRA Data Entry and Reporting System via the Internet within 7 business days of the forms being completed. In addition, 80% of the participants must be followed-up. GPRA performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA’s budget request. Training and technical assistance on data collection, tracking, and follow-up, as well as data entry, will be provided by CSAT.

## 2.8 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 conducted by an outside, independent evaluator and designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

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

### *Outcome Questions:*

- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?
- As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

### *Process Questions:*

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

The performance assessment report should be separate from the annual project progress report and should be completed and submitted as a component of or an attachment to the mandatory annual progress report.

**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-2.7 and 2.8 above.**

## **2.9 Grantee Meetings**

Grantees must plan to send a minimum of three people (including the Project Director, Clinical Supervisor and Evaluator) to at least one joint grantee meeting in each year of the grant, and you must include a detailed budget and narrative for this travel in your budget. If the grantee is a community-based treatment agency instead of a local or state corrections agency the grantee is encouraged to send a key representative of the corrections agency involved in the ORP partnership. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in conjunction with the annual National TASC Conference and attendance is mandatory. Grantees may determine the current conference location by going to the National TASC website, [www.nationaltasc.org](http://www.nationaltasc.org).

Applicants should budget per diem costs for a higher cost geographic region such as Washington, D.C., in order to adequately cover travel and per diem expenses. In addition to travel and per diem costs, you should include funds in your budget to cover any applicable conference registration fees since grantees will attend a joint grantee meeting and the national conference.

## **II. AWARD INFORMATION**

<b>Funding Mechanism:</b>	Grant
<b>Anticipated Total Available Funding:</b>	\$13 million
<b>Estimated Number of Awards:</b>	Juvenile Offenders- Up to 16 Adult Offenders- Up to 17
<b>Estimated Award Amount:</b>	Up to \$400,000 per year
<b>Length of Project Period:</b>	Up to 3 years

**Proposed budgets cannot exceed \$400,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

**This program is being announced prior to the appropriation for FY 2010 for SAMHSA's programs, with funding estimates based on the President's budget request for FY 2010. Applications are invited based on the assumption that sufficient funds will be appropriated**

**for FY 2010 to permit funding of a reasonable number of applications solicited. All applicants are reminded, however, that we cannot guarantee that sufficient funds will be appropriated to permit SAMHSA to fund any applications.**

**Supplemental Awards Based on Performance:** Section VI-2, Administrative and National Policy Requirements, of this RFA discusses a grantee's proposed performance targets and explains that failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in the reduction or withholding of continuation awards. Conversely, an ORP grantee that exceeds its performance targets or demonstrates efficiencies may receive a supplemental award based on performance to maintain its high level of performance. In year two of the ORP grant program, CSAT will review each grantee's Government Performance and Results Act (GPRA) data submissions and assess whether a grantee has:

- 1) exceeded its target for the number of clients served by 25 percent or more;
- 2) met or exceeded the 80% target for 6-month follow-up rates; and
- 3) provided services within approved cost bands.

Any grantee that has demonstrated appropriate financial management of the grant and has exceeded its targets for the number of clients served by 25 percent or more, met or exceeded the 80% target for 6-month follow-ups, and provided services within allowable cost bands, may receive a supplemental award of up to 5 percent of the third year requested amount based on performance. Supplemental award amounts will be determined on a sliding scale based on availability of funds and the grantee's achievement of performance goals and demonstration of sound fiscal management. **Applicants should be aware that SAMHSA/CSAT does not plan to make supplemental awards to all grantees, and that it is possible that no grantees will receive supplemental awards based on performance.**

Eligible grantees will be asked to submit a narrative and budget justification for the supplemental award that maintains the increase in its targets during the final year of the project. The supplemental award based on performance is for the purpose of the grantee maintaining, at a minimum, the additional number of clients for the remainder of the project.

A grantee receiving a supplemental award based on performance may be subject to additional site visits and/or audits to verify the accuracy of the client data reported.

### **III. ELIGIBILITY INFORMATION**

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

Eligible applicants are domestic public and private nonprofit entities. For example, State and local governments, federally recognized American Indian/Alaska Native Tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; and community- and faith-based organizations may apply. Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such

organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribal organizations are eligible to apply, but each participating entity must indicate its approval. The statutory authority for this program prohibits grants to for-profit agencies. **The Federal Bureau of Prisons institutions, and its various correctional/community corrections institutions and programs, are not eligible to apply for an ORP grant. Additionally, if you propose to serve offenders who are currently in the Federal Bureau of Prisons, or its various correctional/community corrections institutions and programs, your application will not be reviewed and will not be considered for an award.**

**You must address one specific offender population of focus (i.e., juveniles or adults), and those offenders must be within four months of scheduled release to the community or your application will not be reviewed and will not be considered for an award.**

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

Cost sharing/match is not required in this program.

