

**Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration**

**Screening, Brief Intervention, and Referral to
Treatment with a Trauma Module
(Short Title: SBIRT-TM)
(Initial Announcement)**

Request for Applications (RFA) No. TI-11-014

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

Key Dates:

Application Deadline	Applications are due by July 5, 2011.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Table of Contents

EXECUTIVE SUMMARY	4
I. FUNDING OPPORTUNITY DESCRIPTION.....	5
1. PURPOSE.....	5
2. EXPECTATIONS	6
II. AWARD INFORMATION.....	18
III. ELIGIBILITY INFORMATION	19
1. ELIGIBLE APPLICANTS.....	19
2. COST SHARING and MATCH REQUIREMENTS	20
3. OTHER.....	20
IV. APPLICATION AND SUBMISSION INFORMATION	21
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	21
2. CONTENT AND GRANT APPLICATION SUBMISSION.....	22
3. APPLICATION SUBMISSION REQUIREMENTS	25
4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS	26
5. FUNDING LIMITATIONS/RESTRICTIONS.....	26
V. APPLICATION REVIEW INFORMATION	27
1. EVALUATION CRITERIA.....	27
2. REVIEW AND SELECTION PROCESS.....	32
VI. ADMINISTRATION INFORMATION.....	32
1. AWARD NOTICES.....	32
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	33
3. REPORTING REQUIREMENTS	34
VII. AGENCY CONTACTS	35
Appendix A—SBIRT-TM Decision Algorithm	36
Appendix B— Services Design.....	37
Appendix C – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications	39

Appendix D – Sample Budget and Justification (no match required)..... 41

Appendix E – Statement of Assurance 48

Appendix F – Guidance for Electronic Submission of Applications..... 50

Appendix G – Intergovernmental Review (E.O. 12373) Requirements..... 52

Appendix H – Funding Restrictions 54

Appendix I – Confidentiality and SAMHSA Participant Protections/Human Subjects
Guidelines 56

EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration is accepting grant applications for fiscal year (FY) 2011 that build upon SAMHSA's Screening Brief Intervention and Referral to Treatment (SBIRT) for alcohol and illicit drugs and that test the additive value of integrating a screening and brief intervention module for trauma. The established SBIRT approach for substance use has been successful in identifying and intervening with asymptomatic, risky substance users in primary care. The purpose of the program is to implement SBIRT in primary care settings; and to develop and test new trauma modules for integration into SBIRT. Findings from this program will determine the feasibility of integrating trauma screening and brief intervention with the established SBIRT and the additive value to individuals and primary care providers.

Funding Opportunity Title:	Enhanced Screening, Brief Intervention, and Referral to Treatment for Trauma
Funding Opportunity Number:	TI-11-014
Due Date for Applications:	July 5, 2011
Anticipated Total Available Funding:	\$5 million
Estimated Number of Awards:	3-5
Estimated Award Amount:	Up to \$1 million per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 5 years
Eligible Applicants:	Domestic and private nonprofit entities. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration is accepting grant applications for fiscal year (FY) 2011 that build upon SAMHSA's Screening Brief Intervention and Referral to Treatment (SBIRT) for alcohol and illicit drugs and that test the additive value of integrating a screening and brief intervention module for trauma. The established SBIRT approach for substance use has been successful in identifying and intervening with asymptomatic, risky substance users in primary care. The purpose of the program is to implement SBIRT in primary care settings; and to develop and test new trauma modules for integration into SBIRT. Findings from this program will determine the feasibility of integrating trauma screening and brief intervention with the established SBIRT and the additive value to individuals and primary care providers.

This initiative supports SAMHSA's Strategic Initiatives for Trauma and Justice and Prevention of Mental Illness and Substance Abuse. For more information about psychological trauma, see SAMHSA's website at <http://www.samhsa.gov/traumaJustice> and <http://www.samhsa.gov/prevention>.

SBIRT has been defined and practiced at SAMHSA as a comprehensive, integrated, public health approach to the screening and identification of individuals who are practicing risky alcohol and drug use, and the timely delivery of early brief interventions to these people in order to reduce risky use which, if not successful, leads to their timely referral to more intensive substance abuse interventions. In addition to these integral components to the program initiative, SAMHSA defines SBIRT as a model with the following objectives:

- It is brief (typically about 5-10 minutes for brief intervention; about 5-12 minutes for brief treatment)
- Screening is universal
- One or more behaviors targeted to risky alcohol and drug use are targeted
- The services are delivered in a public health non-substance abuse treatment setting
- It is comprehensive (comprised of screening and referral to brief intervention and/or treatment)
- Research, evaluation, or experiential evidence is gathered to assess the model's effectiveness

The SAMHSA definition of SBIRT is based on methodology that was developed during the implementation of a comprehensive SBIRT grant program comprised of each of the model components cited above, and supported by research by the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse. Similar to risky substance use, trauma exposure is found at a high rate of prevalence in primary care and, like risky substance use, often goes undetected and untreated.

The Adverse Childhood Experiences study¹ documented the relation between childhood exposure to trauma and prevalence of chronic physical and behavioral diseases in adulthood, and revealed a high prevalence of trauma exposure among people receiving treatment in primary care settings. Trauma screening and interventions within primary care settings, therefore, may improve outcomes for these individuals and prevent long-term physical and behavioral consequences. Past SAMHSA grant awards have been successful in implementing SBIRT for alcohol and substance use in primary care settings. This RFA builds on SAMHSA's existing SBIRT program by developing and testing the additive value of integrating trauma components with previously established traditional SBIRT implementations.

Trauma is a widespread, harmful, and costly public health problem. It occurs as a result of violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation. It is an almost universal experience of people receiving treatment for mental and substance use disorders. The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery.

Although many people who experience traumatic events will go on with their lives without lasting negative effects, others will have more difficulty and experience traumatic stress reactions. Emerging research has documented the relationship among traumatic events, impaired neurodevelopmental and immune system responses, and subsequent health risk behaviors resulting in chronic physical and behavioral disorders. With appropriate supports and intervention, people can overcome traumatic experiences. However, most people go without these services and supports. Unaddressed trauma significantly increases the risk of mental and substance use disorders, chronic physical diseases, and early death.² The intent of the current grant program is to use SBIRT as a platform to identify trauma exposures and the potential for traumatic responses before they occur and interfere with health and behavioral health. SBIRT-TM grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

2.1 SBIRT Services Delivery

¹ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of child abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245–258.

