

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

**Cooperative Agreements to Benefit Homeless Individuals for
States**

(Short Title: CABHI-States)

(Initial Announcement)

Request for Applications (RFA) No. TI-13-004

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

Key Dates:

Application Deadline	Applications are due by May 28, 2013 (revised receipt date)
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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2013 Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States) grants. The purpose of this jointly funded program is to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent supportive housing; peer supports; CMHS-funded peer navigator(s); and other critical services to persons who experience chronic homelessness with substance use disorders or co-occurring substance use and mental disorders. The outcomes will include: 1) assisting states to develop strategies associated with addressing the needs of individuals who experience chronic homelessness; and 2) increasing the number of individuals placed in permanent supportive housing and enrolled in Medicaid and other mainstream benefits (e.g., SSI/SSDI, TANF, SNAP).

Funding Opportunity Title:	Cooperative Agreements to Benefit Homeless Individuals for States
Funding Opportunity Number:	TI-13-004
Due Date for Applications:	May 1, 2013
Anticipated Total Available Funding:	\$7,830,000 (Up to \$7.28 Million or 93 percent from CSAT's Treatment Systems for Homeless and up to \$550,000 or 7 percent from CMHS' Homelessness Prevention Program)
Estimated Number of Awards:	Up to 11
Estimated Award Amount:	Up to \$711,818 per year (up to \$661,818 from CSAT's Treatment Systems for Homeless and up to \$50,000 from CMHS' Homelessness Prevention Program)
Cost Sharing/Match Required	No [See <u>Section III-2</u> of this RFA for cost sharing/match requirements.]
Length of Project Period:	Up to 3 years

Eligible Applicants:	18 identified Single-State Substance Abuse Agencies (SSAs). [See <u>Section III-1</u> of this RFA for complete eligibility information.]
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I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2013 Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States) grants. The purpose of this jointly funded program is to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent supportive housing; peer supports; CMHS-funded peer navigator(s); and other critical services to persons who experience chronic homelessness with substance use disorders or co-occurring substance use and mental disorders. The outcomes will include: 1) assisting states to develop strategies associated with addressing the needs of individuals who experience chronic homelessness; and 2) increasing the number of individuals placed in permanent supportive housing and enrolled in Medicaid and other mainstream benefits (e.g., SSI/SSDI, TANF, SNAP).

The major goal of the CABHI-States program is to ensure, through state and local planning and service delivery, that the most vulnerable individuals who experience chronic homelessness receive access to sustainable permanent housing, treatment, recovery supports, and Medicaid and other mainstream benefits. To achieve this goal, SAMHSA funds will support four primary types of activities.

CSAT funds will support three primary types of activities:

1. Enhancement or development of a statewide plan to ensure sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support individuals who experience chronic homelessness.
2. Delivery of behavioral health, housing support, peer, and other recovery-oriented services not covered under a state's Medicaid plan.
3. Assist the state Medicaid eligibility agency in developing a streamlined application process for individuals who experience chronic homelessness and assist providers (e.g., alcohol and drug treatment facilities, homeless service providers) seeking to become qualified Medicaid providers; engage and enroll eligible persons who experience chronic homelessness in Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP).

CMHS funds will support the fourth primary activity, peer navigator(s):

4. Use of a peer navigator to assist individuals who have co-occurring substance use disorders with serious mental illness identify and access housing, recovery support services, social mainstream benefits, and personal network development.

SAMHSA has demonstrated that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental, substance use, and co-occurring mental and substance use disorders. To continue to improve the delivery and financing of prevention, treatment and recovery support services, SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on people and emerging opportunities. More information is available at the SAMHSA Web site:

<http://www.samhsa.gov/About/strategy.aspx>. This program is aligned with all Strategic Initiatives and specifically Recovery Support. If your application is funded, you will be expected to: 1) develop a health disparities impact statement. This statement should utilize grantee data to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities; and (2) develop a plan to decrease the differences in access, service use and outcomes among those subpopulations. This plan should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. See Appendix I: Addressing Behavioral Health Disparities.

CABHI-States is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project at the latest.

CABHI-States grants are authorized under Section 509 and 520A 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/or Substance Abuse Topic Area HP 2020-SA.

Definitions

For the purposes of this RFA, the term "behavioral health" refers to a state of mental/emotional health and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental and substance use disorders. The term is also used to describe the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders and related problems, treatments and services for mental and substance use disorders, and recovery support.

"Mental and substance use disorders" are referred to throughout this document. This phrase is meant to be inclusive of mental disorders, substance use disorders, and co-occurring substance use and mental disorders.

“Permanent Supportive Housing (PSH)” is an approach that helps individuals and families who are homeless and/or disabled to choose, obtain, and retain long-term, affordable housing with supportive services. Persons participating in PSH have voluntary access to ongoing case management services that are designed to preserve tenancy and address their evolving needs. Housing is decent, affordable, and integrated in the community. It may include an apartment or single room occupancy in a building (congregate housing), rent-subsidized apartments, or houses in the open housing market (scattered housing), as well as designated units within privately owned buildings.

“Chronic homelessness” as characterized under the McKinney-Vento Homeless Assistance Act, as amended by S. 896 of the “Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 means, with respect to an individual or family, that the individual or family— (i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.” In addition, a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days shall be considered chronically homeless if such person met all of the requirements described above prior to entering that facility.

2. EXPECTATIONS

SAMHSA expects grantees to develop and implement an array of integrated services and supports designed to reduce chronic homelessness among persons with substance use disorders or co-occurring substance use and mental disorders, and to provide treatment and recovery-oriented care for substance use and mental health disorders. This service array should involve collaboration across multiple organizations. Grantees must use SAMHSA’s services grant funds primarily to support allowable direct services to clients in the population of focus. Services may be provided by the grantee, purchased through contract with other providers, or made available through memoranda of understanding (MOUs) with other providers.

The CABHI-States program involves both state infrastructure/improvement and direct services delivery components. All activities share a common goal of building a solid foundation for sustaining an effective, integrated treatment and recovery support services system for individuals who experience chronic homelessness.

These cooperative agreements are designed to bring together stakeholders across the homeless-serving system to develop and/or enhance a State Interagency Council on Homelessness, which is a coordinated network that will develop policies, expand

workforce capacity, disseminate best practices, and implement mechanisms and other reforms to improve the integration and efficiency of the substance use, co-occurring substance use and mental disorders treatment, and recovery support system for individuals who experience chronic homelessness. Concurrently, local community-based treatment provider sites will be funded to enhance and expand the delivery of evidence-based practices for individuals who experience chronic homelessness with substance use disorders or co-occurring substance use and mental disorders.

Grantees may receive up to \$661,818 per year from CSAT and up to \$50,000 per year from CMHS for a total of \$711,818 per year. **All activities, other than the CMHS funded peer navigator(s) (see [Section I-2.3](#)), will be funded with CSAT funds.**

Grantees may use **up to 15% (i.e., \$99,273) of the award (CSAT funds)** for infrastructure development/improvements at the state level; **up to 20% (i.e., \$19,855) of this amount** may be used for data collection and performance measurement, and performance assessment (see Section I-[2.5](#) and [2.6](#)).