## **3. OTHER**

### **3.1 Additional Eligibility Requirements**

**You must comply with the following requirements, or your application will be screened out and will not be reviewed:** use of the PHS 5161-1 application form; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Appendix A of this document.

### **3.2 Evidence of Experience and Credentials**

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

The three requirements are:

- A provider organization for direct client substance abuse treatment services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each direct service provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and

- Each direct service provider organization must comply with all applicable local (city, county) and State/tribal licensing, accreditation, and certification requirements, as of the due date of the application.

**[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license.]**

In **Attachment 1** of your application, you must: (1) identify at least one experienced, licensed service provider organization; (2) include a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a treatment or prevention service provider organization; and (3) include the Statement of Assurance (provided in Appendix C of this announcement), signed by the authorized representative of the applicant organization identified on the face-page (SF 424 v2) of the application, attesting that all participating service provider organizations:

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

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

- a letter of commitment from every service provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all participating organizations have been providing relevant services for a minimum of 2 years before the date of the application in the area(s) in which the services are to be provided; and
- official documentation that all participating service provider organizations comply with all applicable local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.

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

## IV. APPLICATION AND SUBMISSION INFORMATION

### 1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the SAMHSA 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 FORM OF APPLICATION SUBMISSION

#### 2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (<http://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, indicate whether your project serves “**Juvenile**” *or* “**Adult**” Offenders, and 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 G of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

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

- **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 Attachments 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

- *Attachment 1:* (1) Identification of at least one experienced, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix C of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support.
  - *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:* A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority.
- **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. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kit.
  - **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 **January 19, 2010**. Hard copy applications are due by 5:00 PM (EST). 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. **TI-10-006**. 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. **TI-10-006**. 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

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

## **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 **“ORP and TI-10-006”** 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-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at <http://www.samhsa.gov>. Click on “Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence.”
- The Supporting Documentation you provide in Sections F-I and 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)**

- Clearly state and describe the population of focus (i.e., either “Juvenile” *or* “Adult” Offenders; See Section I-2.1- Populations of Focus of this RFA) and the geographic area to be served, and justify the selection of both with respect to the primary purpose of the grant program. Also include demographic information on the population of focus, e.g., race, ethnicity, age, socioeconomic status, geography.
- For the proposed project, discuss offender reentry, showing an understanding of the substance abuse relationship to crime, the obstacles to effective reentry, and solutions to the obstacles. Discuss the recent literature and other information that demonstrates a thorough understanding of the substance abuse issues in the proposed population of focus.
- Describe the nature of the problem and extent of the need (e.g., current prevalence rates or incidence data) for the population of focus based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local epidemiologic data or trend analyses, State data (e.g., from State Needs Assessments, SAMHSA’s National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA’s National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Non-tribal applicants must show that identified needs are consistent with priorities of the State or county that has primary responsibility for the service delivery system. You may include, in **Attachment 5**, a copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project

**Section B: Proposed Evidence-Based Service/Practice (25 points)**

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's goals for the program.
- State if you are proposing to implement the A-CRA/ACC and/or MET/CBT-5 treatment models for juvenile offenders. You do not need to further document the evidence-base for these practices.
- If you propose to implement an evidence-based practice, other than A-CRA/ACC and/or MET/CBT-5 treatment models (for juvenile offenders), ***or*** you are serving adult offenders, identify the evidence-based service/practice that you propose to implement and the source of your information. (See Section I-2.5- Using Evidence-Based Practices). Discuss the evidence that shows that this practice is effective with your population of focus. If the evidence is limited or non-existent for your population of focus, provide other information to support your selection of the intervention for your population of focus.
- If you propose to implement an evidence-based practice other than A-CRA/ACC and/or MET/CBT-5 treatment models (for juvenile offenders), ***or*** you are serving adult offenders, document the evidence that the practice you have chosen is appropriate for the outcomes you want to achieve.
- If you propose to implement an evidence-based practice other than A-CRA/ACC and/or MET/CBT-5 treatment models (for juvenile offenders) ***or*** you are serving adult offenders, identify and justify any modifications or adaptations you will need to make – or have already made – to the proposed practice to meet the goals of your project and why you believe the changes will improve the outcomes.
- If you propose to implement an evidence-based practice other than A-CRA/ACC and/or MET/CBT-5 treatment models (for juvenile offenders) ***or*** you are serving adult offenders, explain why you chose this evidence-based practice over other evidence-based practices. If this is not an evidence-based practice, explain why you chose this intervention over other interventions.