² Substance Abuse and Mental Health Services Administration & National Association of State Mental Health Program Directors. (2004). *The damaging consequences of violence and trauma*. Retrieved March 7, 2011, from http://www.nasmhpd.org/general_files/publications/ntac_pubs/reports/Trauma%20Services%20doc%20FI%20NAL-04.pdf

Grantees must expand and/or enhance their service system to carry out the following SBIRT services for adults presenting in primary care settings, including establishing referral linkages to specialty treatment agencies/providers. These services are face-to-face, universal screening approaches. Grantees will be expected to deliver the following SBIRT services throughout the grant period:

- **Pre/Screening with universal pre-screening and full-screening tools for substance use/SUDs.**
 - For Alcohol:
 - Pre-screen: Alcohol Use Disorders Identification Test – Consumption (AUDIT-C).
 - Full Screen: AUDIT
 - For Drugs (illicit and prescription):
 - Pre-screen: single question drug screen
 - Full Screen: the Drug Abuse Screening Test (DAST)

Additionally, grantees must screen and assess clients for the presence of co-occurring disorders obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

- **Brief Interventions** (1 to 5 sessions) designed with client-centered, non-judgmental, motivational interviewing (MI) techniques.
- **Brief Treatment** (up to 12 sessions) including the monitoring of individuals who misuse alcohol and other drugs (AOD) but are not yet dependent.
- **Referral to Treatment** (when indicated) for those who have a Substance Use Disorder. Persons who qualify for a diagnosis of drug abuse or dependence and who are non-responsive to an initial brief intervention or brief treatment must be referred for specialty treatment.
- **Specialty Treatment Services:** It is critical to ensure that appropriate services are available to treat persons for whom such services in community settings are not appropriate.

If there is no existing SBIRT protocol, applicants should refer to Appendix B for additional requirements for SBIRT planning and implementation phases.

2.2 SBIRT-TM

Trauma modules must be integrated within an SBIRT protocol for alcohol and substance use/SUDs. As such, the trauma components should be incorporated into the overarching framework for the traditional SBIRT model. The SBIRT-TM module must include the following components (please note that the algorithms presented are

consistent with the traditional SBIRT programs supported by SAMHSA. Grantees may determine different algorithms based on assessments of the co-occurrence of alcohol and/or substance use and symptoms of trauma):

- **Screening**

Two levels of screening are likely to be necessary: first to detect exposure to traumatic experiences, and second to assess emotional and behavioral response to such events. A schematic illustrating SAMHSA's conceptualization of the generic SBIRT-TM decision algorithm is attached as [Appendix A](#).

In order to ensure that selected or developed trauma screening instruments are feasible for use in primary care settings, SAMHSA recommends that they be as simple as possible. One approach, for example, might be to use a checklist of traumatic experiences as part of the medical and family history taken when people first enter primary care services. The same checklist might then be updated during annual physical examinations.

The selected or developed trauma screening tool may be based on the Adverse Childhood Experiences study,³ which identified adverse childhood experiences that have been found to affect diverse health outcomes, or a more general screening tool that captures a larger variety of traumatic experiences can be used. The screener, however, should not focus too narrowly on particular types of traumatic experiences that apply to only a subset of the general U.S. population. It should not, for example, focus solely on wars, political violence, natural disasters, or specific events, although each may be included among a broader set of experiences addressed. The intent is to address traumatic experiences that are common among the general primary care population.

A trauma-informed approach must be taken in order to ensure that the screening itself does not re-traumatize the victims. Information about trauma-informed care can be found on the SAMHSA website at <http://www.samhsa.gov/nctic>. Providers conducting the screening must be prepared to assist people experiencing acute trauma symptoms and be ready to refer them to a list of specialists in trauma, or to in-house master's level counselors, paraprofessionals, or nurses trained in brief interventions regarding describing what happened and training them in self-care. Urgent care protocols for ongoing trauma or acute behavioral health problems, suicidality, and homicidality must be developed and implemented.

As a primary prevention approach, all screening, regardless of an individual's results, should be accompanied by feedback and educational content. Individuals determined to be at low risk (e.g., low exposure to traumatic

³ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of child abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245–258.

experiences) may require no further intervention, but may be provided with information about ways to avoid traumatic events and their negative consequences. Types of traumatic experiences and their effects might be explained in order to change social norms that they may not understand; behavioral support and normative information might be provided in order to maintain healthy behaviors; and individuals should be encouraged to let the primary care provider know, if future traumatic events are encountered.

- **Brief Intervention**

Moderate risk might be indicated by high exposure to traumatic experiences, but with no apparent trauma symptoms or behavioral health problems.

Brief interventions raise awareness and motivate efforts to seek treatment, should the need arise. The brief intervention might include an expanded behavioral health assessment, including asking whether they have received any counseling and what it was like. Immediate physical and safety needs should be met. The person should be encouraged to let the primary care provider know, if trauma symptoms develop, and resource lists should be provided, including contact information for warm-lines and peer support services. Information about longer term interventions that might be effective might be provided, and help with assistance in making linkages offered.

The core of brief intervention rests on education. Information should be provided about psychological reactions that the affected individual may experience, the relation of trauma to substance abuse, depression, and anxiety disorders and the corresponding need for integrated treatment, the health effects of trauma, and the timing of when various reactions and effects might occur. Information provided should include take-away materials for the person to more fully explore in the privacy of their own home on their own timeframe. Examples of such materials include *Dealing with the Effects of Trauma: A Self-Help Guide* (available through the SAMHSA store at <http://store.samhsa.gov/product/SMA-3717>) and Psychological First Aid handouts for survivors (available at <http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp>).

Computer, telephone, internet and other technological tools for self-assessment, self-help brief interventions, and self-referral can be built into existing medical web tools for primary care patients. Web-based brief interventions might include, for example, psychoeducation, cognitive-behavioral therapy, self-guided care, skill building for emotional regulation, etc. An example of a tool developed for parents to help trauma exposed children is available at <http://aftertheinjury.org>.

Identification of trauma exposure indicates the need for observation and measurement of medical and functional status over time. Materials can be developed for primary care providers about what to keep an eye out for in association with a trauma history. Given the time constraints of primary care providers, materials should be brief, such as a single page that describes the

evidence, provides a brief screener, and describes procedures for referral and reimbursement. Examples of provider materials can be found in the Psychological First Aid manual available through <http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp>.

Note: Psychological debriefing should ***not*** be used, as the evidence indicates that this approach can be psychologically harmful.

