

Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration
Grants to Develop and Expand Behavioral Health
Treatment Court Collaboratives
(Short Title: Adult Treatment Court Collaboratives)
(Initial Announcement)

Request for Applications (RFA) No. TI-11-010

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

Key Dates:

Application Deadline	Applications are due by June 6, 2011.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Centers for Substance Abuse Treatment (CSAT) and Mental Health Services (CMHS) are accepting applications for fiscal year (FY) 2011 Grants to Develop and Expand Behavioral Health Treatment Court Collaboratives. SAMHSA's vision of Behavioral Health Treatment Court Collaboratives in the justice system is one that supports treatment and recovery support for people with behavioral health conditions and that improves public health and public safety by transforming the behavioral health system at the community level. The purpose of the Behavioral Health Treatment Court Collaboratives grant program is to allow State and local criminal and dependency courts serving adults more flexibility to collaborate with the other judicial components and the local community treatment and recovery providers to better address the behavioral health needs of **adults** who are involved with the criminal court system.

This grant program is a new approach to current SAMHSA adult treatment drug court and ex-offender reentry grant programs and to SAMHSA's mental health systems transformation grants programs (including jail diversion for individuals with mental health needs). Previous SAMHSA adult drug court and offender reentry grants using CSAT funds have focused resources on expanding or enhancing treatment services to those individuals with substance abuse/use treatment needs, and using CMHS funds for jail diversion for individuals with mental health conditions to change processes for dealing with individuals with behavioral health conditions. This new approach combines previous and current SAMHSA criminal justice – treatment linkage programs with infrastructure planning and development activities to create new court and community networks to transform the behavioral health system at the community level.

SAMHSA's previous and existing ex-offender reentry programs were designed to address the needs of individuals with substance use disorders who had reentered society after being incarcerated. These Court Collaboratives will allow communities to meet the needs of individuals with substance abuse **and** mental health disorders who are engaged at any point of the criminal justice or dependency court continuum including who are reentering society after being re-incarcerated and under some sort of post-incarceration judicial supervision. In order to address the needs of individuals in any part of the criminal justice or dependency court continuum, all adult criminal courts and family/child dependency courts including community-based reentry courts will be eligible to apply for and/or be a part of the court collaboratives. These Court Collaboratives will work to prevent and interrupt the cycle of offense and recidivism that occurs in many communities through diversion into appropriate treatment and services. This transformation will enable individuals with mental and substance use disorders to access treatment and services in appropriate settings instead of jails and prisons.

The Behavioral Health Treatment Court Collaboratives will allow eligible individuals with any type of behavioral health problem (including substance abuse or misuse, alcohol and drug addiction, serious psychological distress, and mental and substance use disorders) to receive treatment and recovery support services as part of a judicial collaborative. By “braiding” funding from CSAT and CMHS this new approach will allow communities to reach a wider population of court-involved **adults** with behavioral health needs.

Funding Opportunity Title:	Grants to Develop and Expand Behavioral Health Treatment Court Collaboratives
Funding Opportunity Number:	TI-11-010
Due Date for Applications:	June 6, 2011
Anticipated Total Available Funding:	\$4.4 million (\$2.2 million from CSAT and \$2.2 million from CMHS)
Estimated Number of Awards:	Up to eleven (11 awards)
Estimated Award Amount:	Up to \$400,000 per year (up to \$200,000 from CSAT and up to \$200,000 from CMHS)
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	<p>SAMHSA is restricting eligibility to operational individual misdemeanor or felony adult criminal courts or family/child dependency courts or their Tribal/State or local governmental proxies who may apply on their behalf.</p> <p>Important: See Section III-1 of this RFA for complete eligibility information.</p>

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Centers for Substance Abuse Treatment (CSAT) and Mental Health Services (CMHS) are accepting applications for fiscal year (FY) 2011 Grants to Develop and Expand Behavioral Health Treatment Court Collaboratives. SAMHSA's vision of a Behavioral Health Treatment Court Collaborative in the justice system is one that supports treatment and recovery support for people with behavioral health conditions and that improves public health and public safety by transforming the behavioral health system at the community level. The purpose of the Behavioral Health Treatment Court Collaborative grant program is to allow State and local criminal and dependency courts serving adults more flexibility to collaborate with the other judicial components and the local community treatment and recovery providers to better address the behavioral health needs of **adults** who are involved with the criminal court system.

This grant program is a new approach to current SAMHSA adult treatment drug court and ex-offender reentry grant programs and to SAMHSA's mental health systems transformation grants programs (including jail diversion for individuals with mental health needs. Previous SAMHSA adult drug court and offender reentry grants using CSAT funds have focused resources on expanding or enhancing treatment services to those individuals with substance abuse/use treatment needs, and using CMHS funds for jail diversion for individuals with mental health conditions to change processes for dealing with individuals with behavioral health conditions. This new approach combines previous and current SAMHSA criminal justice – treatment linkage programs with infrastructure planning and development activities to create new court and community networks to transform the behavioral health system at the community level.

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The Behavioral Health Treatment Court Collaboratives will allow eligible individuals with any type of behavioral health problem (including substance abuse or misuse, alcohol and drug addiction, serious psychological distress, and mental and substance use disorders) to receive treatment and recovery support services as part of a judicial collaborative. By “braiding” funding from CSAT and CMHS this new approach will allow communities to reach a wider population of court-involved **adults** with behavioral health needs.

[**Note:** Applicants should refer to **Section 2: Expectations, Funding Allocation** for guidance on the “braiding” of funds, funding constraints, reporting and accounting, and budget submission requirements.]

Recognizing that substance abuse and mental conditions should be seen in a larger behavioral health context, SAMHSA is proposing a broader, collaborative approach that provides more flexibility for local communities to utilize its courts to provide treatment services to individuals with behavioral health needs (including substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders). Recognizing that individuals with substance abuse disorders and/or mental disorders who are involved with the criminal and juvenile justice systems do not have adequate access to community-based treatment and recovery services SAMHSA has for several years funded discretionary grant programs to meet the needs of these individuals while also recognizing the need for community public safety. Previous SAMHSA funding has often been limited to serving only individuals with substance abuse disorders in drug courts or transitioning from prison to the community thereby creating a services gap. Individuals with mental health-related issues and/or co-occurring substance abuse and mental disorders are not typically provided access to behavioral health services through these courts.