- Describe how the proposed project will address the following issues in the population of focus, while retaining fidelity to the chosen practice:
  - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
  - Language and literacy;
  - Sexual identity – sexual orientation and gender identity; and
  - Disability.
- Demonstrate how the proposed service/practice will meet your goals and objectives. Provide a logic model that links need, the services or practice to be implemented, and outcomes. (See Appendix D for a sample logic model.)

**Section C: Proposed Implementation Approach (30 points)**

- Describe how the proposed services/treatment or practice will be implemented.
- Describe the systems linkages component of the project design, demonstrating a collaborative partnership between the institutional corrections agency and the community-based organization, and define the role and responsibility of each stakeholder. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations.
- If you plan to provide HIV rapid testing, describe your process for offering this service.
- Describe how you will screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.
- Describe any allowable activities you plan to conduct in the juvenile or adult institutional correctional settings (see Section I-2.3- Allowable Activities in Institutional Correctional Settings of this RFA).
- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.

- Describe how the population of focus will be identified, recruited, and retained. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.
- Describe how project planning, implementation and assessment will include client input.
- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Attachment 1**.
- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe your plan to continue the project after the funding period ends. 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 D: Staff and Organizational Experience (20 points)**

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population of focus and ties to grassroots/community-based organizations that are rooted in the culture and language of the population of focus.
- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as treatment/prevention personnel.
- Discuss how key staff has 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), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population of focus. If the ADA does not apply to your organization, please explain why.

**Section E: Performance Assessment and Data (15 points)**

- Document your ability to collect and report on the required performance measures as specified in Section I-2.7 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups. Describe how information related to process and outcomes will be routinely communicated to program staff.
- Describe your plan for conducting the performance assessment as specified in Section I-2.8 of this RFA and document your ability to conduct the assessment.
- Provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served.

Program Costs. The following are considered reasonable ranges by treatment modality:

- Residential: \$3,000 to \$10,000
- Outpatient (Non-Methadone): \$1,000 to \$5,000
- Outpatient (Methadone): \$1,500 to \$8,000
- Intensive Outpatient: \$1,000 to \$7,500
- Screening/Brief Intervention/Brief Treatment/Outreach/Pretreatment Services: \$200 to \$1,200
- Drug Court Programs (regardless of client treatment modality): \$3,000 to \$5,000
- Peer Recovery Support Services: \$1,000 to \$2,500

The outreach and pretreatment services cost band applies only to outreach and pretreatment programs that do not offer treatment services but operate with a network of substance abuse treatment facilities. Treatment programs that add outreach and pretreatment services to a treatment modality or modalities are expected to fall within the cost band for that treatment modality.

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

## SUPPORTING DOCUMENTATION

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

**Section G:** Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 15% of the total grant award will be used for infrastructure development (including allowable activities in institutional correctional settings), if necessary, and that no more than 20% of the total grant award will be used for data collection and performance assessment. Also, if you plan to provide HIV rapid testing, show that no more than 5% of the total grant award will be used for this activity. An illustration of a budget and narrative justification is included in [Appendix G](#) of this document. **Note: Applicants choosing to use the A-CRA and ACC models should budget approximately \$22,000 per year to train and certify clinicians and supervisors in these models. Applicants choosing to use the MET-CBT-5 should budget approximately \$5,000 each year to train and certify a clinical supervisor and a clinician. Applicants choosing to use the GAIN should budget \$25,000 in their contractual-screening/assessment/treatment budget line for this expense.**

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

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

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

### **Confidentiality and Participant Protection:**

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your

responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

### 1. Protect Clients and Staff from Potential Risks

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

### 2. Fair Selection of Participants

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

### 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum

- 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. **If you plan to use the GAIN Assessment Tool in your grant program, you must include the language regarding the use of the GAIN Assessment Tool in your consent and assent forms (see Appendix K of this RFA).** 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 Substance Abuse Treatment National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

SAMHSA/CSAT will not make more than one award per applicant per geographic community.

## VI. ADMINISTRATION INFORMATION

### 1. AWARD NOTICES

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

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

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

### 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
  - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation; or
  - requirements to address problems identified in review of the application.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.

- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site 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-2.7, you must comply with the following reporting requirements:

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

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

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

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s ORP grant program are described in Section I-2.7 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:

Kenneth W. Robertson  
Team Leader, Criminal Justice Programs  
Targeted Populations Branch, Division of Services Improvement  
Center for Substance Abuse Treatment  
1 Choke Cherry Road  
Room 5-1001  
Rockville, Maryland 20857  
(240) 276-1621  
[kenneth.robertson@samhsa.hhs.gov](mailto:kenneth.robertson@samhsa.hhs.gov)

For questions on grants management and budget issues contact:

William Reyes  
Office of Program Services, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1095  
Rockville, Maryland 20857  
(240) 276-1406  
[william.reyes@samhsa.hhs.gov](mailto:william.reyes@samhsa.hhs.gov)

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

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

- Use the PHS 5161-1 application form.
- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Section IV-6 of this announcement under “Submission of Electronic Applications.”)
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

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

- The 10 application components required for SAMHSA applications should be included and submitted in the following order:
  - Face Page (Standard Form 424 v2, which is in PHS 5161-1)
  - Abstract
  - Table of Contents
  - Budget Form (Standard Form 424A, which is in PHS 5161-1)
  - Project Narrative and Supporting Documentation
  - 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 four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application.** The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; 3) Credential Provider registration; and 4) Grants.gov registration. **REMINDER: CCR registration expires each year and must be updated annually.**

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

**Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., “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 with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

**For United States Postal Service:**

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

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

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

## Appendix C – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]

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

- a letter of commitment from every service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization’s license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization’s license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## Appendix D – Sample Logic Model

A logic model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A logic model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among the resources you put in (inputs), what you do (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 program components, the program components 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** (resources) depicted in the sample logic model include people (e.g., staff hours, volunteer hours), funds and other resources (e.g., facilities, equipment, community services).

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

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

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

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

### Sample Logic Model

Resources (Inputs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
Examples	Examples	Examples	Examples
<p>People</p> <ul style="list-style-type: none"> <li>Staff – hours</li> <li>Volunteer – hours</li> </ul> <p>Funds</p> <p>Other resources</p> <ul style="list-style-type: none"> <li>Facilities</li> <li>Equipment</li> <li>Community services</li> </ul>	<p>Outreach</p> <ul style="list-style-type: none"> <li>Intake/Assessment</li> <li>Client Interview</li> </ul> <p>Treatment Planning</p> <p style="padding-left: 40px;">Treatment by type:</p> <ul style="list-style-type: none"> <li>Methadone maintenance</li> <li>Weekly 12-step meetings</li> <li>Detoxification</li> <li>Counseling sessions</li> <li>Relapse prevention</li> <li>Crisis intervention</li> </ul> <p>Special Training</p> <ul style="list-style-type: none"> <li>Vocational skills</li> <li>Social skills</li> <li>Nutrition</li> <li>Child care</li> <li>Literacy</li> <li>Tutoring</li> <li>Safer sex practices</li> </ul> <p>Other Services</p> <ul style="list-style-type: none"> <li>Placement in employment</li> <li>Prenatal care</li> <li>Child care</li> <li>Aftercare</li> </ul> <p>Program Support</p> <ul style="list-style-type: none"> <li>Fundraising</li> <li>Long-range planning</li> <li>Administration</li> <li>Public Relations</li> </ul>	<p>Waiting list length</p> <ul style="list-style-type: none"> <li>Waiting list change</li> <li>Client attendance</li> <li>Client participation</li> </ul> <p>Number of Clients:</p> <ul style="list-style-type: none"> <li>Admitted</li> <li>Terminated</li> <li>Inprogram</li> <li>Graduated</li> <li>Placed</li> </ul> <p>Number of Sessions:</p> <ul style="list-style-type: none"> <li>Per month</li> <li>Per client/month</li> </ul> <p>Funds raised</p> <p>Number of volunteer hours/month</p> <p>Other resources required</p>	<p><u>Inprogram:</u></p> <ul style="list-style-type: none"> <li>Client satisfaction</li> <li>Client retention</li> </ul> <p><u>In or postprogram:</u></p> <ul style="list-style-type: none"> <li>Reduced drug use – self reports, urine, hair</li> <li>Employment/school progress</li> <li>Psychological status</li> <li>Vocational skills</li> <li>Social skills</li> <li>Safer sexual practices</li> <li>Nutritional practices</li> <li>Child care practices</li> <li>Reduced delinquency/crime</li> </ul>

## Appendix E – Logic Model Resources

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

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

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

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

Julian, D.A. (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 F – Funding Restrictions

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

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community) other than those services outlined in Section I-2.3 Allowable Activities in Institutional Correctional Settings. Funding for this purpose may not exceed **15%** of the annual grant award.
- 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 G – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE. 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
<b>TOTAL</b>		<b>\$3,796</b>

**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
<b>TOTAL</b>				<b>\$2,387</b>

**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
<b>TOTAL</b>		<b>\$6,800</b>

**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
	<b>TOTAL</b>	<b>\$15,819</b>

**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 H – A-CRA/ACC Training and Certification Processes/Requirements

The A-CRA/ACC Certification process begins with a four-day training. This training provides an overview of the A-CRA procedures and role-play sessions for the trainees to practice using the model. ACC uses all the A-CRA procedures plus additional information on case management, home visits and assertive linkage to continuing care services. Those who attend the A-CRA/ACC training will receive information on the requirements for the certification processes.