- **Brief Treatment**

Moderate risk might be indicated by high exposure to traumatic experiences with some trauma symptoms or behavioral health problems. Brief treatment is indicated when the symptoms are not severe, do not interfere with functioning, or do not warrant a full diagnosis. For SBIRT-TM, an Acute Stress Response (defined by the Diagnostic and Statistical Manual of Mental Disorder as symptoms of depression, fatigue, anxiety, decreased concentration/memory, irritability, agitation, and exaggerated startle response that last two days to one month) would warrant brief treatment. Individuals may go directly into brief treatment or enter treatment after completion of a brief intervention.

Brief treatment for trauma may occur through referral to treatment or through services provided by a licensed clinician within a primary care setting.

- **Referral to Treatment**

Severe risk is indicated by high exposure to traumatic experiences and diagnosable Post-Traumatic Stress Disorders, another fully diagnosable behavioral health condition, or severe symptoms that interfere with functioning. Disorders that last more than one month and are not responsive to brief treatment would warrant referral to specialty care. Individuals may be referred directly after screening or following a course of brief intervention or treatment.

Care must be taken to refer only to recognized, high quality professionals or programs that offer trauma-specific interventions in a timely manner. Evidence-based approaches for trauma include cognitive-behavioral therapy, medications, and enhancing psychological fitness and resilience to reduce the impact of trauma. Information about trauma-specific treatment models can be found on the SAMHSA website at <http://www.samhsa.gov/nctic> or <http://www.nctsn.org>. In order to ensure that people follow through on referrals and receive needed treatment, primary care providers must create strong referral linkages with good trauma-specific specialty providers, such as through memoranda of understanding between organizations, local treatment service contracts, or dedicated central referral services. Primary care providers should also track referrals to determine engagement and participation in treatment, as this may also affect the course of treatment in the general medical practice.

Each partnering organization that will accept referrals through this project must submit a letter of commitment in the application indicating their approach to trauma treatment, their years of experience and number of people served with trauma-specific services, and the number of referrals they have the capacity to accept, along with confirmation of their specific commitments to agreed upon roles in the grant project.

2.3 Research Expectations

The development, pilot testing, and evaluation of the integrated models must follow the most rigorous study design possible which may be a randomized design, a well done matched comparison design, or other quasi-experimental design that will provide evidence as to the efficacy of the SBIRT-TM concept. It is also expected that the research and service delivery program will collect cost related data in order to help inform how an integrated model may be implemented and sustained.

Baseline data must include demographic information, as well as information regarding prior behavioral and physical health status and service use.

Applicants should propose a strategy for module development, a protocol for pilot testing and adjusting the trauma module, and a design for testing the efficacy of integrating the trauma module within the SBIRT intervention. Grantees should also incorporate a cost assessment methodology. Finally, grantees should expect to follow subject patients for approximately six months following the completion of the SBIRT-TM protocols to determine if the outcomes of the enhanced service are maintained.

Outcomes to be assessed should include alcohol and/or substance use, symptoms related to trauma, physical health status, behavioral and physical health care service utilization, employment, education or related functioning, stability in living situation, social functioning and social connectedness, and resilience.

In order to ensure that enough participants will be enrolled in the study to support meaningful statistical analysis of the data, applicants must provide a breakdown of expected participant flow to ensure adequate samples for both the pilot and efficacy phases of this study. Based on the participant flow analysis, power analyses must be presented for the types of statistics that will be utilized to analyze the results. Applicants are also expected to outline procedures for tracking and engaging participants in follow-up assessments to ensure adequate follow-up rates.

In addition to the pilot and efficacy phases of the research program, a process evaluation must be conducted in order to fully document all components of the SBIRT-TM module and how this module is integrated into the traditional SBIRT. This should include the development of SBIRT-TM fidelity assessment tools and analysis of the relation of fidelity to patient outcomes, including satisfaction with services. The formative evaluation should also describe what it takes to get SBIRT-TM up and running and working effectively; how peer/consumer leaders, providers, and administrators feel about SBIRT-TM; contextual variables that facilitate effective use of SBIRT-TM (e.g.,

investment in training, identification of staff to do trauma screening and brief intervention, support from leadership/supervisors, principles of trauma-informed care, etc.); and policy and procedure changes needed to support SBIRT-TM.

The research must also establish the reliability, validity, sensitivity, and specificity of any new screening tools developed.

Additional research components may be proposed to evaluate training and materials for physicians and other staff; record-keeping, referral, and clinical follow-up procedures; etc. The researchers may also assist the program staff in collecting system documentation (such as forms, program manuals, training materials, decision support documents, procedural guidelines, record-keeping tools, etc.) used for each aspect of SBIRT-TM, for transmission to SAMHSA.

2.4 Required Expertise

Applicants must demonstrate expert capacity in the following areas:

- Screening, brief intervention and referral to treatment for alcohol and substance use disorders
- Psychological trauma.
- One or more primary care providers with an understanding of and commitment to the SBIRT approach.
- Peer/consumer leaders⁴ are included in all aspects of the project, including screening, brief intervention, brief treatment, referral processes and the development and testing of the trauma module.
- Design and conduct all aspects of the research related to this project, including analysis, interpretation, and oral and written presentation of the results. Necessary skills include expertise in behavioral intervention research and development and systems evaluation. The research team must include sufficient personnel and resources to independently track participants, conduct all interviews, and collect all supplemental data independently from SBIRT-TM program staff.

Letters of commitment from primary care providers must be provided in **Attachment 6**, indicating an understanding of the grant requirements, confirming the planned enrollment numbers presented in the participant flow analysis, and confirming their commitment to the research aspects of the grant, such as implementing procedures for screening, assignment to interventions, and referrals in standardized ways; conducting assessments according to standard protocols; using manualized approaches to specific

⁴ For this RFA, “peer/consumer leaders” are individuals in recovery from addictions and/or co-occurring mental and substance use disorders with lived trauma experience who also have expertise in peer/consumer-driven research, policy or services.

treatments; etc. These letters should also demonstrate clear lines of authority and capacity to implement a full SBIRT program.

2.4 Project Phases

Applicants must submit a plan that describes an approach for completing project requirements; timelines with benchmarks for completion of phases; and how they will manage their activities in all four project phases:

Phase I: Project Planning and Start-Up

SBIRT – 4 months

SBIRT-TM – 4-6 months

Phase II: Operations and Development of Trauma Module and Pilot Testing Protocols

SBIRT – 5- 54 months

SBIRT-TM – 6 - 18 months

Phase III: Implementing the Efficacy Trial* (SBIRT-TM Only)

SBIRT-TM – 18 - 54 months

*baseline data collection must begin no later than 18 months after effective date of award

Phase IV: Project Completion

SBIRT – 54 - 60 months

SBIRT-TM – 54 - 60 months

Applications that do not include a plan for all four phases will not be reviewed and not considered for an award.