Grantees must also devote **not less than 78.75% (i.e., \$521,182) of the award (CSAT funds)** to expand and enhance treatment and recovery services for individuals who experience chronic homelessness with substance use disorders or co-occurring substance use and mental disorders that have newly attained permanent housing through sub-awards to local community-based treatment provider sites that will provide treatment and recovery support services to individuals who experience chronic homelessness that have newly attained permanent housing; each local community-based treatment provider site may use **up to 10% of their funds** for data collection and performance measurement, and performance assessment (see Section I-[2.5](#) and [2.6](#)).

The peer navigator(s) will assist individuals with co-occurring substance use disorders with serious mental illness who experience chronic homelessness within a case management structure. **Grantees are required to use the entire amount of CMHS funds awarded (i.e., \$50,000) for the peer navigator(s) (see [Section I-2.3](#)). (Note: You must include a separate column in your budget for the use of the CMHS funding. Grantees will be expected to track and report these funds separately.)**

2.1 State Infrastructure Development

Grantees may use **up to 15% (i.e., \$99,273) of the award (CSAT funds)** to increase/improve their capacity to provide effective, accessible substance abuse treatment and recovery support services for individuals who experience chronic homelessness with substance use disorders or co-occurring substance use and mental disorders statewide and to create a more integrated and collaborative system of care for individuals who experience chronic homelessness. Applicants are required to address the following areas of infrastructure development/improvements at the state level.

Required Activities

The proposed project is **required** to include the following:

- Establishing a State Interagency Council on Homelessness, co-led by the grantee and representative from the state mental health authority, to meet the goals outlined in this RFA. If an existing State Interagency Council on Homelessness exists, the grantee may use the existing Council if the membership requirements are met and if the existing Council agrees to focus a portion of activities on chronic homelessness. In addition to the co-leads, the State Interagency Council on Homelessness members must be comprised of, at a minimum, representatives from the state Medicaid Agency, State Interagency Council on Homelessness (if applicable in state), health department, public housing authorities, service providers, an individual who is homeless or has experienced homelessness and is recovering from substance use disorders or co-occurring substance use and mental health disorders, state SSI/SSDI Outreach, Access, and Recovery (SOAR), community-based CABHI grantee (if applicable in state), and the SAMHSA government project officer. Membership requires standardized signed contracts or signed MOUs. The State Interagency Council on Homelessness should meet at least quarterly per year.

Additional membership based on the goals, objectives, or specific target population is encouraged (e.g., state department of veterans affairs, criminal justice, governor's office of criminal justice/crime control).

- Enhancement or development of a statewide plan to ensure sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support individuals who experience chronic homelessness. These responsibilities include but are not limited to: identifying service gaps, participating in infrastructure reform, policy development, involving individuals who experience chronic homelessness at the policy and practice level. **Note: The draft statewide plan is due by the 2nd month of the grant project.** Examples of desired outcomes of the plan, include:
 - Identify and develop, through partnership with the state Medicaid eligibility/determination office, a process that accelerates and streamlines Medicaid enrollment for individuals who experience chronic homelessness.
 - Develop Medicaid provisions (e.g., Medicaid billable services) that are used to cover the various services needed for those who experience chronic homelessness.
 - Assist substance abuse treatment and homeless providers in becoming Medicaid providers and developing Medicaid reimbursement mechanisms.

- Engage and enroll persons who experience chronic homelessness into Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP, etc.).
- Identify and enroll persons in Medicaid and other mainstream benefits with multiple chronic conditions who are likely to need or be served by medical homes or care coordination services.
- Identify, develop, and train staff on SOAR and create partnerships with the SSA offices to address seamless processing for SSI/SSDI applications.
- Train case managers and other staff on medical documentation needs of individuals seeking mainstream benefits.

Allowable Activities

In addition to required activities, other **allowable** infrastructure activities include the following types of activities:

- Adopting and/or enhancing computer systems, management information system (MIS), electronic health records (EHRs) (see [Appendix J](#)), etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Training/workforce development to help staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.

2.2 Community-Based Treatment Sites

Grantees must use **not less than 78.75% (i.e., \$521,182) of the award (CSAT funds)** for the provision of direct treatment for substance use disorders or co-occurring substance use and mental disorders and recovery support services for individuals who experience chronic homelessness with substance use disorders or co-occurring substance use and mental disorders and have attained permanent housing as part of this grant effort. Applicants must identify a means to select community-based treatment provider sites that will provide treatment and recovery support services to individuals who experience chronic homelessness that have been newly placed in permanent housing; each local community-based treatment provider site may use **up to 10% of their award** for data collection and performance measurement, and performance assessment (see Section I-[2.5](#) and [2.6](#)).

These providers may be, but are not limited to the following: substance use or mental health treatment provider agencies, peer providers, health centers, housing entities, primary care, or other agencies that serve individuals who experience chronic homelessness that can meet the requirements specified in this RFA.

Note: These sites should be selected by the 3rd month of the grant project and service delivery should begin by the 4th month of the grant project at the latest.

Applicants must explain how the community-based treatment provider sites will be selected, the rationale for the choice of these sites, how the applicant plans to partner with the local community-based treatment providers, how services will be delivered, how services will be evaluated, and a plan for process improvement.

Applicants must ensure that sites will have the capacity to permanently house and serve individuals who experience chronic homelessness with substance use disorders or co-occurring substance use and mental health disorders as a primary population of focus. The applicant is responsible to ensure Government Performance and Results Modernization Act of 2010 (GPRA) data are collected and entered within the prescribed time periods.

The grantee will determine the evidence-based assessment and treatment intervention(s) to be used with individuals who experience chronic homelessness with substance use disorders or co-occurring substance use and mental disorders in need of substance use disorders and co-occurring substance use and mental disorders treatment and recovery support services. [Note: The grantee is responsible to oversee all aspects of the EBP implementation including but not limited to: training, certification, monitoring, use of assessment tools, etc.]

Required Activities

Grantees must ensure that community-based treatment sites include the following **required** activities:

- Screening and assessment for the presence of substance use disorders and co-occurring substance use and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches.
- Outreach and direct treatment (including screening, assessment, and active treatment) for both substance use and mental health disorders. Collaborate and partner with other funding agencies that provide outreach and direct treatment (e.g., PATH, Shelter Plus Care providers and outreach workers). Treatment must be provided in outpatient (including outreach-based services) or day treatment or intensive outpatient. Treatment in short-term residential programs is allowable if 90 days or less in duration and at a cost not to exceed 6.5% of total subaward annually for all recipients of short-term residential programs. [Note: If you are proposing a residential program, you must identify it as such in Section B of the Project Narrative.]