### **A-CRA Certification**

Each site must have one clinical supervisor achieve Local Agency A-CRA Clinical Supervisor Certification and all clinicians working on the grant project must achieve A-CRA Clinician Certification.

***NOTE: The A-CRA Certification Process must be completed within six months of training or grantees will need to request an extension from the CSAT Project Officer and justify the extension.***

### **Required for both the A-CRA Clinical Supervisor and Clinician Certification**

- Read the A-CRA manual prior to attending training.
- Complete knowledge tests on A-CRA before attending training and score above 80%.
- Attend the complete four-day A-CRA/ACC training sponsored by CSAT. The site clinical supervisor must attend the training before or at the same time as the first clinician.
- Participate in teleconferences every other week for A-CRA/ACC coaching (dial in conference call number and ID code will be provided; calls will be at no cost to the grantee).

### *Additional Requirements for A-CRA Clinical Supervisors*

- During the weeks when the bi-weekly coaching teleconferences are not scheduled, the clinical supervisor will conduct a supervision session with staff at their site. During this session, the supervisor will discuss the case review report (generated from EBTx.org), and provide feedback on clinical sessions after listening to Digital Session Recordings (DSR) and completing the A-CRA checklist. We recommend that each clinician have an individual supervision session every other week. These should begin in the 3rd week after training.
- Demonstrate during recorded supervisor sessions and upload to [www.EBTx.org](http://www.EBTx.org):
  - Competency in using the case review report.
  - Reinforcement of competent use of the procedures.

- Constructive feedback to improve one or more aspects of the procedure or technique.
- Using [www.EBTx.org](http://www.EBTx.org), upload ratings and comments related to at least one clinician's DSR weekly supervisory sessions (the clinician(s) will be uploading the same audio files for their certification process).
  - This requirement necessitates that the supervisor has sufficient time available to rate sessions of all clinicians at least weekly.
- Achieve high consistency (80% or better) with the expert rater for at least **six** A-CRA sessions (do not have to be the same clinician or client). Supervisors will receive feedback on each rating.
- Demonstrate during coaching calls an understanding of the A-CRA/ACC supervision process.
- Be approved by the lead trainers, which will require submission and approval of other recorded supervision sessions.

#### *Additional Requirements for Clinicians*

- Begin recording sessions within the first three weeks after completing training; continue to record and upload all DSRs to [www.EBTx.org](http://www.EBTx.org). E-mail [EBTx@chestnut.org](mailto:EBTx@chestnut.org) the file name of a DSR to be reviewed each week.
- On the DSRs, the clinician must demonstrate:
  - A positive, supportive, relationship-enhancing tone to the sessions (i.e., receiving rating of 3 or greater in each of the General Clinical Skills).
  - Competency in the following A-CRA procedures (i.e., receiving rating of 3 or greater in each of the following areas, across six DSRs): FA of Use, FA of Pro-social behavior, Happiness Scale, Treatment Plan/Goals of Counseling, Communication Skills, Problem Solving Skills, and Adolescent-Caregiver Relationship Skills
- Follow the established DSR submission process. This process requires using the required digital recorders (two are provided to each grantee) and uploading DSR files to [www.EBTx.org](http://www.EBTx.org).
- Participate weekly in supervision sessions with their site clinical supervisor or the expert team.
- Enter the A-CRA session data after each session on the [www.EBTx.org](http://www.EBTx.org) website.

#### **ACC Certification**

Each site must have one clinical supervisor achieve Local Agency ACC Clinical Supervisor Certification (described below) and have clinicians designated as ACC clinicians achieve A-CRA Certification (described above) and ACC Certification.

***NOTE: The ACC Certification Process must be completed within nine months of training or grantees will need to request an extension from the CSAT Project Officer and justify the extension.***

## **Required for both Clinical Supervisor and Clinician Certification**

- All of the above which is described for A-CRA certification
- Read the ACC manual prior to attending training.
- Complete knowledge test on ACC before attending training and score above 80%.
- Attend the full four-day A-CRA/ACC training. The site clinical supervisor has to attend the training before or at the same time as the first clinician.
- Participate in teleconferences every other week for A-CRA/ACC coaching (dial in conference call number and ID code will be provided; calls will not cost grantee).