Phase I: Project Planning and Start-Up

SAMHSA recognizes that time may be needed immediately after award to finalize hiring, contracting, task assignments, timelines, and related project management plans. Additional time may also be needed for needs assessment, readiness assessment, and strategic planning.

Phase II: Operations and Development of Trauma Module and Pilot Testing Protocols

Grantees must complete all preparatory activities before the research trial can begin, including:

- ensuring the delivery of SBIRT services and any comparison SBIRT program are operating effectively and that patient flow is adequate for both the pilot testing and efficacy phases of the study

- selecting and/or developing the trauma screening tools, including pilot testing them for use in primary care settings and in order to establish their validity, reliability, sensitivity, and specificity
- selecting and/or developing and pilot testing brief interventions, brief treatments, and referral resources for trauma
- developing and refining algorithms for linking screening results to indicated interventions
- developing, pilot testing, and implementing policies, procedures, and protocols for seamless processes for SBIRT-TM that includes new trauma components as well as pre-existing alcohol and drug components
- developing and producing training materials for physicians and other staff
- developing and producing tools needed to implement SBIRT-TM, such as record-keeping, referral, and follow-up forms and procedures
- training staff members who will be doing the screening, brief intervention, brief treatment, record keeping, referral, and clinical follow-up
- training all providers who will be conducting screening, brief interventions, and referral to treatments in primary care settings in trauma-informed care in order to prevent re-traumatization
- documentation of the trauma module describing the practice in detail that would allow others to replicate the trauma module SBIRT-TM in other sites/organizations/communities
- developing protocols for integrating the trauma module into the SBIRT program (SBIRT-TM)
- developing research protocols for testing the efficacy of the SBIRT-TM protocol including subject recruitment, retention, and follow up
- SBIRT-TM developing and pilot testing a user-friendly fidelity assessment tool to determine the extent to which the trauma module and the SBIRT components of SBIRT-TM are being implemented as planned
- identifying, selecting, and/or developing (including pilot testing) baseline and outcome measurement tools and protocols that will be used in the Phase 3 research trial
- obtaining Institutional Review Board approval

- development and implementation of safety procedures which should include a data safety monitoring board to ensure ongoing monitoring of study participants so that no person incurs undue risks and that the risks versus benefits are continually assessed over the course of the study
- training clinical and research staff in research protocols, and pilot testing the protocols
- developing, testing, and documenting the database structure and data management procedures

Phase III: Implementing the Efficacy Trial* (SBIRT-TM Only)

Grantees will recruit and enroll participants, collect baseline and follow-up data, manage the database, analyze interim and final results, and write up the results of the trial. In addition, the fidelity assessment tool must be used to determine the extent to which SBIRT-TM is being implemented as planned, and the SBIRT-TM implementation tools should be refined, based on the research results.

Phase IV: Project Completion

Must begin no later than 6 months prior to end of grant performance period.

Grantees must brief SAMHSA in person on the final results of the research trial. You must include a detailed budget and narrative for this travel in your budget. Grantees may also produce professional journal articles and present the results in various ways to diverse audiences.

2.5 Milestones for Continued Funding

Ongoing Milestones

In order to facilitate production and submission of final materials, grantees must keep running lists throughout the grant performance period of 1) policy and procedure changes needed to support SBIRT-TM, 2) materials developed to be transmitted to SAMHSA at the end of the grant period, and 3) professional journal articles and presentations made regarding the research results. These running lists must be submitted to SAMHSA upon request at any point during the grant period.

Phase II Milestones

In order to ensure the best quality research trial, grantees must demonstrate that all components of SBIRT-TM and the research protocol are firmly in place (i.e., Phase 2 is completed), as indicated by SAMHSA acceptance of the following materials, before beginning data collection (Phase III):

- documentation of how peer/consumer leader perspectives were solicited and incorporated into selection, development, pilot testing, and implementation of all aspects of SBIRT-TM including screening, brief intervention, brief treatment,

referral processes, and programs to which referrals are made; as well as how peer/consumer leader perspectives were solicited and incorporated into training, product/materials development, process evaluation, and development of the research protocols. The documentation must include names and contact information for peer/peer/consumer leader leaders involved in the project and accommodations made in order to maximize their involvement. SBIRT-TM implementation tools and manuals and the results of any pilot tests using them

- a description of training provided to SBIRT-TM providers, including training in trauma-informed care, along with the number, types, and roles of providers trained, and the length and content of the training sessions, and the results of any training evaluations conducted
- implementation process evaluation results
- the SBIRT-TM fidelity assessment instrument and the results of its pilot test
- the baseline and outcome measurement tools and protocols and the results of any pilot tests of them
- Institutional Review Board (IRB) approval, along with approved IRB submission forms
- data base documentation, including variable and value names and formats; a system for coding participant identification; data quality assurance protocols; and programs for computing variables for analysis, conducting quality assurance checks, and conducting analyses

Final Milestones

By the end of the grant performance period, grantees must provide SAMHSA with the following materials:

- the database with de-identified data and final database documentation
- all materials necessary to replicate SBIRT-TM and the research demonstrating its effectiveness in other sites/organizations/communities, including
 - screening and treatment protocols
 - screening tools
 - brief intervention and brief treatment manuals
 - tools for providers to use in linking screening results to recommended actions, including follow-up, i.e., decision algorithms
 - provider training and decision-support materials
 - patient education and self-help materials
 - research materials, including both outcome and process assessment tools and protocols

- user-friendly fidelity assessment tools to determine the extent to which the components are being implemented as planned in replication sites
- final research report, including
 - reliability, validity, sensitivity, and specificity of screening tools
 - process evaluation methods, results, and implications, including a list of policy and procedure changes needed to support SBIRT-TM
 - outcomes research methodology, results, and implications
 - based on the research results and their implications, recommendations for practice, policy, and future research
- documentation of how peer/consumer leader perspectives were solicited and incorporated into the selection, development, pilot testing, and implementation of all aspects of SBIRT-TM including screening, brief intervention, brief treatment, referral processes, and programs to which referrals are made; as well as how peer/consumer leader perspectives were solicited and incorporated into training, product/materials development, process evaluation, and the research determining the cost-effectiveness and cost savings of SBIRT-TM. The documentation must include names and contact information for peer/consumer leaders involved in the project and accommodations made in order to maximize their involvement.
- copies of any manuscripts, professional journal articles, summaries, or presentations made regarding the results of the study, along with a reference list of these materials