This grant program provides opportunities for State and local criminal or dependency courts to build partnerships in collaboration with other existing criminal courts and court diversion or alternatives to incarceration programs in order to facilitate the transformation of the State and local behavioral health delivery system so as to better meet the behavioral health needs of those adults involved with the criminal court system. By leveraging a spectrum of community based service supports within the problem solving court context for **adults** with behavioral health service needs the courts can facilitate the expansion and enhancement of treatment and recovery support services for those individuals with behavioral health conditions¹ (inclusive of mental

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For the purposes of this RFA, the term “behavioral health” refers to a state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders. This includes a range of problems from unhealthy stress to diagnosable and treatable diseases like serious mental illnesses and substance abuse disorders, which are often chronic in nature

disorders, substance use disorders, and co-occurring mental and substance use disorders). SAMHSA seeks to support the transformation of services to justice involved adults with behavioral health conditions to those that are consumer centered, recovery oriented, evidence-based, quality driven, and trauma informed.

The specific population of focus is **adults** who have been charged with a criminal offense and bound over to a local criminal court for trial/adjudication of that offense, when appropriate, diverted from the justice system through judicial screening, or those sentenced to incarceration in jail or prison and returning to the community under some form of judicial supervision, **and** who have been identified as having or suspected by the court or community of having a behavioral health condition (mental illness, substance use, or co-occurring mental illness and substance use disorders).

The Collaborative among existing criminal courts or family/child dependency courts and other court programs and the community will allow for the coordination of judicial activities and for screening, referral, adjudication, monitoring and treatment of persons with behavioral health conditions. In alignment with the goals of SAMHSA's Strategic Initiative: Trauma and Justice, this program will help "reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health and behavioral healthcare systems and to divert people with substance use and mental disorders from criminal justice and juvenile justice systems into trauma-informed treatment and recovery". Since individuals involved in the criminal justice system tend to have high rates of exposure to trauma either as victims and/or to victimize others, grantees must assure that Behavioral Health Treatment Court Collaborative personnel and service providers will be trauma-informed and that court clients will be screened, assessed, and treated for trauma-related disorders.

The Behavioral Health Treatment Court Collaborative grant program is one of SAMHSA's service grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Given the systems transformation goals of this program, SAMHSA is allowing applicants an initial 6-month start-up period to plan and implement court coordination and linkages and needed systems infrastructure planning and development before the actual provision of treatment and recovery services. However, in order to meet the performance measurement requirements of the program, service delivery must begin by the 6th month of the project at the latest.

but that people can and do recover from. 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

Behavioral Health Treatment Court Collaboratives grants are authorized under Sections 509 of the Public Health Service Act, as amended for CSAT funds, and Section 520A of the Public Health Service Act, as amended for CMHS funds. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA. For more information on SAMHSA's interest in funding ATCC grants please see **Appendix K- Background Information**.

2. EXPECTATIONS

Grant funds will support units of State, Tribal, and local government to establish a coordinated system of judicial intervention combined with community-based screening, assessment, referral, adjudication, monitoring, and treatment of persons with behavioral health conditions in districts that have an established and operating criminal or dependency court to address substance abuse disorders, and at least one problem-solving court (e.g. Drug court, DWI/DUI Court, Reentry Court, Veterans Treatment Court, Co-Occurring Court among others) or other justice system based diversion process (e.g., mental health court) that addresses the needs of persons with mental disorders, substance use disorders, and co-occurring mental and substance use disorders.

Grantees must provide services that address the needs of persons with mental health disorders, substance use disorders, and co-occurring mental and substance use disorders and may not discriminate against or deny services to persons presenting with solely a substance use condition or mental health condition. For example, a drug court participating in the proposed collaboration may not restrict services to only those defendants presenting with a substance use condition thereby denying services to defendants who present with a mental health condition or a co-occurring condition.

Applicants should include a plan for behavioral health treatment court collaboration that will include a partnership of criminal or dependency courts dealing with individuals with behavioral health service needs that will then partner with community-based service providers to provide treatment and recovery support services to these court clients.

Participants in the Collaboratives will be expected to work together to give individuals in need the opportunity to thrive and become contributing members of their communities. SAMHSA's interest is to actively support and shape local behavioral health treatment court collaboratives so that clinical needs are met and individuals are treated using evidence-based practices consistent with the disease model and the problem-solving model, rather than with the traditional adversarial legal model. Grantees will be expected to participate in any joint activities, publications, or technical assistance and training services, as appropriate to SAMHSA's requirements.

Required Activities

The Behavioral Health Treatment Court Collaborative will assist in the development of infrastructure where none exists or expand or enhance existing infrastructure. Grantees will also be expected to establish and maintain collaborative partnerships in order to provide a path to diversion from the justice system or as an alternative to incarceration, as appropriate, and to expand and/or enhance behavioral health outreach, treatment and recovery support services. The following are examples of services expansion and services enhancement as envisioned in this collaborative initiative:

Services Expansion: An applicant may propose to **increase access and availability of services to a larger number of clients**. Applications proposing expansion should propose to increase the number of individuals receiving services as a result of the award. For example, if a treatment facility currently serves 50 persons per year and has a waiting list of 50 persons (but no funding to serve those persons), the applicant may propose to expand service capacity to be able to admit some or all of those persons on the waiting list. **Applicants must clearly state in the application Abstract and the application narrative the number of additional clients to be served for each year of the proposed grant.**

Services Enhancement: An applicant may propose to improve **the quality and/or intensity** of services, for instance, by adding state of the art treatment approaches, or adding a new service to address emerging trends or unmet needs. For example, a substance abuse or mental health treatment provider may propose to add one or more treatment interventions (e.g., trauma-specific care, HIV screening and counseling, family-centered models, outpatient, Sequential Intercept Model) to the current treatment protocol for a population being served by the program. **Applicants proposing to enhance services must clearly indicate in the application Abstract and the application narrative the number of clients who will receive the new enhancement services for each year of the proposed grant (See Appendix F).** Furthermore, applicants proposing to enhance services must clearly indicate in the application how the enhancement is to be achieved (e.g., reduction in waiting lists, partnering with a new agency to provide the specific services enhancement).

Given the disproportionate overrepresentation of people of color in the justice system, applicants are expected to develop a strategy for tracking ethnicity, age, socioeconomic status, and geography of the population(s) of focus in your application to assure that the proposed services reach disadvantaged individuals in need. Applicants must demonstrate that services provided to the population(s) of focus are culturally and linguistically appropriate to people of color.

The project is organized into two phases. During the first six months of the project – the planning phase – grantees will organize and develop infrastructure and establish and maintain collaborative partnerships in order to expand and/or enhance behavioral health

outreach, treatment and recovery support services. In Phase II, applicants will implement and sustain coordination and service delivery to persons with behavioral health conditions in the justice system.

Phase I: Planning, Infrastructure Development, and Collaborative Team Building

Applicants must support courts and communities in their development of a comprehensive, multi-agency, systems transformation approach to expanding and/or enhancing behavioral health treatment and recovery support services to the identified adults and their families. Applicants are expected to demonstrate a collaborative partnership among the problem solving court(s), diversion programs for persons with mental illness, other court or community alternative programs partners, and community-based services organizations.