### *Additional Requirements for ACC Clinical Supervisors*

During **recorded supervision sessions** demonstrate the ability to review, praise, and/or provide suggestions to the clinician:

- About linking the client to ACC.
- About the frequency or content of mid-week telephone calls
- About the clinician's discussion and assistance with probation, school, or other needs.

### *Additional Requirements for ACC Clinicians*

Based on a report derived from the session log, the clinician must:

- Link no less than 50% of clients to first ACC session within 14 days of discharge from the previous treatment episode.
- Complete mid-week telephone calls no less than 60% of the weeks (per client) in ACC for the purpose of next session reminders, monitoring homework completion, barrier reduction for homework completion, or to provide support (e.g., completed calls for 7 out of 12 weeks)
- Assist no less than 80% of the ACC clients with probation, school, or other needs.

## Appendix I – MET/CBT-5 Training and Certification Processes/Requirements

CSAT has teamed with a group of National Consultant/Trainers who are experts on this approach to adolescent treatment. The National Consultant /Trainers are responsible for: conducting the MET/CBT-5 certification training sessions; evaluating whether the participants have mastered the required competencies; and providing technical assistance to clinical supervisors and local MET/CBT-5 trainers.

Therapists must be certified within 4 months of training and clinical supervisors must be certified within 7 months of training.

Clinical grantee staff may receive certification as therapists, and/or clinical supervisors of the MET/CBT-5 intervention. Those who receive certification as a clinical supervisor, may then train, certify, and supervise their local staff.

### **Therapist Certification Criteria**

The therapist certification training is conducted by a national consultant/trainer or a certified clinical supervisor. The duration of the training is **two and one-half days**. Therapists seeking MET/CBT-5 certification must demonstrate competencies in the implementation of the two MET and three CBT sessions. During training, therapists are required to:

Review and demonstrate an understanding of the rationale behind the therapeutic technique; Observe live or audio-taped examples of each of the five MET/CBT-5 sessions; and practice procedures from the intervention.

After receiving training in the intervention, therapists' mastery of the required skill sets will be determined through reviews of audio-tapes of each of the five sessions. The participants in these audio-taped sessions will be properly consented with each treatment site's 'Consent for Taping' form prior to taping the sessions. The consent forms will include information about: (1) what will happen during the taped sessions, (2) the site's plan to keep the audio-taped record confidential; and (3) the site's plan for handling the audio-tapes.

The trainees fill out and then are rated by the trainers on a revised electronic version of the "Session Rating Form" (Sampl & Kadden, 2001)<sup>2</sup> (see Appendix of the MET/CBT-5 manual. Therapists and their trainers rate each session to monitor fidelity demonstrating competent ability to deliver the main elements associated with this treatment approach. Until a local clinical supervisor has been certified, therapists send their digital tapes of each session, labeled with a date, unique therapist identification, type of session, and a completed therapist session report to a designated national trainer. A session of MET or CBT will be deemed adequate once the

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<sup>2</sup> Sampl, S., & Kadden, R. (2001). Motivational enhancement therapy and Cognitive behavioral therapy (MET-CBT-5) for adolescent cannabis users: 5 sessions (DHHS Publication No. (SMA) 01-3486, Cannabis Youth Treatment (CYT) Manual Series, Volume 1). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

supervisor who is rating the tape, rates the therapist's skill level at adequate (4) or better. Once a particular session has been deemed adequate, the therapist no longer needs to submit audiotapes of that session. In addition, all 5 sessions do not have to be delivered to the same client. The therapist is certified once they have demonstrated mastery of all five sessions.

On the local level, a certified clinical supervisor may provide the training. They will also review the therapists' delivery of the five sessions and determine when a level of mastery has been reached.

### **Clinical Supervisor Certification**

Certification of Clinical Supervisors is a three-step process. First, the clinical supervisors must attend the two and one-half day training. Second, they must obtain therapist certification as outlined above as rated by one of the national trainers. Third, supervisors must be judged as proficient in their rating of one MET and one CBT session at their local site by the national trainers. This requires that a local supervisor rate a tape and then send his or her ratings, with the tape that was rated, to the national consultant. The protocol is the same as above for the forwarding of the digital audiotapes and therapist session reports for review by the national trainers.

#### *Expectation for Local Supervision*

Local supervisors should have a goal of meeting with therapists once every week to review issues related to clinical process and safety net concerns. The activities that will take place during these meetings include: (1) reviewing part or all of one tape and the accompanying "Therapist Session Form"; (2) completing a "Supervisor Session Form"; (3) reviewing a "Case Review" form with the therapist; and (4) discussing clinical progress, including safety net issues. The "Case Review" form lists all of the therapist's cases, starting dates, expected discharge dates, and MET/CBT procedures completed for each individual. This form will be completed by the therapist and brought to supervision each week. It also aids the local supervisor in assessing the performance review criteria for these meetings. These criteria include: (1) the percentage of each therapist's clients that have weekly sessions; (2) the percentage of each therapist's clients completing all five MET/CBT-5 sessions; and (3) the percentage of each therapist's tapes turned in for review.