2.6 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA Modernization Act of 2010). You must document your ability to collect and report the required data in “Section C: Research Design Plans” of your application. Grantees will be required to report performance on the following performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness. This information will be gathered 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 SAMHSA’s Office of Communications at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

Data will be collected at intake to services, six months post intake and discharge. Grantees are expected to obtain an intake coverage rate of 100% and a six month follow-up rate of 80%. As such, applicants are expected to include an automated system for these activities as part of their proposal. Upon collection of the data, grantees will have 7 business days to submit the data to SAMHSA. If you have an EHR

system, you should collect and manage most or all client-level, clinical information, and use the EHR to automate GPRA reporting. 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.

Varying levels of data are required on clients in each category of care. Intake and discharge data are required on all clients. Drug use, employment status, housing status, criminal justice status, social connectedness, access and retention will all be measured using specific sections of the GPRA tool. Follow-up data will be required on 10% of the clients served in **each** category of care requiring intervention/treatment (BI, BT, and RT). Applicants must describe the follow-up method to be used and specifically address (1) recruitment into the follow-up pool, (2) ongoing tracking and patient engagement with staff over the six-month period, (3) final contact with the patient and completing the six-month interview, (4) creating a detailed locator form with varied locator information to assist follow-up staff, and (5) allowing incentives as authorized by SAMHSA Grants Management guidance.

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

2.7 Grantee Meetings

Grantees should budget for two meetings each year with a minimum of three people attending including the research director, clinical director, and a peer/consumer leader involved in conducting the project. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the progress and interim results of their projects and, along with Federal staff, provide advice and technical assistance to other grantees. Each meeting will be 2 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Proposed budgets cannot exceed \$1 million in total costs (direct and indirect) in any year of the proposed project.

Funding for this program is thru the Affordable Care Act, Prevention Fund. Funding is dependent on the availability of resources.

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

Role of Grantee

- Complete all work necessary to meet expectations described in [Section I-2](#)

- Participate in regular meetings with the SAMHSA Project Officer to provide project implementation updates
- Incorporate SAMHSA Project Officer input and feedback into all grant activities and materials
- Develop a process for establishing accommodations (e.g., on-site reimbursement, cash advances) that will be made in order to maximize peer/consumer leader involvement, including reimbursement of allowable expenses.
-
- Provide SAMHSA with all information and documentation about grant activities that is requested

Role of SAMHSA Staff

- Provide input into and feedback regarding grant activities and materials
- Approve the process for establishing accommodations that will be made in order to maximize peer/consumer leader involvement, including reimbursement of allowable expenses.
- Provide information to and gather information and documentation from the grantee in order to coordinate the project with related Federal efforts
- Approve materials and the transition from Phase 2 to Phase 3

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic and private nonprofit entities. For example, State and local governments; federally recognized American Indian/Alaska Native tribes and tribal organizations, State recognized tribes, urban Indian organizations (as defined in P.L. 94-437, as amended); public or private universities and colleges; community- and faith-based organizations; research organizations; and primary or behavioral health care organizations may apply. The statutory authority for this program prohibits grants to for-profit agencies.

Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all

phases of its activities. Consortia of Tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

Applications are especially encouraged from primary care units that have an established research unit and primary care units collaborating with university-based research units.

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 three requirements, or your application will be screened out and will not be reviewed:

1. use of the HHS 5161-1 application form;
2. application submission requirements in [Section IV-3](#) of this document; and
3. formatting requirements provided in [Appendix C](#) 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 behavioral health 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 treatment 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 treatment provider organization must comply with all applicable local (city, county) and State licensing, accreditation, and certification requirements, as of the due date of the application.

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

organization's license. Eligible Tribes and tribal organization treatment providers must comply with all applicable Tribal licensing, accreditation, and certification requirements, as of the due date of the application.]

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

- a letter of commitment from every treatment provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided; and
- official documentation that all participating treatment provider organizations: 1) comply with all applicable local (city, county) and State requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable State, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.⁵
- for Tribes and tribal organizations only, official documentation that all participating treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

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

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;

⁵ Tribes and tribal organizations are exempt from these requirements.

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

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Kit

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

- HHS 5161-1 (revised August 2007) – Includes the face page (SF 424 v2), budget forms, and checklist. You must use the HHS 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.

2.2 Required Application Components

Applications must include the following 11 required application components:

- **Face Page** – SF 424 v2 is the face page. This form is part of the HHS 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. In addition, you must be registered in the Central Contractor Registration (CCR) prior to submitting an application and maintain an active CCR registration during the grant funding period. **REMINDER: CCR registration expires each year and must be updated annually.** Additional information on the Central Contractor Registration (CCR) is available at <http://www.ccr.gov>].

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Form** – Use SF 424A, which is part of the HHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in [Appendix D](#) 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 6** – 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 is no page limitation for Attachments 2, 5 and 6. 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 behavioral health treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in [Appendix E](#) 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.

- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a Web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- **Attachment 3:** Sample Consent Forms
- **Attachment 4:** Letter to the SSA (if applicable; see [Section IV-4](#) of this document)
- **Attachment 5:** Certificates of Eligibility from all partnering SBIRT programs
- **Attachment 6:** Letter(s) of commitment from primary care provider(s)
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kit.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF 424 v2) of the application.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF 424 v2) of the application.
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the HHS 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. All applicants must sign the form.
- **Checklist** – Use the Checklist found in HHS 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 C](#), *Checklist for Formatting Requirements and Screen out Criteria for SAMHSA Grant Applications*, for **SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.**

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by July 5, 2011. SAMHSA provides two options for submission of grant applications: 1) electronic submission, or 2) paper submission. Hard copy applications are due by **5:00 PM** (Eastern Time). Electronic applications are due by **11:59 PM** (Eastern Time). **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

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

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

Submission of Electronic Applications

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

Submission of Paper Applications

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

Send applications to the address below:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "**SBIRT-TM TI-11-014**" 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.

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 F](#) for “Guidance for Electronic Submission of Applications.”