- Applicants must convene an Adult Treatment Court Collaborative (ATCC) Workgroup consisting of representation from the governmental departments of corrections, local jails, parole/probation offices, law enforcement, mental health, substance abuse, rehabilitation, parole and probation; peer support and recovery organizations; peers/individuals for whom services are to be provided, provider organizations; and the project evaluator. The ATCC must assure relevant interagency collaboration, oversee the project's evaluations and develop and implement plans for long term sustainment of integrated and collaborative processes. The ATCC may be a new entity or may be an offshoot of existing inter-agency partnerships as long as it consists of the indicated governmental departments, provider organizations and evaluator.
- Develop a written plan for an integrated strategy to implement a Behavioral Health Treatment Court Collaborative project.
- Begin the project evaluation.
- Provide staff training on trauma informed care and ensuring that persons in need receive trauma specific treatment services.

Applicants may use up to 30% of the award for infrastructure development during the first year and 15% during the second and third years of the project period. Infrastructure activities include planning and implementing system linkages for court-community collaboration.

Phase II: Services Coordination and Delivery

- Beginning no later than six months after notification of grant award, the grantee will begin screening, assessment, referral, adjudication, monitoring, and treatment of persons with behavioral health conditions and use the information obtained from screening and assessment to develop appropriate treatment approaches. [For more

information on the process of selecting screening instruments to identify co-occurring substance use and mental disorders, go to http://www.coce.samhsa.gov/products/cod_presentations.aspx.]

- Providing or purchasing comprehensive substance abuse and/or mental health treatment that are evidence-based practices. Comprehensive treatment will include trauma specific treatment and recovery support.
- Grantees must continue to convene the ATCC throughout the period of the project to oversee service implementation, coordination and sustainability.
- Grantees must ensure that court and service personnel receive training in trauma informed care and recovery support services. Grant funds may be used for such training and additional training may be provided by SAMHSA technical assistance as appropriate.
- The project must be evaluated and the information from the evaluation used to improve process and outcome.
- Applicants must provide a detailed description of the methods and approaches that will be used to reach the specified population(s) of focus.
- Applicants must also provide evidence that the proposed expansion and/or enhancement will address the overall goals and objectives of the project within the 3-year grant period.

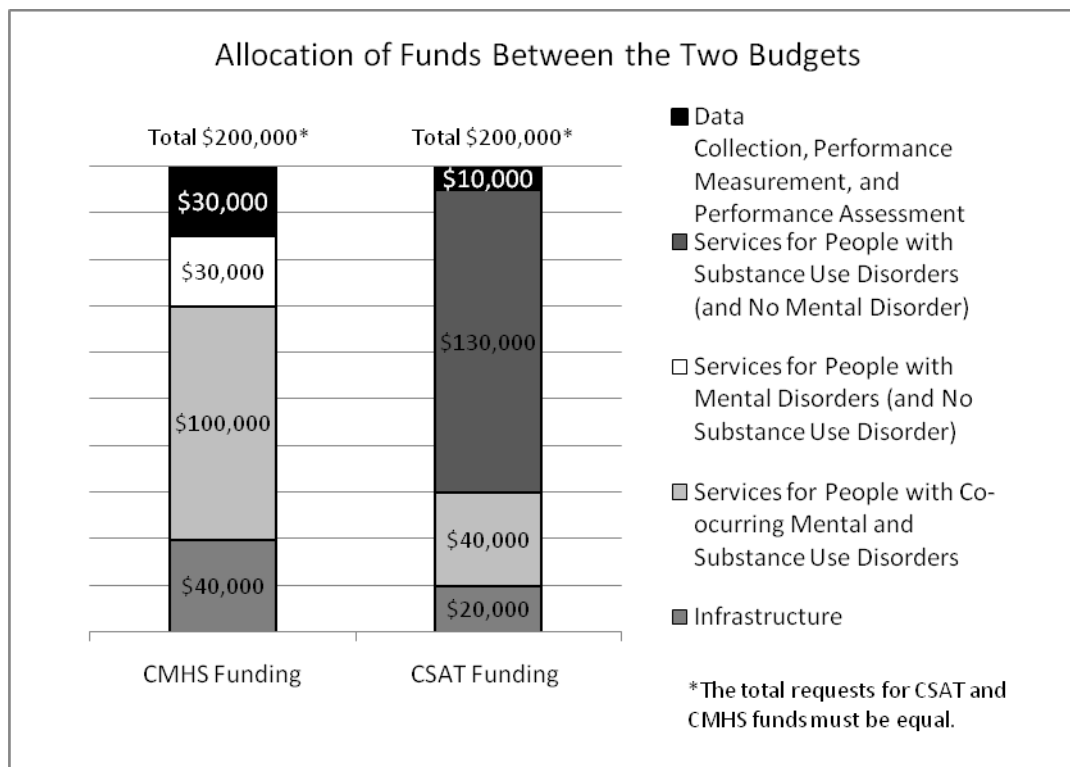
Funding Allocation

SAMHSA is “braiding” funding in this solicitation to allow successful applicants to provide both infrastructure development and services delivery in order to improve local behavioral health systems transformation with the local criminal court systems and community-based service providers. The “braiding” of SAMHSA’s Centers for Substance Abuse Treatment (CSAT) and Mental Health Services (CMHS) funding will allow grantees for the first time to use funds to provide services for individuals involved with the criminal or dependency court system who have behavioral health needs that include substance abuse, mental health, and co-occurring substance abuse and mental health disorders. Previous grant programs have restricted funds to serving individuals with either substance abuse or mental health needs.

Although CSAT and CMHS funds are being “braided” to provide a spectrum of infrastructure and treatment and recovery support services applicants must track separate accounting for the two funding streams and report expenditures/obligated/unobligated funds separately to the respectively assigned government project officer within each SAMHSA Center.

Applicants must submit two budgets, one for services to persons with mental health disorders (tracking CMHS funds) and one for persons with substance abuse disorders (tracking CSAT funds). The two budgets will allow grantees and SAMHSA to track expenditures to each of the authorities funding this grant program. Both funding sources may be used to support costs for treatment for people with co-occurring mental and substance use disorders; data collection, performance measurement, and performance assessment; and infrastructure. SAMHSA recognizes that communities will likely have different levels of need for substance use versus mental health treatment. As a result, applicants may include a larger portion of funding for infrastructure; data collection, performance measurement, and performance assessment; and/or treatment for people with co-occurring disorders in one of the two budgets, allowing for a greater emphasis on services for people with mental disorder or a substance use disorder and no co-occurrence in the other budget. For example, in the attached diagram costs co-occurring treatment, performance, and infrastructure have been more heavily weighted in the CMHS budget allowing for more funds to be spent on services for people with substance use disorders and no co-occurring mental health disorders in the CSAT budget.