- Obtain permanent housing for individuals who experience chronic homelessness and engaged in treatment and recovery support services.
- Case management or other strategies to link with and retain clients in housing and other necessary services, including but not limited to primary care services, and to coordinate these services with other services provided to the client.
- Organize and make available an array of integrated services and supports for individuals with substance use disorders or co-occurring substance use and mental health disorders.
- Identification and enrollment of persons with multiple chronic conditions who are likely to need or be served by medical homes or care coordination services into Medicaid and other mainstream benefits.
- Engagement and enrollment of persons who experience chronic homelessness into Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP, etc.).
- Provide access to recovery support services designed to improve access to and retention in services and to continue treatment gains, which may include some or all of the following as appropriate for each client:
 - Vocational, child care, educational and transportation services
 - Independent living skills (e.g., budgeting and financial education)
 - Employment readiness, training, and placement
 - Crisis care
 - Medications management
 - Self-help programs
 - Discharge planning
 - Psychosocial rehabilitation
 - Peer recovery support(s)

SAMHSA grant funds may not be used to fund housing. Therefore, applicants are required to demonstrate the ability to assist clients to attain permanent housing and provide documentation of the source of funding for the housing component, and evidence that the number of units available for the grant matches the number of clients targeted to be enrolled in the grant project for each year of the grant.

The applicant must sign the Statement of Assurance (See [Appendix D](#) , Statement of Assurance) documenting the availability of permanent housing units that match the number of clients targeted to be enrolled in the grant project for each year of the grant. The Statement of Assurance must be included in Attachment 1 of the application. If funded, prior to selecting sub-awardees, the Grantee is required to provide the following documentation for the housing component:

- For a U.S. Department of Housing and Urban Development (HUD) funded applicant, a copy of the current executed grant agreement from HUD for permanent housing (Shelter Plus Care, Section 8 Moderate Rehabilitation Program for Single-Room Occupancy [SRO] Dwellings for Homeless Individuals, Supportive Housing Program [SHP] Permanent Housing for Persons with Disabilities, Housing Opportunities for Persons with AIDS [HOPWA], HOME or Community Development Block Grants [CDBG] funding that develops and/or lease permanent housing for tenants who have substance use disorders or co-occurring substance use and mental disorders); OR
- From a non-HUD funded applicant, a letter from a comparable housing program funding source verifying a current, executed grant or contract agreement. The letter must include the following information:
 - Brief summary describing the funding source, including any funding requirements and/or restrictions;
 - Amount of funding provided per year for the applicant's permanent housing program;
- Type of permanent housing (scattered-site or facility-based) and number of housing units already secured (annually, must be equivalent to the number of individuals to be enrolled in grant project);
- Amount program participants pay toward housing; and
- Information about clients':
 - choice in housing;
 - option in level and type of services received;
 - tenancy rights (e.g., privacy in unit, leasing); and
 - eligibility to be considered for permanent housing despite substantially greater vulnerability (i.e., multiple severe physical and behavioral health disabilities, history of criminal justice involvement, serious mental illness, severe substance use disorder, and co-occurring substance use and mental disorders).

Grantees are strongly encouraged to utilize 3rd party and other revenue realized from provision of services to the extent possible and focus on using SAMHSA grant funds only for services to individuals who are ineligible for public or private health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also encouraged to facilitate the health insurance

application and enrollment process for eligible uninsured clients. In addition, grantees are strongly encouraged to include similar stipulations in all contracts with partnering provider organizations. For more information on health insurance and enrollment, please visit <http://www.healthcare.gov/marketplace>.

SAMHSA funds may not be used to pay for primary care, emergency medical services for physical conditions, or prescription drugs. Medical care and prescriptions for participants must be provided through other funding sources and/or by other providers (e.g., community health centers, Health Care for the Homeless programs, or other medical providers). SAMHSA grantees may not require that program participants engage in services as a condition of housing tenancy. Tenants, however, may be given a choice to live in sober housing as long as the grantee can provide an alternative living unit should the tenant relapse. Grantees are expected to work actively with program participants to engage them in appropriate behavioral health and recovery services.

Allowable Activities

In addition to required activities, other **allowable** direct services include the following types of activities:

- Tenant case management that help program participants maintain housing and are not covered by a State's Medicaid plan.
- Supportive employment and education.
- Transportation for clients.
- Training in evidence-based practices for service providers, such as motivational interviewing or critical time intervention (See [Appendix C](#) for additional information about using EBPs).
- Limited outreach and screening, to identify incarcerated individuals who may experience chronic homelessness upon release from a jail or detention facility; and to provide those identified with a post-release housing and behavioral health services plan.
- Providing "wrap-around"/recovery support services (e.g., child care, vocational, educational and transportation services) designed to improve access and retention in treatment and permanent housing.
- Education, screening, and counseling for hepatitis and other sexually transmitted infections;
- Active steps to reduce HIV/AIDS risk behaviors by their clients. Active steps include client screening and assessment, and either direct provision of appropriate services or referral to and close coordination with other

providers of appropriate services. For information on homelessness and HIV, and on other HIV/AIDS topics relevant to this program, see the Health Resources and Services Administration Web page:

<http://hab.hrsa.gov/publications.htm>.

- Trauma-informed services, including assessment and interventions for emotional, sexual, and physical abuse; and
- Use of an integrated primary/substance abuse/mental health care approach in developing the service delivery plan. This approach involves screening for health issues and delivery of client-centered substance abuse and mental health services in collaboration and consultation with medical care providers. The National Council for Community Behavioral Healthcare Web site describes what integrated primary care is like in practice by linking with descriptions of and resources from existing programs. For more information, visit <http://www.nccbh.org>. The following Web site, <http://www.centerforintegratedhealthsolutions.org> and <http://www.samhsa.gov/healthReform/healthHomes/index.aspx>, describes integrated primary care by linking applicants with existing programs. Special attention is paid to low-income and underserved populations.

SAMHSA strongly encourages all grantees to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. SAMHSA requires that grantees demonstrate that people with lived experience (including consumers/peers/people in recovery, youth, and family members) are directly involved in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans particularly in the context of health reform, and to help to clarify these concepts for those applying for funding, providers, grantees, peers/people in recovery, families, and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the

greatest extent possible. Grantees are also expected to address the four dimensions of recovery (health, home, purpose, and community) to the greatest extent possible in their project design and service delivery.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed

2.3 Peer Navigator(s)

In addition to the CSAT-funded activities listed above, grantees will receive funding (up to \$50,000 per year) from CMHS to support peer navigator(s). Peer navigators will assist individuals with co-occurring substance use disorders with serious mental illness who experience chronic homelessness within a case management structure. A peer navigator must be an individual who experienced homelessness, has been diagnosed with serious mental illness and/or co-occurring substance use and mental disorder, and has demonstrated successful recovery and ability to navigate public health systems.

The peer navigator's role is to achieve three main goals:

1. Encourage and support individuals with co-occurring substance use disorders with serious mental illness who experience chronic homelessness access housing and mainstream benefits;
2. Work with clients to define short- and long-term goals and person-centered plans. This includes ascertaining whether the individual wants to address issues relating to personal support. In many cases, the client's mental disorder or substance use have severed many of their personal relationships. However, relationships and personal support networks are often not a priority until underlying issues like income and health are addressed. For individuals with serious mental illness who experience chronic homelessness who do wish to develop greater support, peer navigators may work with them to build their networks; and
3. Coach and support clients in self-management.