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

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

5. FUNDING LIMITATIONS/RESTRICTIONS

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

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

In addition, SAMHSA’s SBIRT-TM grant recipients must comply with the following funding restrictions:

- No more than 15% of the total grant award may be used to enhance trauma-specific services or trauma-informed behavioral health services to which referrals are made or to expand these services for persons screened in this program who require more intensive and prolonged specialty treatments but lack other treatment payment recourse.

- Funding may not be used for physical healthcare services.

SAMHSA grantees must also comply with SAMHSA’s standard funding restrictions, which are included in [Appendix H](#).

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and will be evaluated in accordance with the criteria in Sections A-E below.

- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below as the organizational structure for your Project Narrative. You must place the information necessary to evaluate the proposal according to each criterion in the correct section or Attachment, or it will not be considered. Rather than repeating information that appears in other sections or Attachments, incorporate such information into the section by reference. Reviewers will consider information from other parts of the application that are incorporated by reference when assessing your response against the section’s evaluation criteria.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx> at the bottom of the page under “Resources for Grant Writing.”
- The Supporting Documentation you provide in Sections F-I and Attachments 1-6 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 and Understanding (15 points)

- Describe the need for treatment in the community in which SBIRT will be implemented. Include as much documentation as possible, with the focus on differentiating clinically appropriate treatment for persons at risk for, or diagnosed with, a Substance Use Disorder (Substance Abuse or Dependence).

- Describe for the community in which SBIRT will be implemented the current resources and continuum of care for persons at risk for, or diagnosed with, a Substance Use Disorder (Substance Abuse or Dependence), including the provider and practitioner resources, and the funding streams available for intervention and treatment services in the generalist and specialist systems.
- Describe for the community in which SBIRT will be implemented the potential for policy and systems change and the strategies to rapidly initiate SBIRT.
- Discuss the SBIRT model for alcohol use/SUDs, including a focus on differentiating clinically appropriate treatment for persons at risk for, or diagnosed with a substance use disorder.
- Describe the applicant organization's readiness to use current resources and the continuum of care for persons at risk for a substance use disorder to determine the additive value of integrating a screening and brief intervention module for trauma. Describe the level of commitment to integrating trauma components with an existing SBIRT program or strategies to rapidly initiate SBIRT.
- Describe the proposed primary care partner(s) readiness to implement SBIRT-TM and their ability to facilitate, support, and participate in research to document the implementation processes, cost-effectiveness, and cost savings of SBIRT-TM compared with traditional SBIRT.
- Describe the proposed primary care partner(s) understanding and involvement in health services research.

Section B: SBIRT Implementation and SBIRT-TM Development Plans (30 points)

- Describe the proposed plans for developing and implementing the components of SBIRT. Identify the evidence-based service/practice that you propose to implement for each treatment modality (BI, BT, RT) and the source of information.
- Describe your process for integrating the trauma components into a pre-existing SBIRT for alcohol/SUDs.
- Describe the plan for soliciting and incorporating input and feedback from peer/consumer leaders into all aspects of SBIRT-TM development, training, materials development and implementation.
- Describe the plan for producing and using high quality implementation materials to establish SBIRT-TM prior to the start of Phase III data collection.

- Discuss the plan for providing training in Trauma-Informed Care to all providers who will be doing the trauma screening, brief intervention, brief treatment, record keeping, referral, and clinical follow-up in primary care settings.
- Describe the plan for ensuring participant safety, including monitoring data to assess safety of the program as a whole, and developing and implementing urgent care protocols for ongoing trauma or acute behavioral health problems, suicidality, and homicidality.
- Explain how the specialty treatment providers will be selected. Include a discussion of plans to ensure the evidence base for their approach to trauma treatment is appropriate and their experience and capacity to provide is sufficient.
- Describe the plan for ensuring cultural competence of all components of the SBIRT-TM model in terms of the following issues:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and health literacy;
 - Sexual identity – sexual orientation and gender identity; and
 - Disability (including compliance with Section 508 of the Rehabilitation Act in production of all implementation and training materials and delivery of all trainings).

Section C: Research Design Plans (25 points)

- Describe your plan for testing the SBIRT-TM and collecting and analyzing the data to determine whether or not SBIRT-TM adds value over traditional SBIRT alone. Include a discussion of how the performance measures identified in Section I-2.6 will be integrated into the plans for analysis.
- Describe the plan for the trauma screening tool development and include a description of the process for ensuring the accepted tool is valid and reliable.
- Describe the process for developing the process evaluation, and the approach for ensuring it will provide valid and useful information for understanding the results of the study and for replicating SBIRT-TM in other communities and organizations.
- Describe the plan for soliciting and incorporating input and feedback from peer/consumer leaders into all aspects of the research, including process evaluation, pilot testing, rigorous trial design, measure selection and development, protocol development, training, data collection, data analysis, and interpretation and oral and written presentation of the results.

- Discuss the approach for ensuring cultural competence of all aspects of the research and evaluation in terms of the following issues:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and health literacy;
 - Sexual identity – sexual orientation and gender identity; and
 - Disability (including compliance with Section 508 of the Rehabilitation Act in production of all research and evaluation materials, data collection, and delivery of all presentations).

Section D: Team Composition and Resources (15 points)

- Discuss the capability and experience of the applicant organization, other participating organizations and partners with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages with community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
- Provide a complete list of staff positions for the project, including the Project Director, SBIRT staff and other key personnel, including research personnel. Include a description of the role of each and their level of effort and qualifications (e.g., research personnel, as demonstrated by educational degrees, organizational affiliation, history of work on research grants, and publication in professional research journals).
- Discuss the expertise, qualifications, and experience of partnering trauma experts with respect to psychological trauma screening, trauma-informed care, trauma-specific services, and trauma research.
- Describe plans for supporting peer/consumer expert involvement in all aspects of the grant project, including how training and related accommodations will be provided to maximize their meaningful participation in each phase of activity. Discuss how these individuals will be compensated for their participation commensurate with their expertise, qualifications and time.
- Describe the capabilities of research personnel and resources to independently track participants, conduct all interviews, and collect all supplemental data independently from SBIRT-TM and SBIRT program staff.
- Describe the resources and research support services available for the proposed project (e.g., facilities, equipment, professional library services, product development resources, including editing, 508-compliance, graphics, reproduction), 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(s) of focus.