An example of an application's allocation of funds between the CSAT and CMHS budget follows. [**Note:** Regardless of the total amount requested the amount allocated to each of the two budgets must be equal.]



Allowable Activities

Infrastructure Applicants may apply not more than 30% of the grant award in the first year and 15% in subsequent years towards infrastructure activities, such as:

- Developing partnerships with other service providers for service delivery;
- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc. to document and manage client needs, care process, integration with related support services, and outcomes;
- Training/workforce development to help court/judicial staff and/or other court partners as well as providers in the community identify mental health or substance abuse issues to provide effective services consistent with the purpose of the grant program;
- Cross-disciplinary training for both court and community services providers to increase effectiveness in working with both the behavioral health needs of the individuals and to address the criminogenic/criminalistic aspects of the individuals' involvement with the justice system;
- The development of systems linkages and referral processes in both court and communities settings;
- Purchase and/or administration of brief diagnostic and screening tools for identification of behavioral health needs for the identified individuals in need;
- Purchase and/or administration of appropriate behavioral health assessment instruments for the identified individuals in need;
- Assistance with linking existing electronic health records and court records for transmission of appropriate health/behavioral health information (in accordance with all existing confidentiality restrictions) along the court-community continuum; and
- Assistance in paying for Department of Labor Bonding for employment of the substance-abusing offender.

Direct Services In addition to the required screening, assessment, referral, adjudication, monitoring, and treatment of persons with behavioral health conditions, grant funds may be used to provide the following direct services:

- Services to improve family functioning;

- Employment support services;
- Addressing criminogenic factors leading to recidivism (for example, training in reducing “criminal thinking” and life style);
- Case management models such as wrap around services, team approaches that include adult criminal court supervising authorities, and existing treatment alternatives organizations such as TASC or similar treatment referral and case management models;
- Drug testing for illicit substances required for supervision, treatment compliance, and therapeutic intervention;
- Education support;
- Relapse prevention and long-term management;
- Forensic peer support;
- Medication-Assisted Treatment (MAT) (e.g., Naltrexone, Disulfiram, Acamprosate Calcium, Buprenorphine for substance abuse needs;
- HIV testing conducted in accordance with State and local requirements. No more than 5% of grant funds may be used for HIV rapid testing²;
- Support in finding housing (Note: funds cannot pay for housing);

² All clients who have a preliminary positive HIV test result must be administered a confirmatory HIV test result. Post award, applicants must develop a plan for medical case management of all clients who have a preliminary positive HIV and confirmatory HIV test result. Grantees will be required to report the number of HIV tests and counseling sessions purchased with CSAT grant funds; data on rapid and confirmatory test results; and risk behaviors and other data that may be required by CSAT. All data will be collected using a standardized CSAT-approved instrument and reported to a CSAT web-based data collection site. As appropriate, post award, SAMHSA will provide technical assistance to: train grantee staff in HIV rapid testing; obtain required State certification to conduct on-site testing; develop, as may be required, agreements with State and local health departments regarding HIV testing activities; and develop a case management system for monitoring and tracking.

- Peer support services; and
- Recovery-oriented systems of care support services, including transportation, life skills, employment services and job training, peer-to-peer services, mentoring, relapse prevention, and coaching services.

The following projected milestones illustrate how the Behavioral Health Treatment Court Collaborative is expected to be developed over the 36 month funding period.

Phase I: Planning, Infrastructure development, and collaborative team building

- 2 months: ATCC Workgroup has convened. The RFA and Application are reviewed by the workgroup. Evaluation plans are submitted to IRC for review as appropriate. Necessary Memoranda of Understanding or other statements documenting support, service delivery, and coordination are developed and shared with the GPO at SAMHSA. Consensus on project goals, objectives and strategies developed.
- 4 Months ATCC Workgroup achieves consensus on project goals, objectives, and strategies to implement project.

Phase II: Services Coordination and Delivery

- 6 months: Staff hired, court personnel receive trauma informed care training; IRB approval received. Persons in the court system with mental illness, substance abuse and co-occurring disorders are screened, evaluated and enrolled in program. Peer recovery and support is integrated into service system. Services have begun to be provided to the identified individuals in need.
- 12 months: Trauma Informed Care and Recovery Support training continues. Evaluation provides initial information on process and outcomes. ATCC Workgroup reviews data and makes recommendations to improve or enhance system efficiencies and effectiveness. Data is now organized and arranged to articulate ATCC model.
- 24 months: More robust results of evaluation prompt practice adaptations for better fit to settings and populations. Data provides evidence of effectiveness of the model. Sustainability plan is developed and implemented.
- 36 months: SAMHSA grant funding ends. ATCC Workgroup implements policy and funding approaches to sustain practices. (As with all its discretionary grant programs, SAMHSA is providing funding for this program for a finite grant period (3 years). However, the intention is that grantees design and

implement their project in such a way as to ensure the sustainability of efforts initiated under this grant when Federal grant funds end.)

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

2.1 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 or treatment 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.
- 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.

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

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA Modernization Act of 2010). You must document your ability to collect and report the required data in "Section E: Performance Assessment and Data" of your application. Grantees will be required to report performance data by using the CSAT Discretionary Services Client Level GPRA Tool and other related GPRA measures which can be found at <http://www.samhsa.gov/grants/tools.aspx>. The collection of these data will enable SAMHSA's CSAT and CMHS to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health and substance abuse. Data will be entered into CSAT's GPRA Services Accountability Improvement System. GPRA data are to be entered into CSAT's GPRA Services Accountability Improvement System via the Internet within 7 business days of the forms being completed. 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, 80% of the participants must be followed-up. Training and technical assistance on data collection, tracking, and follow-up, as well as data entry, will be provided by CSAT. The ATCC data are to be entered into CSAT's GPRA Services Accountability Improvement System via the Internet on a quarterly basis.

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

2.3 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually. This performance assessment report is a separate document from and to be submitted separately from the grantee quarterly progress report.

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/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?

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

Process Questions:

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

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.

2.4 Grantee Meetings

Grantees must plan to send a minimum of four people including the Project Director, evaluator, clinical supervisor, and one person in recovery (i.e., person with behavioral health condition and experience in the justice system who is involved in planning the project) to at least one joint grantee meeting in each year of the grant. 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 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Proposed budgets cannot exceed \$400,000 (up to \$200,000 in CSAT funds and up to \$200,000 in CMHS funds) total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Available funding for this program is subject to the enactment of a final budget for FY 2011 or an annualized Continuing Resolution (CR) for FY 2011. Funding estimates for this announcement are based on potential funding scenarios that

reflect an annualized CR at the FY 2010 funding level but do not reflect final conference action on the 2011 budget. Applicants should be aware that SAMHSA cannot guarantee that sufficient funds will be appropriated to fully fund this program.