Grantees are required to use the entire amount of CMHS funds awarded (i.e., \$50,000) for the peer navigator(s) (see [Section I-2.3](#)). (Note: You must include a

separate column in your budget for the use of the CMHS funding. Grantees will be expected to track and report these funds separately.)

Peer navigators must provide the following activities to individuals with co-occurring substance use disorders with serious mental illness who experience chronic homelessness within a case management structure.

Required Activities

The proposed project is **required** to include the following:

- Utilize strategies aimed at engaging individuals into the needed array of services, including outreach, developing rapport, offering support while assisting with immediate and basic needs, referral to appropriate resources and help finding solutions to end their state of homelessness.
- Serve as a bridge that links individuals who experience homelessness on the streets with social services. Assist individuals to navigate the complex social and health services network to get the care they need.
- Connect individuals through various homeless outreach programs (i.e., PATH) in the region and provide one-on-one support for individually-defined goals beyond housing.
- Encourage and assist individuals to access and enroll in the income supports they are entitled to, such as SSI/SSDI, TANF, Medicaid and other mainstream benefits.
- Connect individuals with services for physical and mental health (including substance use disorders) and advocate for them during their appointments with health care professionals.

2.4 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention, treatment, or housing that are validated by some form of documented research evidence. In Section B of your project narrative, you will need to:

- Identify the evidence-based practice(s) you propose to implement for the specific population(s) of focus.
- Identify and discuss the evidence that shows that the practice(s) is (are) effective for the specific population(s) of focus.

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

[Note: Please see [Appendix E](#), Funding Restrictions, regarding allowable costs for EBPs.]

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See [Appendix C](#) for additional information about using EBPs.

2.5 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under GPRA. You must document your ability to collect and report the required data in “[Section F: Data Collection and Performance Measurement](#)” of your application.

All data described below will be required of the local community-based treatment provider sites and be submitted to SAMHSA by the grantee. In addition to demographics (gender, age, race, and ethnicity) data on all clients served, grantees will be required to report performance on the following GPRA 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 Discretionary Services Client Level GPRA tool, which can be found at <http://www.samhsa-gpra.samhsa.gov> (click on ‘Data Collection Tools/Instructions’), along with instructions for completing it. Hard copies are available in the application packages which are available by calling SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889.]

Grantees and sub-awardees will be provided extensive training on the system and its requirements post-award. Data will be collected at baseline (i.e., the client’s entry into the project), discharge, and 6-months post-baseline. Grantees are expected to monitor and ensure that sub-awardees will obtain a 6-month follow-up rate of 80% (i.e., grantees will be expected to complete a face-to-face interview with 80% of all clients served at intake). Upon collection of the data, grantees will have 7 business days to submit the data to SAMHSA. All data will be submitted via the Services Accountability Improvement System, CSAT’s online data-entry and reporting repository. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use. In addition to the NOMs, data collected by grantees will be used to demonstrate how SAMHSA’s grant programs are reducing disparities in access, service use, and outcomes nationwide. If you have an EHR system to collect and manage

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

In addition to services GPRA measures, grantees will be required to report biannually on their progress and performance on achieving the goals and objectives of the grant project resulting from the four primary grant activities (see [Section I.I. Purpose](#)).

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

2.6 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having /will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted biannually.

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

Outcome Questions:

- What was the effect of the intervention on key outcome goals?
- What program and contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/ sexual identity (sexual orientation/gender identity)?
- How durable were the effects?
- How many individuals were reached through the program and how many were enrolled in Medicaid and other mainstream programs as a result of participation in this program?
- What program and contextual factors were associated with increased access to and enrollment in Medicaid and mainstream programs?
- What was the effect of the permanent housing, recovery support, or treatment on key outcome goals?

- Was the permanent housing and recovery support effective in maintaining the project outcomes at 6-month follow-up?
- What program and contextual factors were associated with positive clinical and housing outcomes?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, including the use of the CLAS standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What activities and actions taken by the State Interagency Council on Homelessness helped improve the clinical and housing outcomes of sub-awardees?
- How did the strategies and interventions used by the State Interagency Council on Homelessness assist in the overall quality improvement of the system of care for individuals who are homeless?
- Are the targets and indicators linked and used to inform quality improvement activities for the state?
- What efforts have been taken to overcome administrative and clinical barriers in enrolling individuals in Medicaid and mainstream programs and how are these efforts informing the implementation and/or enhance the long term sustainability of integrated community systems that provide permanent housing and supportive services throughout the state?

- What efforts have been taken to enroll providers in becoming Medicaid providers?

Grantees (using CSAT funds only) may use no more than 20% (i.e., \$19,855) of the up to 15% (i.e., \$99,273) for infrastructure development of their portion of the award, and treatment provider site(s) may use no more than 10% of their subawards for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-[2.5](#) and [2.6](#) above.

2.7 Grantee Meetings

Grantees must plan to send a minimum of two people (including the project director and evaluator) to a grantee meeting in Year 1 and Year 3 of the grant project. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Proposed budgets cannot exceed \$711,818 in total costs (direct and indirect) in any year of the proposed project. Note: Applicants may request up to \$661,818 per year for three years from CSAT and up to \$50,000 per year for three years from CMHS. The budget must include a separate column for the use of the CMHS funding. Grantees will be expected to track and report the CSAT and CMHS funds separately. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution as reduced by sequestration and do not reflect the final FY 2013 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

These awards will be made as **cooperative agreements**.

Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the conduct of the project. SAMHSA staff will have substantial involvement during the period of performance, including but not limited to: development of the program, oversight of the progress made on the proposed activities and results of those activities, monitoring of funds drawn and project deliverables, and timelines. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee:

- Comply with the terms and conditions of the cooperative agreement award.
- Monitor and ensure that sub-awardees collect and report GPRA data; and agree to provide SAMHSA with the data required for GPRA.
- Implement and assess the program in full cooperation with SAMHSA staff members and contractors.
- Ensure that individuals served by the grant project experience chronic homelessness and are the most vulnerable and have the greatest need, in alignment with the goals of the program.
- Establish a State Interagency Council on Homelessness to meet at least quarterly per year, co-led by the Grantee and representative from the State Mental Health Authority (if applicable), to meet the goals outlined in this RFA.
- Submit the selection process for sub-awards for review and approval. Prior to awarding sub-awards, the Grantee must submit, for each proposed sub-award, required documentation indicated in this RFA (e.g., availability of housing units, evidence of credentials) and receive approval of sub-award(s).
- Submit the draft statewide plan by the 2nd month of the grant project for review and approval.
- Collect, evaluate, and report grantee infrastructure process and outcome data.
- Respond to requests for program-related data.
- Preparation of SAMHSA required reports.