Section E: Project Management Plan (15 points)

- Provide a proposed time line for completing each aspect of the project.
- Describe the potential barriers and risks to successful completion of all aspects of the proposed project, and propose a risk management plan to address them.
- Describe the process for ensuring timely completion of all aspects of Phase II, including production of SBIRT-TM materials within 18 months of the effective date of award. Include a discussion of experience with project management, research, and completing projects that were similar in scope and size to Phase II activities.
- Describe the plan for ensuring all final materials are completed within the proposed project period. Include a discussion of the process for ensuring that materials/products will be of high quality, user-friendly, and helpful for replicating SBIRT-TM.

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 to enhance or expand specialty modalities (outreach/pretreatment services, methadone and non-methadone outpatient services, and residential services) for persons found in need of specialty treatment, trauma-specific services or trauma-informed behavioral health services to which referrals are made, if necessary, and that none of the total grant award will be used for physical health services. **Specifically identify the items associated with these costs in your budget.** An illustration of a budget and narrative justification is included in [Appendix D](#) of this document.

Section H: Biographical Sketches and Job Descriptions.

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

- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the HHS 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. See [Appendix I](#) for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Mental Health Services/Substance Abuse Treatment's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

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

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site at <http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf>. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the reporting requirements listed in Sections I-2.6, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit annual and final progress reports, as well as annual and final financial status reports.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.
- You will be required to comply with the requirements of 2CFR Part 170 -The Transparency Act Subaward and Executive Compensation Reporting Requirements. See <http://www.samhsa.gov/grants/subaward.aspx> for information on implementing this requirement.

3.2 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

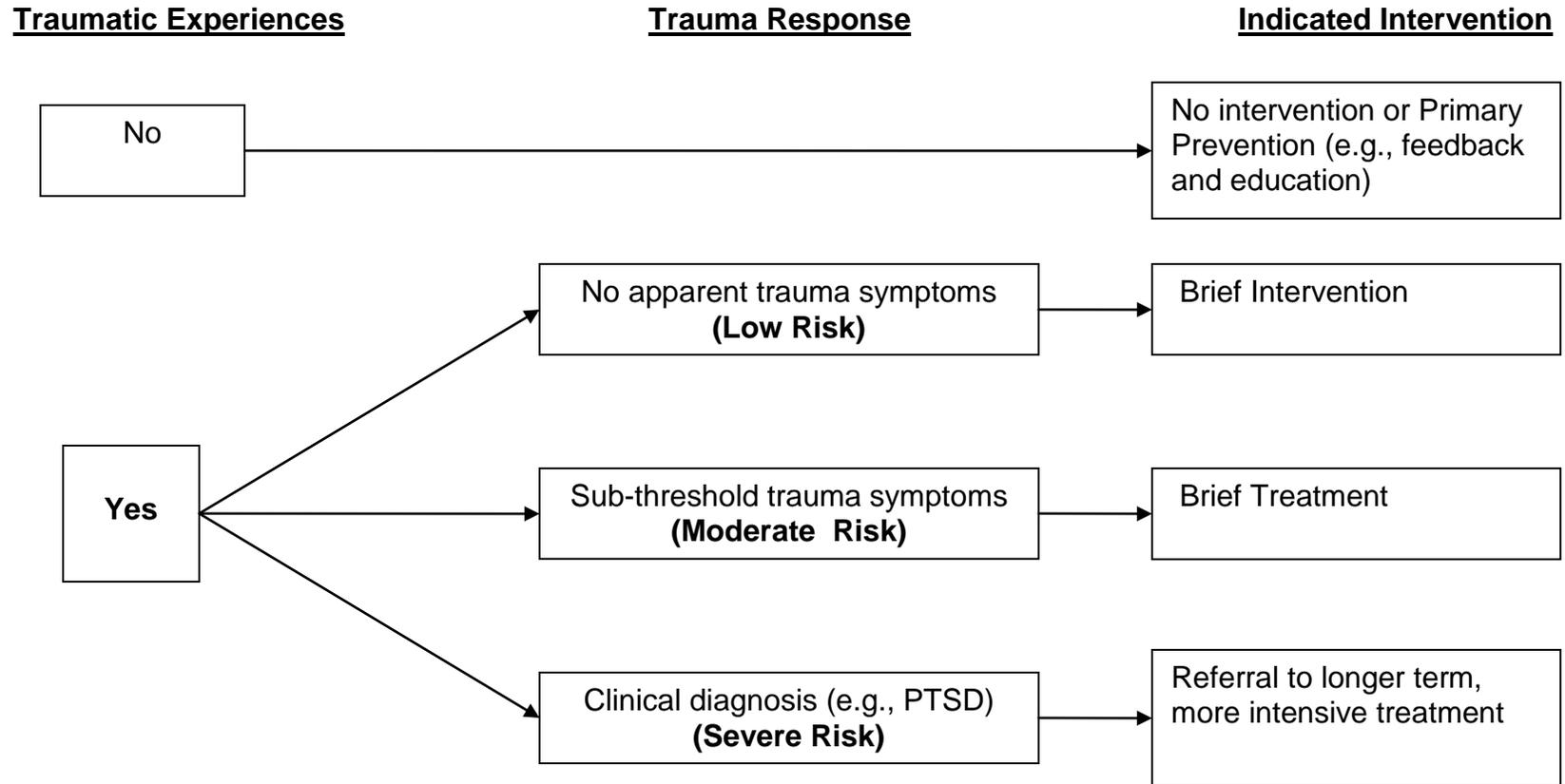
For questions about program issues contact:

Walker Reed Forman
Public Health Advisor
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1103
Rockville, MD, 20857
240-276-2416
Fax: 240-276-2970
reed.forman@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Love Foster-Horton
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1095
Rockville, Maryland 20857
(240) 276-1653
love.foster-horton@samhsa.hhs.gov

Appendix A—SBIRT-TM Decision Algorithm



Risk for this algorithm refers to risk of negative consequences from trauma.