These awards will be made as grants.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

SAMHSA is restricting eligibility to operational individual misdemeanor or felony adult criminal courts, family/child dependency courts, or their Tribal/State or local governmental proxies who may apply on their behalf. Therefore, in addition to direct application by an individual misdemeanor or felony adult criminal court or a family/child dependency court, units of Tribal/State/local government such as the Tribal Court Administrator, the Administrative Office of the Courts, the Single State Agency for Alcohol and Drug Abuse, the State Mental Health Services Agency, the designated State Drug Court Coordinator, or local governmental unit such as the county or city agency with direct involvement with the identified adult criminal court or family/child dependency court may apply on behalf of an individual court. When the State, Tribal, or local unit of government is the applicant, all awarded grant funds must be dedicated to the local behavioral health treatment court Collaborative with the exception of a small set aside, not to exceed two percent of the total award, that is permissible to cover the costs of administration and oversight of the grant.

This grant program is not intended to provide start-up funds to create new problem solving courts (e.g., drug courts, mental health courts, DUI/DWI Courts, Veterans Treatment Courts, Co-Occurring Courts, Re-entry Courts etc.) or maintain existing courts, but to link existing court and community entities in a behavioral health treatment court collaborative. Start up and implementation of problem solving courts is time consuming and does not fit within the 3-year grant cycle. Therefore, in order to meet the eligibility requirements of an operational criminal court or family/child dependency court, the applicant court must be operational for at least one year at the time of application. “Operational” is defined as a judge being designated to a court with a docket of specific cases and seeing defendants on a regular and recurring basis for at least a year prior to the submission of the grant application. By signing the application form SF-424 the applicant certifies that the applicant adult criminal court or family/child dependency court meets the definition of an “operational” court.

Additionally, while an operational individual adult criminal court or family/child dependency court must apply as the “lead” agency for these court collaboratives, the proposed Behavioral Health Treatment Court Collaborative must consist of at least the applicant court at the local level (municipality, city/town, county) **and** at least one other

problem-solving court or court based diversion process (e.g., screening process, jail diversion, sequential intercept model, mental health, co-occurring court, reentry court) that addresses behavioral health conditions **or** a commitment by the applicant court to implement such a behavioral health court or court-based diversion process.

If an applicant proposes a Behavioral Health Treatment Court Collaborative that links to other courts, court diversion processes, or justice programs that are planned but not already in place, the applicant must demonstrate the ability to fund and implement such court or court diversion programs within six months of grant award. For example, in their application a felony criminal court may propose to use recently awarded Bureau of Justice Assistance drug court implementation grant funds to administer a newly proposed problem solving court docket and use the SAMHSA funds for treatment expansion and systems transformation activities indicated in this solicitation. As the purpose of this grant program is not to fund start up court activities or support existing administration of justice/court activities, you must provide documentation, **in Attachment 6 of your application**, that funding has already been secured for any administration of justice activities such as the staffing and operation of court programs.

Eligibility is limited to operational individual misdemeanor or felony adult criminal courts, family/child dependency courts, or their Tribal/State or local governmental proxies who may apply on their behalf to best enable diversion from the criminal justice system of those individuals with mental or substance use disorders. These courts, through the collaborative network supported by this program, will provide multiple entry points for this population. These courts are best suited to develop networks to offer appropriate treatment to interrupt the cycle of incarceration and recidivism.

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

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

You must comply with the following three requirements, or your application will be screened out and will not be reviewed:

1. use of the HHS 5161-1 application form;
2. application submission requirements in [Section IV-3](#) of this document; and
3. formatting requirements provided in [Appendix A](#) of this document.

3.2 Evidence of Experience and Credentials

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

The three requirements are:

- A provider organization for direct client (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.

[Note: The above requirements apply to all treatment 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, as of the due date of the application.]

Upon completion of Phase I, grantees may be required to provide proof that the abovementioned requirements for service providers have been met.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

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

Additional materials available on this Web site include:

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

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Kit

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

- HHS 5161-1 (revised August 2007) – Includes the face page (SF 424 v2), budget forms, and checklist. You must use the HHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (<http://www.samhsa.gov/grants/index.aspx>) and a synopsis of the RFA is available on the Federal grants Web site (<http://www.Grants.gov>).

You must use all of the above documents in completing your application.

2.2 Required Application Components

Applications must include the following 11 required application components:

- **Face Page** – SF 424 v2 is the face page. This form is part of the HHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application. In addition, you must be registered in the Central Contractor Registration (CCR) prior to submitting an application and maintain an active CCR registration during the

grant funding period. **REMINDER: CCR registration expires each year and must be updated annually.** Additional information on the Central Contractor Registration (CCR) is available at <http://www.ccr.gov>.

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Form** – Use SF 424A, which is part of the HHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in [Appendix I](#) of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

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

- **Attachments 1 through 6** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3, 4, and 6 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:** Letters of commitment and/or support.

- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a Web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- **Attachment 3:** Sample Consent Forms
- **Attachment 4:** Letter to the SSA (if applicable; see Section IV-4 of this document)
- **Attachment 5:** A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.
- **Attachment 6:** Documentation of Funding for Administration of Justice/Court Activities
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kit.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF 424 v2) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kit.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF 424 v2) of the application.
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the HHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form. All applicants must sign the form.

- **Checklist** – Use the Checklist found in HHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

Please refer to [Appendix 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 **June 6, 2011**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, or 2) paper submission. Hard copy applications are due by **5:00 PM** (Eastern Time). Electronic applications are due by **11:59 PM** (Eastern Time). **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

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

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

Submission of Electronic Applications

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

Submission of Paper Applications

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

Send applications to the address below:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration

Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “ATCC, TI-11-010” in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

SAMHSA accepts electronic submission of applications through <http://www.Grants.gov>. Please refer to [Appendix B](#) for “Guidance for Electronic Submission of Applications.”