Role of SAMHSA Staff:

- Reviews and approves the selection process for the grant's sub-awards and reviews and approves awards;
- Reviews and approves the draft statewide plan and works collaboratively with the Grantee to adapt the statewide plan based on information gathered through the project;

- Participates on the State Interagency Council on Homelessness (for the purposes of this grant) and in the selection of members that will further enhance and develop the infrastructure, build capacity, and guide grant project implementation;
- Help to establish measures of cost effectiveness;
- Assist the grantee to meet quality improvement goals in an efficient manner;
- Provide advice and assistance in developing the performance assessment;
- Foster learning, collaboration and coordination with other SAMHSA-funded and HUD-funded activities. Examples include facilitating communication and connection with Continuums of Care, SAMHSA regional offices, HUD regional offices, Addiction Technology Transfer Centers (ATTCs); and HRSA resources; and
- Provide training, observation of practice, consultative services, peer monitoring, and other services envisioned under this program in collaboration with SAMHSA technical assistance resources.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are the single state agencies for substance abuse in the District of Columbia (D.C.) and the following states: Arizona, California, Colorado, Florida, Georgia, Hawaii, Illinois, Louisiana, Maryland, Massachusetts, Michigan, Nevada, New York, Oregon, Pennsylvania, Texas, and Washington.

To demonstrate a collaborative effort between the state behavioral health entities, applicants must provide a letter of commitment from the state mental health authority (if applicable), in **Attachment 4** of the application. If the SSA and the state mental health authority are one entity, a letter of commitment is not required.

SAMHSA believes the most effective way to accomplish the goals of this three year state-based grant program is to limit eligibility to these 17 states and D.C., due to the high concentration of individuals who experience chronic homelessness that reside in these states. In 2010, the U.S. Interagency Council on Homelessness (USICH) approved Opening Doors, a Federal Strategic Plan to Prevent and End Homelessness. One of the goals of this Strategic Plan is to achieve the goal of ending chronic homelessness by 2015. SAMHSA is committed in the effort to achieve this and other goals in the Federal Strategic Plan.

Per HUD's 2012 point-in-time (PIT) information submitted by Continuums of Care*, of the total 99,894 chronic homeless persons in the nation, 78,714 (79 percent) were living in the abovementioned 17 states and D.C. In addition, out of the nation's 633,782 homeless people, 473,927 (74.78 percent) were also living in these 17 states and D.C. Furthermore, the 2012 PIT report highlighted that almost one half of all chronically homeless persons (44,736 people or 44.8 percent) were located in smaller cities, counties, and regional Continuums of Care within these 17 states and D.C.

In order to efficiently and effectively impact the goals of the USICH Strategic Plan, it is vital to target the states and communities that represent the highest percentage of chronic homelessness in this country. Limiting eligibility to states that are home to these high-need communities represents a targeted approach to achieve success.

*https://www.onecpd.info/resources/documents/2012AHAR_PITestimates.pdf

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

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

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 SF-424 application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
2. application submission requirements in Section IV-3 of this document; and
3. formatting requirements provided in Appendix A of this document.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. Applicants must ensure that the four additional requirements related to the provision of services are met by the selected provider sites.

The four requirements are:

- A provider organization for direct client (e.g., substance abuse treatment, mental health) services appropriate to the grant must be involved in the proposed project. More than one provider organization may be involved;
- Each mental health/substance abuse 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 mental health/substance abuse 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.
- Each mental health/substance abuse treatment provider also must either:
 - be qualified to receive Medicaid reimbursements and have an existing reimbursement system in place for services covered under the state Medicaid plan; OR
 - have established links to other behavioral health or primary care organizations with existing reimbursement systems for services covered under the state Medicaid plan.

[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 mental health/substance abuse treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, prior to receiving a sub-award from the grantee. See Appendix D, Statement of Assurance.]

Prior to making sub-awards to community-based treatment provider sites, grantees must provide the following documentation to your GPO:

- a letter of commitment from every mental health/substance abuse 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 mental health/substance abuse 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 mental health/substance abuse 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.¹
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse 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.
- official documentation that mental health/substance abuse treatment provider organizations are qualified to receive Medicaid reimbursements and have an existing reimbursement system in place for services covered under the state Medicaid plan; **OR** official documentation that mental health/substance abuse treatment provider organizations have established links to other behavioral health or primary care organizations with existing reimbursement systems for services covered under the State Medicaid plan.

The GPO must receive and approve this documentation prior to Grantees making sub-award selections.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

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

Additional materials available on this website include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;

¹ Tribes and tribal organizations are exempt from these requirements.

- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF-424.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Package

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

- The Face Page (SF-424); Budget Information form (SF-424A); Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. **Applications that do not include the required forms 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 website <http://www.samhsa.gov/grants/index.aspx> and a synopsis of the RFA is available on the federal grants website (<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 12 required application components:

- **Face Page** – SF-424 is the face page. [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 website 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 new System for Award Management (SAM). The former Central Contractor Registration (CCR) transitioned to the SAM on July 30, 2012. For any registrations in process during the transition period between July 16, 2012 and October 15, 2012, the data that were previously submitted to CCR were migrated to SAM. **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the

validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations). The DUNS number you use on your application must be registered and active in the SAM. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.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 enrolled in the grant project, number of people to be assisted with enrollment for 3rd party networks and mainstream benefits, and number of provider organizations to be assisted with enrollment in 3rd party networks annually and throughout the lifetime of the project. 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, reports 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 Information Form** – Use SF-424A for the budget required. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in [Appendix G](#) of this document. **Please note that there should be separate columns within the budget for CSAT and CMHS funds.**
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through F. Sections A-F together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “[Section V – Application Review Information](#)” of this document.

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

- **Attachments 1 through 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1,

3 and 4 combined. There are no page limitations for Attachments 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

- **Attachment 1:** (1) Identification of at least one experienced, licensed mental health/substance abuse 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 D](#) of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that each treatment provider organization will meet the 2-year experience requirement; will be appropriately licensed, accredited, and certified; that the availability of permanent housing units match the number of clients targeted to be enrolled in the grant project for each year of the grant; 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) contracts or MOUs from members of the State Interagency Council on Homelessness.
- **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 from the State Mental Health Authority (if applicable; see Eligibility of this document)
- **Attachment 5:** A copy of the state or county strategic plan or a state or county needs assessment indicating that the proposed project addresses a state- or county-identified priority.
- **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 website with the RFA and provided in the application package.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the face page (SF-424) of the application. You are

also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA's website with the RFA and provided in the application package.

- **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked 'I Agree'** before signing the face page (SF-424) of the application.
- **Disclosure of Lobbying Activities** – 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. You must sign and submit this form, if applicable.
- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, “Type of Application”, indicating if this is a new, noncompeting continuation, competing continuation or supplemental application, as well as Parts A through D.
- **Documentation of nonprofit status** as required in the Checklist.

2.3 Application Formatting Requirements

Please refer to Appendix A, 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 **11:59 PM** (Eastern Time) on **May 1, 2013**.

Your application must be submitted through <http://www.Grants.gov>. Please refer to Appendix B, “Guidance for Electronic Submission of Applications.”