Appendix B— SBIRT Services Design

Project Phases

Phase I: Project Planning and Start-Up. This phase is expected to last approximately 4 months. The tasks to be completed in this phase are:

- Select the Policy Steering Committee (PSC) which acts as the main policy making, problem resolution body responsible for: progress performance and review; interfacing with policy making bodies; social marketing and dissemination; developing, executing and reporting yearly on sustainability plans and achievements; ensuring validated behavioral health information technology (HIT) modules are part of any State/Tribal HIT plan; reviewing, indicating action on and approving the required Semi-Annual Report and ensuring SBIRT training is disseminated to non-grant service systems. The composition of the PSC must include governmental and community behavioral health experts. The PSC must meet monthly in the first year and quarterly thereafter.
- Develop solid organizational structure of qualified personnel (Project Directors, Project Coordinators, Clinicians, and Evaluators) and participating agencies. Ensuring complete and qualified community and specialist services for patients evidencing risky use, SUD and/or depression. Address any Institutional Review Board (IRB) requirements.
- Develop a comprehensive Quality Improvement plan to ensure fidelity to SBIRT practices.
- Initiate full SBIRT services in all participating grants recipients.
- Continually assess system gaps and identify target populations and communities to be served. Ensuring main sub-recipients implementation models allow for full-time, all shifts SBIRT coverage.
- Refine implementation plan to provide training and technical assistance to sub-recipients and, where possible, non-grant entities.
- Complete interagency agreements, (sub)contracts, billing and fiscal procedures and controls and reporting and monitoring procedures with participating service providers.
- Introduce reporting instruments and obtain baseline data covering levels of service, patient needs, program performance characteristics and training and technical assistance.
- Establish the mechanism for monitoring performance against targets for: (1) reducing AOD use by patients receiving SBIRT grant services, (2) increasing

the number of clients with asymptomatic, risky use or SUD who receive treatment in each sub-recipient community, (3) increasing the number of community settings where SBIRT services are provided, and (4) providing treatment services within approved cost parameters for each treatment modality.

- Within 90 days of the award, submit an acceptable final Project Implementation Plan (PIP) that includes objectives and milestones, implementation timeframes and staff designated to accomplishing program objectives. Included will be Technical Assistance (TA) from CSAT for an Implementation Review Team (IRT) site visit in the 8th month of the implementation year. The IRT will review initial progress and make recommendations to promote a successful start up process.

Phase II: Operations. This phase is expected to last 4 years and 3 months. The grantee will be responsible for the following activities:

- The PSC meets quarterly and continues to monitor grant success; refine, execute and report on the yearly sustainability plan, promote behavioral HIT, and elicit State/Tribal stakeholder commitment and participation in both; review and approve the Semi-Annual Report, as prepared by the Project Director, and report and act on challenges identified in the report.
- Continue project management, reporting, evaluation, quality improvement, cost control, assess sub-recipient training and TA needs.
- Manage annual continuation award process at grant and sub-recipient level.
- Accomplish and track systems change, funding and access, training and TA barriers, expand the continuum of SUD care, and achieve (1) reduction of AOD use by patients receiving SBIRT project services; (2) increase the number of persons at risk for, or diagnosed with an SUD receiving treatment in each sub-recipient community; (3) increase the number of community settings where SBIRT services are provided; and (4) provide treatment services within approved cost parameters for a given treatment modality.
- Refine operations as barriers are encountered and lessons are learned.

Appendix C – 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 HHS 5161-1 application package.
- 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 [Appendix F, "Guidance for Electronic Submission of Applications."](#))
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

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

- If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:
- Face Page (Standard Form 424 v2, which is in HHS 5161-1)
- Abstract
- Table of Contents
- Budget Form (Standard Form 424A, which is in HHS 5161-1)
- Project Narrative and Supporting Documentation
- Attachments

- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, which is in HHS 5161-1)
- Checklist (a form in HHS 5161-1)
- Applications should comply with the following requirements:
- Provisions relating to confidentiality and participant protection specified in [Appendix I](#) of this announcement.
- Budgetary limitations as specified in [Sections I, II](#), and [IV-5](#) of this announcement.
- Documentation of nonprofit status as required in the HHS 5161-1.
- Black ink should be used throughout your application, including charts and graphs. Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides.
- Pages 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-3](#) of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. You may use rubber bands. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix D – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF 424A: SECTION B FOR THE BUDGET PERIOD

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

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

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

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319

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

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

- (1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.
- (2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

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

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

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

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

FEDERAL REQUEST

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

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

- (1) Office supplies, copies and postage are needed for general operation of the project.
- (2) The laptop computer and printer are needed for both project work and presentations for Project Director.
- (3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

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

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

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

FEDERAL REQUEST

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

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

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

- (1) Certified trainers are necessary to carry out the purpose of the Statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
- (2) Treatment services for clients to be served based on organizational history of expenses.
- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups

and schools.

***Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **\$86,997**

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

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

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

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

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

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **\$15,815**

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

in the agreement. For information on applying for the indirect rate go to:
<http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

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

TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **\$172,713**

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A) **\$5,093**

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF424A) **\$177,806**

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

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

Proposed Project Period

a. Start Date:	09/30/2011	b. End Date:	09/29/2016
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BUDGET SUMMARY (should include future years and projected total)

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

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Contractual	\$86,997	\$86,997	\$86,997	\$86,997	\$86,997	\$434,985
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
Total Direct Charges	\$172,713	\$172,560	\$172,403	\$172,241	\$172,074	\$861,991
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039
Total Project Costs	\$177,806	\$177,806	\$177,806	\$177,806	\$177,806	\$889,030

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$889,030**

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.
2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

Appendix E – 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 treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- Official documentation that all treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- Official documentation that all treatment provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; **OR** 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.⁶ (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- For Tribes and tribal organizations only, official documentation that all participating treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

I further assure SAMHSA of the following:

- Readiness to successfully implement the components of the SBIRT model in a primary care setting;

⁶ Tribes and tribal organizations are exempt from these requirements.

- Readiness to successfully implement newly developed trauma components that are integrated with SBIRT for alcohol and substance use; and
- Understanding of and commitment to the research requirements of this grant as outlined in Section 1-2.3, Research Expectations of this RFA.

Signature of Authorized Representative

Date

Appendix F – Guidance for Electronic Submission of Applications

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

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

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

If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). **REMINDER: CCR registration expires each year and must be updated annually.** Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF 424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

Please 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 prepare your Project Narrative and other attached documents 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 C](#) 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.”

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

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

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

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

- Check the list to determine whether your State participates in this program. You do not need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Crystal Saunders, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. **TI-11-014**. 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)⁷ 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

⁷ 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).

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.

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 Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **TI-11-014**. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any State comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

Appendix H – Funding Restrictions

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

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

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Award funds may not be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.
- 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 I – Confidentiality and SAMHSA Participant Protections/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven elements below. In addition to addressing these seven elements, Protection of Human Subjects Regulations apply to all SBIRT-TM grants; therefore, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

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

3. Absence of Coercion

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

4. Data Collection

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

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

6. Adequate Consent Procedures

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

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions

to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

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

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

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

Grantees funded under this announcement must comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. In addition to the elements above, therefore, applicants must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.