#### *Clusters*

Clinical supervisors at the grantee sites will be grouped in clusters with one of the national trainers. The assigned national trainer will conduct monthly conference calls to assist in the ongoing development of the clinical staff in the intervention. National trainers will also review and check with local supervisors on the implementation of local supervision.

## Appendix J – GAIN Training and Certification Processes/Requirements

GAIN Local Trainer certification process begins at a four-day National GAIN Training. These "Train the Trainer" events are designed to train individuals on how to teach other staff how to administer the GAIN. The Local Trainer candidate must successfully complete the GAIN Training and become a Certified GAIN Administrator before starting on the GAIN Local Trainer process. GAIN Local Trainer Certification is achieved by successfully training other staff members at the Local Trainer's agency and demonstrating the ability to provide feedback and recognize mastery level of GAIN administration.

Each site must have two designated staff achieve certification as GAIN Local Trainers. Each site must also have one designated Local Trainer with a clinical background achieve GAIN Clinical Interpretation Certification (GCIC).

### Process for GAIN Administration Certification

To achieve GAIN Administration Certification, you must:

- Review the GAIN Manual prior attending training;
- Actively participate in and complete at least 90% of training hours at a four-day National GAIN "Train the Trainer" event in Normal, Illinois to attain GAIN Coursework certification.

Submit audio taped or digitally recorded interviews to the GAIN Administration Quality Assurance (QA) Team and receive feedback on each submission.

*Note: The deadline for submission of the recorded interviews to the GAIN Administration QA Team Administration and receiving certification is 3 months from the last day of GAIN training.*

### Process for GAIN Local Trainer Certification

To achieve GAIN Local Trainer Certification, you must:

- Achieve GAIN Administration Certification; and
- Pass both **Stage 1** and **Stage 2** of the Local Trainer certification process:

**Stage 1** consists of reviewing a taped interview of a GAIN interviewer trainee not ready to be certified and providing detailed written feedback on issues found within the interview.

-The reviewed tape is submitted to the GAIN Administration QA Team for a blind review. A member of the GAIN Administration QA Team compares the feedback written

by the Local Trainer candidate with the feedback written by the GAIN Administration QA Team.

-Once the GAIN Administration QA Team has determined that the Local Trainer candidate is proficient in giving specific, detailed, evaluative feedback to GAIN Administration trainees, the Local Trainer candidate passes Stage 1.

**Stage 2** consists of the same process outlined for Stage 1 except the Local Trainer candidate must submit a tape of someone they feel has reached mastery level of GAIN administration. The GAIN Administration QA Team evaluates the Local Trainer's ability to write feedback and determine whether a trainee is ready to be a GAIN certified site interviewer.

**Note:** *The time allotted to complete the entire GAIN Local Trainer Certification process is six months from the last day of the GAIN training.*

### **Process for GAIN Clinical Interpretation Certification**

To achieve GAIN Clinical Interpretation Certification, you must:

- Be certified as a GAIN Local Trainer;
- Have clinical experience or a clinical background (i.e., appropriate licensure or provide treatment or treatment planning as part of your job);
- Have significant experience using the GAIN Recommendation and Referral Summary (GRRS); Experience with 10-20 cases using the G-RRS is optimal;
- Have experience with treatment planning;
- Be capable of training agency staff how to best utilize the G-RRS for effective treatment planning;
- Attend 4-day clinical interpretation training; and
- Complete the 3-stage process described below:

**Stage 1** involves an open-book clinical examination, which each candidate will take on-line through the GAIN Coordinating Center (GCC) On-Line Learning Site. The exam allows the GCC to evaluate the competency of a clinical candidate in three theoretical foundation areas: Diagnosis, Treatment Planning and Level of Care Placement and GAIN Scales and Acronyms.

**Stage 2** involves reviewing and editing a GAIN Recommendation and Referral Summary (GRRS). The GCC will send the candidate electronic documentation, including the GAIN and its accompanying Individual Clinical Profile (ICP) and G-RRS reports (no tapes, just the documentation), of a mock case. The candidate must review the case, edit the G-RRS in track changes mode, and return it so that a GAIN clinical reviewer can determine the candidate's editing proficiency. In addition the candidate must submit their time on task for the editing process. Detailed written feedback will be provided to the GCIC candidate

describing the candidate's strengths and areas needing improvement. The process continues until the trainee receives a rating of Sufficient or better on all major sections of the feedback form.