4. 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 and 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

In addition, SAMHSA's **Cooperative Agreements to Benefit Homeless Individuals for States** grant recipients must comply with the following funding restrictions:

Under this program, grantees (state) may use **up to 15% (i.e., \$99,273) of the award (CSAT funds)** for infrastructure development/improvements at the state level; **up to 20% (i.e., \$19,855) of this amount** may be used for data collection and performance measurement, and performance assessment (see Section I-[2.5](#) and [2.6](#)).

Grantees must also devote **not less than 78.75% (i.e., \$521,182) of the award (CSAT funds)** to expand and enhance treatment and recovery services for individuals who experience chronic homelessness with substance use disorders or co-occurring substance use and mental disorders that have newly attained permanent housing through sub-awards to local community-based treatment provider sites that will provide treatment and recovery support services to individuals who experience chronic homelessness that have newly attained permanent housing; each local community-based treatment provider site may use **up to 10% of their funds** for data collection and performance measurement, and performance assessment (see Section I-[2.5](#) and [2.6](#)).

The CMHS funded peer navigator(s) will assist individuals with co-occurring substance use disorders with serious mental illness who experience chronic homelessness within a case management structure. **Grantees are required to use the entire amount of CMHS funds awarded (i.e., \$50,000) for the peer navigator(s) (see [Section I-2.3](#)).** (Note: You must include a separate column in your budget for the use of the CMHS funding. Grantees will be expected to track and report these funds separately.)

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-F) together may be no longer than 30 pages.
- You must use the six sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The Budget Justification and Supporting Documentation you provide in Sections G-I and Attachments 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Population of Focus and Statement of Need (5 points)

- Provide a comprehensive demographic profile of your chronic homeless population of focus in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics, sexual identity (sexual orientation, gender identity) and other relevant factors, such as literacy.
- Discuss the relationship of your chronic homeless population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.
- Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for

Disease Control reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

Section B: Proposed Evidence-Based Service/Practice (15 points)

- Identify the evidence-based practice(s) and assessment you propose to implement for the specific population(s) of focus. Include a discussion of the evidence that shows effectiveness for the specific population(s) of focus and how the practice(s) address the purpose, goals, and objectives of your proposed project. If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Identify ways in which the State will work with their community-based providers in implementing the selected evidence based intervention(s) and assessment, including training, certification, and monitoring.
 - Clearly describe how the provision of the evidence-based intervention by the sub-awardees will be monitored by the Grantee.
 - Describe how you will identify and justify any modifications or adaptations you may need to make to practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.
- Explain how your choice of an EBP will help you address disparities in subpopulations.

Section C: Proposed Implementation Approach (40 points)

- Describe the purpose of the proposed project, including its goals and objectives. These must relate to the intent of the RFA and performance measures you identify in Section F: Data Collection and Performance Measurement. (Indicate if you are proposing a residential program.)
- Clearly describe the process the state will use to target a geographic area and select the community-based treatment provider sites that will receive sub-awards. Applicants should provide a detailed description of the process that will be used including how need, experience and ability to deliver evidence-based interventions will be assessed.
- Describe how achievement of the goals will produce meaningful and relevant results for your community (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's goals for the program.

- Clearly describe the process the state will use to establish and sustain a State Interagency Council on Homelessness that is minimally comprised of representatives specified in the RFA.
- Clearly describe how you will enhance or develop a statewide plan to ensure sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support individuals who experience chronic homelessness and that meets the required activities specified in the RFA.
- Describe how you will assist the state Medicaid eligibility agency in developing a streamlined application process for individuals who experience chronic homelessness, assist providers to become qualified Medicaid providers, and ensure that sub-awardees engage and enroll eligible persons who experience chronic homelessness in Medicaid and other mainstream benefit programs.
- Describe how the state will ensure that outreach, treatment (specify types), housing, case management, and recovery support services provided by the project meet the required activities specified in the RFA. If you are proposing activities in addition those required, please specify and discuss.
- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- Describe how you will ensure that sub-awardees will screen and assess clients for the presence of co-occurring substance use and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.
- Describe how you will ensure that sub-awardees will identify, recruit and retain the population(s) of focus. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.
- Describe how you will ensure the participation of consumers and people in recovery in assessing, planning and implementing your project.

- Identify any other organizations (if specific organizations are not yet identified, identify types of organizations) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include contracts or MOUs indicating commitment and/or support from proposed State Interagency Council on Homelessness membership and other state agencies or community organizations supporting the project in **Attachment 1**.
- Clearly state the unduplicated numbers of individuals the grant project will serve annually and over the entire project period, in the following areas:
 - Grant project enrollment by community-based providers (individuals that experience chronic homelessness and newly placed in permanent housing for the purposes of this grant);
 - Individuals assisted with enrollment for 3rd party networks and mainstream benefits; and
 - Provider organizations assisted with enrollment in 3rd party networks.
- Describe how you will ensure that sub-awardees will utilize 3rd party and other revenue realized from the provision of substance abuse treatment services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public health insurance programs; individuals for whom coverage has been formally determined to be unaffordable; or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Also describe how you will ensure that sub-awardees facilitate the health insurance application and enrollment process for eligible uninsured clients.
- Provide a per-unit cost for this program. One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved. Justify that this per-unit cost is providing high quality services that are cost effective. Describe your plan for maintaining and/or improving the provision of high quality services that are cost effective throughout the life of the grant.

Section D: Staff and Organizational Experience (10 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
- Provide a list of staff positions for the project (applicant and sub-awardees), including the Project Director, Evaluator, and other key personnel, showing the role of each and their level of effort and qualifications.
- Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s). Also, describe how you will ensure that staff of the sub-awardees are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).

Section E: Peer Navigator(s) (10 points)

- Describe how peer navigators will work with individuals and families, engage them in services to end their chronic homelessness, and help them identify their personal goals.
- Describe how peer navigators will serve as a bridge that links individuals with co-occurring substance use disorders with serious mental illness who experience chronic homelessness with physical, mental health, substance use, and social services.
- Describe how peer navigators will assist individuals co-occurring substance use disorders with serious mental illness who experience chronic homelessness navigate the complex social and health services network to get the care they need.
- Describe how peer navigators will collaborate with different homeless outreach programs in the region and provide one-on-one support for individually-defined goals beyond housing.
- Explain how peer navigators will assist individuals to access and enroll in the income supports they are entitled to, such as SSI/SSDI, TANF, Medicaid and other mainstream benefits.
- Explain how they will promote self-management.

- Explain how they will assist individuals with enrollment on health insurance and other benefit programs.

Section F: Data Collection and Performance Measurement (20 points)

- Document your ability to collect and report on the required performance measures as specified in [Section I-2.5](#) of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe the data-driven quality improvement process (at both state systems level and direct service level) by which sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced.
- Describe your plan for conducting the local performance assessment as specified in [Section I-2.6](#) of this RFA and document your ability to conduct the assessment.

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

Budget Justification, Existing Resources, Other Support (other federal and non-federal sources).