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

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

5. FUNDING LIMITATIONS/RESTRICTIONS

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

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

- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's Behavioral Health Treatment Court Collaborative grant recipients must comply with the following funding restrictions:

- Funding for Direct Services:
 - CSAT funds may be used to provide direct services including screening, assessment, and treatment and recovery support services as indicated in **Section 2. Expectations, Allowable Services** for adults with substance use/abuse conditions or co-occurring disorders of substance use/abuse and mental health conditions. CSAT funds cannot be used to provide direct services including screening, assessment, or providing treatment and recovery services for adults with mental health needs **only**, or pay for any medications for mental health needs;
 - CMHS funds may be used to provide direct services including screening, assessment, and treatment and recovery support services as indicated in **Section 2. Expectations, Allowable Services** for adults with mental health conditions or co-occurring disorders of substance use/abuse and mental health conditions. CMHS funds cannot be used to provide direct services including screening, assessment, or providing treatment and recovery services for adults with substance use/abuse treatment needs **only**.
- Co-Occurring disorders of substance use/abuse and mental health needs: CSAT and/or CMHS funds may be used to provide services to meet the needs of adults presenting with co-occurring disorders of substance use/abuse and mental health conditions without restrictions.
- Although CSAT and/or CMHS funds may be used separately or pooled together for infrastructure development, no more than 30% of the total grant award in year one may be used for developing the infrastructure necessary to achieve the goals of this program;
- No more than 15% of the total grant award in years two and three may be used for developing the infrastructure necessary to achieve the goals of this program;
- No more than 20% of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.
- **SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in [Appendix F](#). Applications proposing to use SAMHSA funds for activities prohibited in [Appendix F](#) will not be reviewed for funding.**

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. These are to be used instead of the “Program Narrative” instructions found in the HHS 5161-1. The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. 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.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx> at the bottom of the page under “Resources for Grant Writing.”
- The Supporting Documentation you provide in Sections F-I and Attachments 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (10 points) with respect to the primary purpose and goals of the grant program:

- Describe and justify your population(s) of focus. [Note: the population(s) of focus must include persons with mental illness, substance abuse, and co-occurring mental illness and substance abuse disorders who are also involved with the criminal court system or a court diversion/alternative program.] Demographic information on the population(s) of focus, e.g., race, ethnicity, age, socioeconomic status, geography must be provided.

- Describe and justify the judicial district and/or geographic area to be served.
- Describe existing gaps in the ability of the courts and the community to provide services to the population(s) of focus.
- Describe the nature of the problem and document the extent of the need (e.g., current prevalence rates or incidence data) for the population(s) of focus based on data. The statement of need should include a clearly established baseline for the project. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from 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).
- Explain how the breakdown of requested CSAT and CHMS funds will correspond to the identified mental health and substance abuse needs of the population(s) of focus.
- Applicants must show that needs are consistent with priorities of the Tribe, tribal organization, State or county that has primary responsibility for the service delivery system. You must include, in **Attachment 5**, a copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

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

- Describe the purpose of the proposed Behavioral Health Treatment Court Collaborative, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section E, Performance Assessment and Data.
- Demonstrate how the proposed approach will provide services that address the needs of persons with mental health disorders, substance use disorders, and co-occurring mental and substance use disorders and that it will not discriminate against or deny services to persons presenting with solely a substance use condition or mental health condition.
- Identify the evidence-based service(s)/practice(s) that you propose to implement and discuss how it addresses the purpose, goals and objectives of

your proposed project. Also include the source of your information. (See Section I-2.1, and Appendix C, Using Evidence-Based Practices.)

- Discuss the evidence that shows that this practice is effective with your population(s) of focus.
- Document the evidence that the practice(s) you have chosen is (are) appropriate for the outcomes you want to achieve.
- If the evidence is limited or non-existent for your population(s) of focus, provide other information to support your selection of the intervention(s) for your population(s) of focus.
- Identify and justify any modifications or adaptations you will need to make – or have already made – to the proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.
- Explain why you chose this evidence-based practice over other evidence-based practices. If this is not an evidence-based practice, explain why you chose this intervention over other interventions.
- Describe how the proposed practice will address the following issues in the population(s) of focus while retaining fidelity to the chosen practice:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status; language and literacy;
 - Sexual identity – sexual orientation and gender identity; and
 - Disability.
- Provide a logic model that links need, any development of infrastructure, systems linkages among the courts and collaboration with the community providers, the services or practice to be implemented, and outcomes. (See Appendix G for a sample logic model.)

Section C: Proposed Implementation Approach (30 points)

- Describe and provide a rationale for the anticipated impact the proposed project will have on your community.
- Describe how the collaborative will achieve a more equitable balance to reach and serve persons with mental illness, substance use and co-occurring disorders.

- Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase diversion or alternatives to justice involvement, decrease incidents of criminal activity, increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's Strategic Initiative "Trauma and Justice" goals for the program.
- Describe how the proposed infrastructure development, service(s) or practice(s) will be implemented.
- If applicable, demonstrate how the applicant court has identified funding for planned but not yet operational partnering courts or court diversion programs, and how the applicant will ensure that these court programs are implemented and operational within six months of grant award.
- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. **[Note:** The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- Describe how you will screen and assess clients for mental illness, substance abuse, and co-occurring substance use (abuse and dependence) 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.
- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.
- Given the disproportionate overrepresentation of people of color in the justice system describe your strategy for tracking ethnicity, age, socioeconomic status, and geography of the population(s) of focus for your proposal to assure that the proposed services reach these individuals in need.
- Describe how you 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 input of individuals with mental health-related and/or substance abuse disorders in assessing, planning and implementing your project through the ATCC Workgroup.
- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable.
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment and/or support from community organizations supporting the project in **Attachment 1**.
- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 6 months after grant award.
- Provide documentation, in **Attachment 6 of your application**, demonstrating that funding has already been secured for any administration of justice activities such as the staffing and operation of court programs.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe your plan to continue the project after the funding period ends. Also, describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section D: Staff and Organizational Experience (20 points)

- Discuss the capability and experience of the applicant organization (court or government proxy) 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 complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.

- Discuss how key staff (in problem solving court/diversion program and community services provider agencies) has demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population(s) of focus. If the ADA does not apply to your organization, please explain why.

Section E: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups. Describe how information related to process and outcomes will be routinely communicated to program staff.
- Describe your plan for conducting the performance assessment as specified in Section I-2.3 of this RFA and document your ability to conduct the assessment.
- Provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment and 30% for infrastructure development and implementation if proposed in the application ; 2) dividing this number by the total unduplicated number of persons to be served.

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

- Residential: \$3,000 to \$10,000
- Outpatient (Non-Methadone): \$1,000 to \$5,000
- Outpatient (Methadone): \$1,500 to \$8,000
- Intensive Outpatient: \$1,000 to \$7,500

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

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

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

SUPPORTING DOCUMENTATION

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

Section G: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 15% of the total grant award will be used for infrastructure development, if necessary, and that no more than 20% of the total grant award will be used for data collection, performance measurement and performance assessment. **Specifically identify the items associated with these costs in your budget.** An illustration of a budget and narrative justification is included in [Appendix I](#) of this document. Note: Applicants must submit two budgets, one for services to persons with mental illness, and another for services to persons with substance abuse. Infrastructure and management costs can be shared across the two budgets.

Section H: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.

- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the HHS 5161-1 instruction page, available on the SAMHSA Web site.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application. See Appendix J 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 the Substance Abuse Treatment's National Advisory Councils;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

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

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

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

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.2](#), you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

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

3.2 Government Performance and Results Modernization Act of 2010 (GPRA)

The Government Performance and Results Modernization Act of 2010 (GPRA Modernization Act of 2010) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s Behavioral Health Treatment Court Collaborative grant program are described in [Section I-2.2](#) of this document under “Data Collection and Performance Measurement.”

3.3 Publications

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

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.

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

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

VII. AGENCY CONTACTS

For questions about program issues contact:

CSAT:

Kenneth W. Robertson
Center for Substance Abuse Treatment, Division of Services Improvement
1 Choke Cherry Road
Room 5-1001
Rockville, Maryland 20857
(240) 276-1621
kenneth.robertson@samhsa.hhs.gov

CMHS:

David Morrisette, Ph.D, L.C.S.W.
Center for Mental Health Services, Division of Service and Systems Improvement
1 Choke Cherry Road
Room 6-1011
Rockville, Maryland 20857
(240) 276-1912
david.morrisette@samhsa.hhs.gov

For questions on grants management and budget issues contact:

CSAT:

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

CMHS:

Gwendolyn Simpson
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1085
Rockville, Maryland 20857

(240) 276-1408

gwendolyn.simpson@samhsa.hhs.gov

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

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

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

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

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

- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, which is in HHS 5161-1)
- Checklist (a form in HHS 5161-1)
- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in [Appendix J](#) of this announcement.
 - Budgetary limitations as specified in [Sections I, II](#), and [IV-5](#) of this announcement.
 - Documentation of nonprofit status as required in the HHS 5161-1.
- Black ink should be used throughout your application, including charts and graphs. Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in [Section IV-3](#) of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. You may use rubber bands. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

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

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

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

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

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

It is strongly recommended that you prepare your Project Narrative and other attached documents using Microsoft Office 2003 products (e.g., Microsoft Word

2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office 2003 products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in [Appendix A](#) of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- Text legibility: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- Amount of space allowed for Project Narrative: The Project Narrative for an electronic submission may not exceed **15,450** words. If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., “Attachments 1-3”, “Attachments 4-5.”

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

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

Appendix 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 Web site to provide a simple and direct connection to Web sites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of Web sites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

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

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

Appendix D – Statement of Assurance

As the authorized representative of *[insert name of applicant organization]*_____, I assure SAMHSA that all mental health/substance abuse treatment service providers listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all 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.³ (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

³ Tribes and tribal organizations are exempt from these requirements.

- certification; OR 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

Signature of Authorized Representative

Date

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

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

- Check the list to determine whether your State participates in this program. You do not need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Crystal Saunders, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. TI-11-010. Change the zip code to 20850 if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)⁴ to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS

⁴ Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

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

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's Web site at <http://www.samhsa.gov>. A listing of the SSAs for mental health can be found on SAMHSA's Web site at <http://www.samhsa.gov/grants/SSAdirectory-MH.pdf>. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. TI-11-010. Change the zip code to **20850** if you are using another delivery service.

In addition:

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

Appendix F – Funding Restrictions

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

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

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Award funds may not be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

Appendix G – Sample Logic Model

A logic model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A logic model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among the resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Your logic model should form a logical chain of “if-then” relationships that enables you to demonstrate how you will get to your desired outcomes with your available resources. Because your logic model requires you to be specific about your intended outputs and outcomes, it can be a valuable resource in assessing the performance of your project by providing you with specific outputs (objectives) and outcomes (goals) that can be measured.

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

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

Examples of **Inputs** (resources) depicted in the sample logic model include people (e.g., staff hours, volunteer hours), funds and other resources (e.g., facilities, equipment, community services).

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

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

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

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



Sample Logic Model

Resources (Inputs)	→	Program Components (Activities)	→	Outputs (Objectives)	→	Outcomes (Goals)
Examples		Examples		Examples		Examples
People Staff – hours Volunteer – hours Funds Other resources Facilities Equipment Community services		Outreach Intake/Assessment Client Interview Treatment Planning Treatment by type: Methadone maintenance Weekly 12-step meetings Detoxification Counseling sessions Relapse prevention Crisis intervention Special Training Vocational skills Social skills Nutrition Child care Literacy Tutoring Safer sex practices Other Services Placement in employment Prenatal care Child care Aftercare Program Support Fundraising Long-range planning Administration Public Relations		Waiting list length Waiting list change Client attendance Client participation Number of Clients: Admitted Terminated Inprogram Graduated Placed Number of Sessions: Per month Per client/month Funds raised Number of volunteer hours/month Other resources required		Inprogram: Client satisfaction Client retention In or postprogram: Reduced drug use – self reports, urine, hair Employment/school progress Psychological status Vocational skills Social skills Safer sexual practices Nutritional practices Child care practices Reduced delinquency/crime

Appendix H – Logic Model Resources

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

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

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

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To receive additional copies of the Logic Model Development Guide, call (800) 819-9997 and request item #1209.

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

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

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

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		TOTAL	\$10,896

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **\$10,896**

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

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

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

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

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

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

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

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

FEDERAL REQUEST

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

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

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

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

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

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

FEDERAL REQUEST

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

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

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

- (1) Certified trainers are necessary to carry out the purpose of the Statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
- (2) Treatment services for clients to be served based on organizational history of expenses.

- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

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

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

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

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

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

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

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

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

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

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

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

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)

8% of personnel and fringe (.08 x \$63,661) \$5,093

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TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

TOTALS: (sum of 6i and 6j)

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

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

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

Proposed Project Period

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

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$57,658	\$59,387	\$280,136
Fringe	\$10,896	\$11,223	\$11,559	\$11,906	\$12,263	\$57,847
Travel	\$2,444	\$2,444	\$2,444	\$2,444	\$2,444	\$12,220
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$3,796	\$3,796	\$18,980
Contractual	\$86,997	\$86,997	\$86,997	\$86,997	\$86,997	\$434,985
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
Total Direct Charges	\$172,713	\$172,560	\$172,403	\$172,241	\$172,074	\$861,991
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039
Total Project Costs	\$177,806	\$177,806	\$177,806	\$177,806	\$177,806	\$889,030

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

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

***FOR REQUESTED FUTURE YEARS:**

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

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

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

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

3. Absence of Coercion

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

4. Data Collection

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

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

6. Adequate Consent Procedures

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

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

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

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

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

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

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

Appendix K –Background Information

Behavioral Health Treatment Court Collaborative: *Broadening Behavioral Health in the Criminal Justice System - Building an Integrated Treatment Approach to Meet the Needs of Individuals with Behavioral health conditions Who are Involved in the Local Criminal Court System*

SAMHSA's vision of Behavioral Health Treatment Court Collaboratives in the justice system is one that supports treatment and recovery support for people with behavioral health conditions and that improves public health and public safety. Many communities have specialized court programs that serve one subset or another of behavioral health conditions. There are an estimated 2400 drug courts, 300 mental health courts, and 50 veterans treatment courts operating in the United States that engage individuals with various behavioral health conditions. Some of these courts serve people with co-occurring disorders while others do not. Drug courts have standardized guidelines and in some States, required protocols and sanctions. Mental health courts on the other hand, are unique and sanctions are applied more flexibly. Recognizing that different approaches work best with different populations, a collaborative, coordinated system is necessary to ensure people with behavioral health needs involved in the justice system are identified and best served.