**Stage 3 for Clinical Certification** involves e-mail submission of a completed GAIN and GAIN reports from the candidate's site. These represent an actual client assessment and reports (no tapes, just the documentation) including the completed GAIN-I, the ICP report, the unedited G-RRS report, the edited G-RRS report, and the validity report. The case used for the submission must have at least one substance disorder and at least one other mental health diagnosis on Axis I. The case must also have an Axis V rating assigned by the GCIC candidate. A GAIN clinical reviewer will review the case documentation and write detailed feedback using the same process described in Stage 2. The candidate will receive the case and written feedback form within 14 days of receipt. Once a candidate has passed all three stages, they will be awarded GAIN Clinical Interpretation Certification.

*The time allotted to complete the entire GAIN Clinical Interpretation Certification process is 90 days after completion of clinical coursework.*

## **Appendix K – Required Language for ORP Program Assent/Consent Forms for Grantees Using the GAIN Assessment Tool**

The text below discloses the purpose, use, and confidential nature of the information to be collected in this project and must be included as a section in your participant assent/consent form(s). If your organization has an Institutional Review Board, you may be required to do an Assent Form for the adolescent and a Consent Form for a parent/guardian. Language for both is provided below. If you are not required to do both or if you enroll participants age 18 or older you may only need to use the youth version (first paragraph). Inclusion of this language in your assent and consent forms is required if you plan to use the GAIN Assessment Tool in your grant program.

### **Participant Assent or (when applicable) Consent Form (youth under age 18)**

#### **Use of GAIN Assessment, Treatment Records, and Audio-Recording Data:**

This project is funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, a federal agency that funds services to help people with substance abuse problems. The first and most important use of your assessment and treatment records are to help staff help you and monitor how you are doing over time. As part of the current grant, copies of information you provided on the GAIN Assessment, Treatment Records and audio-recordings of assessment and treatment sessions will also be submitted to Chestnut Health Systems in Illinois (Telephone: 309-451-7700). This is done to make sure treatment staff complete the forms correctly and to help evaluate the project that funds the services you receive. The assessment and treatment records information that you provide will be combined with information from many other individuals to support program evaluation, planning, and research to better understand and treat the problems faced by youth. We will remove information that could identify you from these combined data files. Examples of the type of identifying information that will be taken out of the combined data file are your name, address, phone numbers, social security number, driver's license number, treatment record number, and date of birth. We also request your permission to audio-record your meetings with staff when they are doing assessments or therapy. The purpose of these recordings is to review how the staff are working with you and to give them suggestions for doing a better job when necessary. In order to further protect the confidentiality of your information, Chestnut staff and anyone authorized to use the combined data set or review audio recordings must sign an agreement to respect your confidentiality by, a) agreeing never to try to figure out who you are, b) not to report any information on you as an individual, and c) to abide by federal regulations that protect the privacy of your treatment records and their use in program evaluation and research (42 C.F.R., Part 2, HIPAA).

## **Consent Form (parent/guardian version)**

### **Use of GAIN Assessment, Treatment Records, and Audio-Recording Data:**

This project is funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, a federal agency that funds services to help people with substance abuse problems. The first and most important use of the assessment and treatment records for your child are to help staff help you and monitor how you are doing over time. As part of the current grant, copies of information your child provided on the GAIN Assessment, Treatment Records and audio recordings of assessment and treatment sessions will also be submitted Chestnut Health Systems in Illinois (Telephone: 309-451-7700). This is done to make sure treatment staff complete the forms correctly and to help evaluate the project that funds the services your child will receive. The assessment and treatment records information that your child provides will be combined with information from many other youth to support program evaluation, planning, and research on how to better understand and treat the problems faced by youth. We will remove information that could identify your child from these combined data files. Examples of the type of identifying information that will be taken out of the combined data file are name, address, phone numbers, social security number, driver's license number, treatment record number, and date of birth. We also request your permission to audio-record your child's meetings with staff when they are doing assessments or therapy. The purpose of these recordings is to review how the staff are working with your child and to give them suggestions for doing a better job when necessary. In order to further protect the confidentiality of your child's information, Chestnut staff and anyone authorized to use the combined data set or review audio recordings must sign an agreement to respect your child's confidentiality by, a) agreeing never to try to figure out the identity of any young person participating in the project, b) not to report any information on any individual, and c) to abide by federal regulations that protect the privacy of treatment records and their use in program evaluation and research (42 C.F.R., Part 2, HIPAA).