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. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

Be sure that **no more than 15%** (i.e., \$99,273) of the award (CSAT funds) is proposed for infrastructure development/improvements at the state level; **up to 20%** (i.e., \$19,855) of this amount may be used for data collection and performance measurement, and performance assessment (see Section I-[2.5](#) and [2.6](#)). **Specifically identify the items associated with these costs in your budget.** An illustration of a budget and narrative justification is included in [Appendix G](#), Sample Budget and Justification, of this document.

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See [Appendix B](#), Guidance for Electronic Submission of Applications.)

SUPPORTING DOCUMENTATION

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

Section H: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director, Evaluator, 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 you should include in your biographical sketches and job descriptions can be found in [Appendix F](#) of this document.

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 H](#) 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' and 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 will receive notification from SAMHSA.

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 website 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 website (<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
 - revisions to the budget and narrative justifications.
- 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.

- If your application is funded, you must comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. You may assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, available at <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>.
- 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 package for SAMHSA grants and is posted on the SAMHSA website at <http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf>. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.5, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/Grants/apply.aspx>. Further, CSAT and CMHS funds must be separately tracked in a formal accounting system and based on this information, grantees must report their total, CSAT, and CMHS expenditures in annual and final Federal Financial Reports (SF 425).

VII. AGENCY CONTACTS

For questions about program issues contact:

Michelle E. Daly, M.S.W.
Lead Public Health Advisor
Co-Occurring and Homeless Activities Branch
Center for Substance Abuse Treatment

Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, 5-1050
Rockville, MD 20857 (courier/overnight use 20850)
(240) 276-2789
Michelle.Daly@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1412
eileen.bermudez@samhsa.hhs.gov

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

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

- Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.
- You must be registered in the System Award Management (SAM) prior to submitting your application. The DUNS number used on your application must be registered and active in the SAM prior to submitting your application.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (See additional requirements in Appendix B, "Guidance for Electronic Submission of Applications.")
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

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.

- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection/human subjects specified in Appendix H of this announcement
 - Budgetary limitations as specified in Sections I, II, and IV-4 of this announcement
 - Documentation of nonprofit status as required in the Checklist.

- Black print should be used throughout your application, including charts and graphs (no color). **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**
- 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 the SF-424 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.

Appendix B – Guidance for Electronic Submission of Applications

Beginning in FY 2013, SAMHSA discretionary grant applications must be submitted electronically through Grants.gov. SAMHSA will not accept paper applications, except when a waiver of this requirement is approved by SAMHSA. The process for applying for a waiver is described later in this appendix.

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:

The DUNS number you use on your application must be registered and active in the SAM.

2. System for Award Management (SAM) registration:

The **System for Award Management (SAM)** is a federal government owned and operated free website that replaces capabilities of the former Central Contractor Registry (CCR) system, as well as EPLS. Future phases of SAM will add the capabilities of other systems used in federal awards processes.

SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject electronic submissions from applicants with expired registrations. To create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.**

You will find a *Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM* at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.

3. Grants.gov Registration (get username and password):

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.

You can find additional information on the registration process at http://www.grants.gov/assets/organizationregcheck_092112.pdf. The Organization Registration Checklist available at this site provides registration guidance for a company, institution, state, local or tribal government, or other type of organization submitting for the first time through Grants.gov.

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 funding announcement number and CFDA number on the cover page of this 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.

Please allow sufficient time to 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. It is important that you retain this tracking 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.** Please note that it is incumbent on the applicant to monitor your 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.**

If you experience issues/problems with electronic submission of your application through Grants.gov, contact the Grants.gov helpdesk by email at support@grants.gov or by phone at 1-800-518-4726 (1-800-518-GRANTS). **Make sure you get a case/ticket/reference number that documents the issues/problems with Grants.gov.** It is critical that you initiate electronic submission in sufficient time to resolve any issues/problems that may prevent the electronic submission of your application. Grants.gov will reject applications submitted after 11:59 PM on the application due date.

SAMHSA highly recommends that you submit your application 24-48 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM, and DUNS registration at least 2 weeks prior to the submission deadline, it is highly unlikely that these issues will be resolved in time to successfully submit an electronic application.

It is strongly recommended that you prepare your Project Narrative and other attached documents in Adobe PDF format. If you do not have access to Adobe software, you may submit in Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than Adobe PDF or Microsoft Office 2007 may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, only the four files will be downloaded and considered in the peer review of applications.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-F) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections G-I) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-5) in this order and numbered consecutively.

If you have documentation that does not pertain to any of the 4 listed attachment files, include that documentation in Other Attachment File 2.

New for FY 2013

Applicants are now limited to using the following characters in all attachment file names:

Valid file names may include only the following characters:

- A-Z
- a-z
- 0-9
- Underscore _
- Hyphen –

- Space
- Period .

If your application uses any other characters when naming your attachment files, your application will be rejected by Grants.gov.

Do not use special characters in file names, such as parenthesis (), #, ©, etc.

Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in rejection of your application.

Waiver Request Process

Applicants may request a waiver of the requirement for electronic submission if they are unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship. The process for applying for a waiver is described below. Questions on applying for a waiver may be directed to SAMHSA's Division of Grant Review, 240-276-1199.

All applicants must register in the System for Award Management (SAM) and Grants.gov, even those who intend to request a waiver. If you do not have an active SAM registration prior to submitting your paper application, it will be screened out and returned to you without review. Registration is necessary to ensure that information required for paper submission is available and that the applicant is ready to submit electronically if the waiver is denied. (See directions for registering in SAM and on Grants.gov above.)

A written waiver request must be received by SAMHSA at least 15 calendar days in advance of the application due date stated on the cover page of this RFA. The request must be either e-mailed to DGR.Waivers@samhsa.hhs.gov, or mailed to:

Diane Abbate, 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**

Applicants are encouraged to request a waiver by e-mail, when possible. When requesting a waiver, the following information must be included:

- SAMHSA RFA title and announcement number

- Name, address, and telephone number of the applicant organization as they will appear in the application
- Applicant organization's DUNS number
- Authorized Organization Representative (AOR) for the named applicant
- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

The Office of Grant Review will either e-mail (if the waiver request was received by e-mail) or express mail/deliver (if the waiver request was received by mail) the waiver decision to the Contact Person no later than seven calendar days prior to the application due date. If the waiver is approved, a paper application must be submitted. (See instructions for submitting a paper application below.) SAMHSA will not accept any applications that are sent by e-mail or facsimile or hand carried. If the waiver is disapproved, the applicant organization must be prepared to submit through Grants.gov or forfeit the opportunity to apply. The written approval must be included as the cover page of the paper application and the application must be received by the due date.

A waiver approval is valid for the remainder of the fiscal year and may be used for other SAMHSA discretionary grant applications during that fiscal year. When submitting a subsequent paper application within the same fiscal year, this waiver approval must be included as the cover page of each paper application. The organization and DUNS number named in the waiver and any subsequent application must be identical.

A paper application will not be accepted without the waiver approval and will be returned to the applicant if it is not included. Paper applications received after the due date will not be accepted.