SAMHSA recognizes that individuals with behavioral health conditions (throughout this solicitation, the term behavioral health conditions refer to all three groups of substance use, mental health and co-occurring substance use and mental health disorders inclusively) who are involved with the criminal and juvenile justice systems face many obstacles to obtaining quality behavioral health services in the community. Often, these disorders are first identified and addressed in justice settings where limited resources are available to address them. The interface between justice systems and community behavioral health care is often disjointed, allowing service gaps and fragmented care to disrupt the individual's transition from incarceration to community and to threaten their recovery from behavioral health conditions. Distinctions in funding for mental health and substance abuse disorders further complicate and compartmentalized tracking and service delivery for many persons involved in justice systems whose lives and needs are complex and interwoven among many problems in living.

SAMHSA believes that substance abuse and mental health disorders should be seen in a larger behavioral health context, and therefore seeks to promote transformation in service systems that will change how individuals with behavioral health conditions are identified, screened, adjudicated and referred for treatment. These changes require significant infrastructure and service system change in which all relevant services, essential to succeed in the community are addressed. As in all behavioral health settings, services that include health, housing, employment, treatment and recovery support must be based on consumer centered, recovery focused, evidence based and quality driven approaches.

One of SAMHSA's goals for this grant program is to allow communities increased flexibility in addressing the behavioral health treatment needs of individuals involved

with local criminal courts. The following are examples of various scenarios for which communities may use the Behavioral Health Treatment Court Collaborative funding:

Scenario 1: Screening for behavioral health needs:

A courthouse in a medium size city has an established drug court and a veteran's treatment court and would like to establish a docket for persons with mental illness. A collaborative of court personnel and mental health and substance abuse providers is formed and meets to design a program that will identify, recruit, screen, and track and monitor persons who are adjudicated in problem solving courts. The collaborative includes stakeholders such as substance abuse and mental health treatment providers, public behavioral health administrators, police, persons with lived experience, public defenders, prosecutors, court administrators and judges.

This applicant decides to request grant funds to hire a clinician who will screen people in jail awaiting trial for mental illness, substance abuse, co-occurring disorders and trauma related disorders and veteran status. The clinician refers and tracks individuals to the most appropriate court. This applicant requests funds to train staff in trauma informed care, to secure trauma specific treatment and recovery support, and to train peer counselors. CSAT and CMHS funds may be used for all non-services activities, but the grantee would breakdown CSAT and CMHS services-related activities by CSAT (substance abuse treatment and recovery related services) and CMHS (mental health treatment related services), and joint funding (CSAT and CMHS funds may be used for individuals with co-occurring substance abuse and mental health disorders).

Scenario 2: Infrastructure to Strengthen Court Collaboration and Improve Treatment Options:

A large, metropolitan judicial circuit has a number of problem-solving courts including two adult drug courts, a veteran's treatment court, a mental health court, and a DUI/DWI court in the jurisdiction. These courts operate separately, and do not have a formal, established communication system, do not universally screen clients across the system for behavioral health conditions, do not have a coordinated system of standardized incentives and sanctions, and do not have an integrated system for identifying and utilizing community-based behavioral health treatment providers for court clients. This applicant requests funding to strength the infrastructure to formalize communication and coordination among the various problem solving courts, requests funds to buy limited IT software for various court communications, and requests funds to establish a circuit-wide system of provider identification, an inventory of treatment resources in the community, and a system of referral to and purchase of treatment services. Both CMHS and CSAT funds may be used for any of these non-services, infrastructure, systems transformation activities.

Scenario 3: Expanding Treatment Service by Adding a Mental Health Treatment Component:

A problem solving court has a large docket that addresses the needs of adult individuals charged with criminal offenses who also have substance abuse or substance abuse disorders. However, the court has been unable to meet the needs of persons with mental illness or mental health disorder. The drug court wants to establish a separate docket to meet the needs of persons with mental illness/health mental health disorders and provide treatment services to those individuals in order to address the overall behavioral health needs of its clients. The court uses their existing judicial funding and resources to establish a mental health court docket and assigns a judge to oversee this specialized court docket, but requests grant funds to support the screening, assessment, case management and treatment services for individuals with mental illness or mental health disorders. A combination of CSAT and CMHS funds could be used for infrastructure, administrative costs, evaluation, etc, but the applicant could use only CMHS funds to provide services for those individuals with mental health needs.

Scenario 4: Addressing the Needs of a Special Population within the Court System:

This city has an integrated problem solving criminal court system that meets the needs of individuals with behavioral health conditions, but recognizes that almost twenty percent of its court clients are military veterans who are increasingly resistant to the established approach of the problem solving courts. The applicant wishes to add to its problem solving court system a specialized track that is designed to meet the needs of military veterans in its court dockets. The applicant requests CSAT/CMHS funds for infrastructure planning and linkages that include a judicial – community provider steering committee that includes representatives from the area Veterans Administration and Veterans Affairs, the judiciary, local governmental representatives, and community-based treatment and recovery support providers among others. The intention is to provide a system to identify veterans, identify their behavioral health needs, establish veterans support groups, and to modify the current approach to providing them treatment and recovery support services. The applicant is requesting funding for planning, infrastructure development, and treatment services for veterans in the local criminal court system.

Scenario 5: Expanding Treatment Service by Adding a Reentry Treatment and Recovery Component:

A problem solving criminal court has a large docket that addresses the needs of adult individuals charged with criminal offenses who also have substance abuse or substance abuse disorders. The court has several dockets including a reentry court docket for individuals under court supervision upon release from prison/jail.

However, the court has been unable to adequately address the treatment needs of these persons returning from prison/jails with behavioral health conditions. The drug court wants to establish a community treatment component to provide services for adults with mental illness/health mental health disorders and provide treatment services to those individuals in order to address the overall behavioral health needs of its clients. The applicant requests CMHS grant funds to support the screening, assessment, case management and treatment services for individuals with mental illness or mental health disorders; since an equal amount of CSAT funds must be used the applicant may request CSAT funding for those individual who present with co-occurring substance abuse and mental disorders.