Instructions for Submitting a Paper Application with a Waiver

Paper submissions are due by **5:00 PM** on the application due date stated on the cover page of this RFA. **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 sent by e-mail or facsimile or hand carried.

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:

Diane Abbate, 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 "CABHI-States and TI-13-004" in item number 12 on the face page (SF-424) of your paper application. 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.

If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:

- Face Page (SF-424)
- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form

- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist – the Checklist should be the last page of your application.
- Documentation of nonprofit status as required in the Checklist

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.

Black print should be used throughout your application, including charts and graphs (no color). Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

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.

Appendix C – Using Evidence Practices (EBPs)

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

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

effectiveness of each evidence-based practice will be quantified in the performance assessment of the project.

- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

Resources for Evidence-Based Practices:

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

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

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

[Note: Please see [Appendix E](#), Funding Restrictions, regarding allowable costs for EBPs.]

Appendix D – Statement of Assurance

As the authorized representative of [insert name of applicant organization] _____, I assure SAMHSA that each substance abuse treatment provider organization will meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is funded, prior to making sub-awards, 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, sub-awards cannot be made.

- a letter of commitment from every mental health/substance abuse treatment service provider organization that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse 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 mental health/substance abuse 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.² (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 mental health/substance abuse 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.

² Tribes and tribal organizations are exempt from these requirements.

- official documentation that mental health/substance abuse treatment provider organizations are qualified to receive Medicaid reimbursements and have an existing reimbursement system in place for services covered under the state Medicaid plan; **OR** official documentation that mental health/substance abuse treatment provider organizations have established links to other behavioral health or primary care organizations with existing reimbursement systems for services covered under the State Medicaid plan.

Signature of Authorized Representative

Date

Appendix E – Funding Restrictions

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

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing.
- Pay for furniture.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- 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.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the RFA. Grant funds may be used for light snacks, not to exceed \$2.50 per person.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

Appendix F – Biographical Sketches and Job Descriptions

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

Appendix G – Sample Budget and Justification

(No match required)

PROPOSED BUDGETS CANNOT EXCEED \$711,818 (INCLUSIVE OF \$50,000 OF CMHS FUNDS) AS STATED IN THE (CABHI-States) RFA.

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	CSAT Costs	CMHS Costs	Grand Total
(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		
(4) Peer Navigator	Jane Doe	\$25,000	100%		\$25,000	
(5) Peer Navigator	Jane Doe	\$25,000	100%		\$25,000	
			TOTAL	\$52,765	\$50,000	\$102,765

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.
- (4) & (5) The Peer Navigator(s) will assist individuals with Co-Occurring substance use disorders with serious mental illness who are chronically homeless.

Key staff positions require prior approval by the Grants Management Officer, after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **\$102,765**

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

FEDERAL REQUEST

Component	Rate	Wage	CSAT Costs	CMHS Costs	Grand Total
FICA	7.65%	\$52,765	\$4,037		
Workers Compensation	2.5%	\$52,765	\$1,319		
Insurance	10.5%	\$52,765	\$5,540		
		TOTAL	\$10,896		\$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	CSAT Costs	CMHS Costs	Grand Total
(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		\$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	CSAT Costs	CMHS Costs	Grand Total
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		\$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 RECEIVING SERVICES SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
(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	CSAT Costs	CMHS Costs	Grand Total
(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 Payne	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		\$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 and is knowledgeable about the target 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	CSAT Costs	CMHS Costs	Grand Total
(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		

Item	Rate	CSAT Costs	CMHS Costs	Grand Total
(4) Brochures	.89/brochure X 1500 brochures	\$1,335		
	TOTAL	\$15,815		\$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, it 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 only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <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)

\$222,713

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) \$227,806

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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. Other support is defined as all funds or resources, whether Federal, Non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, In-kind contributions or other Non-federal means.

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

Proposed Project Period

a. Start Date:	09/30/2013	b. End Date:	09/29/2018
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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	\$102,765	\$104,348	\$105,978	\$107,658	\$109,387	\$530,136
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
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	\$227,806	\$227,806	\$227,806	\$227,806	\$227,806	\$1,139,030

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$1,139,030**

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the Year 1 Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policies and procedures that state all employees within the organization will receive a COLA.

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

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

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

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

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

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

6. Adequate Consent Procedures

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

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

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

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

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

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB

approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix I – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: “**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.**” Grantees for this program will be required to submit a health disparities impact statement to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities. This statement must outline the population/s of focus that will be involved in the project and the unduplicated number of individuals who are expected to receive services. It should be consistent with information in your application regarding access, service use and outcomes for the program. The disparities impact statement may be developed as a brief narrative or table (see “Sample Health Disparities Impact Statement” at the end of this appendix).

You also will be required to develop a plan to decrease the differences in access, service use and outcomes among subpopulations that will be implemented throughout the project. This plan should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to

lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011,

<http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and

Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at: <http://www.ThinkCulturalHealth.hhs.gov>.

Sample Health Disparities Impact Statement:

Access to Services

Based on the general population who will receive services from this grant, the behavioral health outcomes for Latino/Hispanics and African Americans are significantly worse than other groups. We have prioritized the service needs of these populations for this grant and propose to serve the following numbers of clients:

	Total	FY1	FY2	FY3	FY4
Direct Services: Number to be served	400	100	100	100	100
<i>By Race/Ethnicity</i>					
African American	80	20	20	20	20
American Indian/Alaska Native	<20	<5	<5	<5	<5
Asian	<20	<5	<5	<5	<5
White	180	45	45	45	45
Hispanic or Latino	100	25	25	25	25
Native Hawaiian/Other Pacific Islander	n/a	n/a	n/a	n/a	n/a
Two or more Races	unknown	unknown	unknown	unknown	unknown
<i>By Gender</i>					
Female	192	48	48	48	48
Male	208	51	51	51	51

<i>By Sexual Orientation/Identity Status</i>					
Lesbian	unknown	unknown	unknown	unknown	unknown
Gay	unknown	unknown	unknown	unknown	unknown
Bisexual	unknown	unknown	unknown	unknown	unknown
Transgender	unknown	unknown	unknown	unknown	unknown

Service Use

Services and activities will be designed and implemented in accordance with cultural and linguistic needs of the individuals enrolled in the program. Service completion rates will be consistent with the access to services projections noted above.

Outcomes

Access and service use data will be used to manage grant implementation activities to improve the behavioral health outcomes of Latino/Hispanic and African American clients by 10% from their baseline performance.

Appendix J – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit:

<http://www.healthit.gov/providers-professionals>

For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see: <http://onc-chpl.force.com/ehrcert>

For a listing of Regional Extension Centers (REC) for technical assistance, guidance, and information to support efforts to become a meaningful user of Electronic Health Records (EHRs), see: <http://www.healthit.gov/providers-professionals/regional-extension-centers-recs#listing>

Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42CRF Part 2 (<http://www.samhsa.gov/HealthPrivacy/>). EHR implementation plans should address compliance with these regulations.

For questions on EHRs and HIT, contact:

SAMHSA.HIT@samhsa.hhs.gov.