Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Targeted Capacity Expansion Grants for Jail Diversion Programs
(Initial Announcement)

Request for Applications (RFA) No. SM-07-004

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

Key Dates:

Application Deadline	Applications are due by March 27, 2007.
Intergovernmental Review (E.O. 12372)	**Letters from 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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Table of Contents

Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2007 for Targeted Capacity Expansion Grants for Jail Diversion Programs. The purpose of this program is to divert individuals with mental illness from the criminal justice system to community based integrated mental health and substance abuse treatment and appropriate support services.

Funding Opportunity Title: Targeted Capacity Expansion Grants for Jail Diversion Programs

Funding Opportunity Number: SM-07-004

Due Date for Applications: March 27, 2007

Anticipated Total Available Funding: $723,000

Estimated Number of Awards: 2 awards

Estimated Award Amount: Up to $361,500

Length of Project Period: Up to 3 years

Eligible Applicants: The chief executive of a State, political subdivisions of States, American Indian/Alaska Native (AI/AN) tribes and tribal organizations, and federally recognized AI/AN tribes acting through agreements with other public and nonprofit entities to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services. [See Section III-1 of this RFA for complete eligibility information.]

I.   FUNDING OPPORTUNITY DESCRIPTION

1.   INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2007 for Targeted Capacity Expansion Grants for Jail Diversion Programs. The purpose of this program is to promote the transformation of systems to improve services for justice-involved adults with mental illness.   In 2002 the President created the New Freedom Commission on Mental Health to study the mental health service delivery system and to make recommendations for improving this system. Recommendations of this commission are provided in the 2003 final report.[1] SAMHSA's Center for Mental Health Services is charged as the lead government agency to implement the goals and recommendations of the New Freedom Commission Report. One of the recommendations from the report was for widespread adoption of adult criminal justice diversion and re-entry strategies to avoid the unnecessary criminalization and extended incarceration of non-violent adult offenders with mental illnesses. The TCE Grants for Jail Diversion Program provides communities the opportunity to address this key recommendation.

Targeted Capacity Expansion Grants for Jail Diversion Programs is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address gaps in substance abuse and mental health services and/or to increase the ability of States, units of local government, American Indian/Alaska Native tribes and tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, emerging mental health and substance abuse problems. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 8th month of the project or upon completion of the planning phase.

The TCE Grants for Jail Diversion Program are authorized under Section 520G of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus areas 18 (Mental Health and Mental Disorders) and 26 (Substance Abuse).

2.   EXPECTATIONS

The goals for the TCE Grants for Jail Diversion are to:

- Divert persons with mental illness and/or co-occurring substance abuse disorders from jails to community based mental health services;
- Provide either directly or indirectly, treatment services that are based on best known practices; and
- Promote the development of a comprehensive service delivery system.

Applicants are expected to develop jail diversion activities for one or more points on the criminal justice processing spectrum (see Appendix L for a schematic outline of this

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[1] New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report.* DHHS Publication No. SMA-03-3832. Rockville, MD. 2003.

spectrum). These may include the initial point of police contact, pre-booking, post-booking, arraignment, or through mental health courts.

Grantees will build service capacity by:

- Developing and implementing a strategic plan for creating a service delivery system for jail diverted persons;
- Building the infrastructure to support the service delivery system; and
- Providing treatment services directly or by arranging for them to be provided.

Grantees must ensure that peer support, life skills training, housing placement, vocational training, job placement, and health care are available to diverted persons.

Treatment services must be based on the best known practices and include case management, Assertive Community Treatment (as appropriate), medication management, integrated mental health and substance abuse treatment, psychiatric rehabilitation, and gender based trauma services. Grantees must coordinate with social service agencies to ensure that life skills training, housing placement, vocational training, job placement, and health care are available to diverted persons. (See Appendix E, "Program Specific Assurances that Must Be Met by Capacity Expansion Site Applicants." A signed copy of this form must be included in your application as Appendix I.)

Grantees are expected to evaluate the process of planning and implementing the program and to participate in a cross-site evaluation (conducted under a separate contract) of the impact of the program, described later in this document.

2.1   Allowable Activities

The Planning Phase: Before services are implemented, grantees will bring together key stakeholders to design a service delivery system for diverted persons and to identify the infrastructure needed to support it. At the completion of this phase, grantees will have developed a strategic plan for a comprehensive service system that diverts persons from jail and provides them with the services and supports they need for successful recovery. The Government Project Officer must review and approve the strategic plan before grantees implement the program and begin services. The planning phase is expected to take up to eight months.

The activities that are supported during the planning phase are the following:
- Conduct a thorough needs assessment;
- Involve key stakeholders including consumers and family members, health, mental health and substance abuse providers, and representatives from corrections, law enforcement, prosecutors, courts, social service organizations, faith-based organizations, and other potential sources of subject matter expertise and funding;
- Provide key stakeholders with expert consultation and education on jail diversion approaches and their linkage to best known/effective mental health treatment practices and support services;
- Develop a strategic plan for creating a comprehensive service system for jail-diverted people;

- Conduct a performance assessment of the planning phase.

The strategic plan should include a vision statement, goals, objectives, activities, timeline and persons responsible for implementing the activities. The plan should also include implementation strategies for:

- ✓ Identifying resources to support and sustain the comprehensive service system during and beyond the Federal funding period;
- ✓ Creating organizational or structural changes to the agency(ies) providing services;
- ✓ Developing the workforce (e.g., training, licensure, credentialing, accreditation, etc.);
- ✓ Guaranteeing that mental health treatment services are based on best practices and include case management, assertive community treatment, medication management and access, integrated mental health and substance abuse treatment, psychiatric rehabilitation, and gender-based trauma services will be provided and coordinated with each other;
- ✓ Modifying/adapting treatment services to meet the unique needs of this population;
- ✓ Assuring that social services including peer support, life skills training, housing placement, vocational training, job placement, and health care will be available;
- ✓ Obtaining memoranda of understanding or other documents demonstrating agreement among agencies to provide and coordinate services;
- ✓ Identifying and addressing policy, legal, social and other barriers to the project; and
- ✓ Measuring performance and assuring quality improvement.

The Implementation Phase: After the strategic plan has been approved by the Government Project Officers, grantees will implement the plan. The activities that are supported during this implementation phase include the following:

- Developing interagency agreements among service providers and law enforcement agencies, including prosecutors' offices;
- Financing and coordinating resources;
- Creating organizational/structural change;
- Developing policies to support needed service system improvements;
- Measuring performance and assuring quality improvement;
- Developing the workforce;
- Building a data infrastructure/MIS;
- Screening, diverting, and enrolling clients into mental health treatment services;
- Providing either directly or indirectly, appropriate treatment services;
- Coordinating with social service agencies to provide life skills training, housing placement, vocational training, job placement, and health care;
- Conducting a performance assessment of the project's implementation; and
- Participating in a national evaluation.

2.2 Using Evidence-Based Practices

In order for jail diversion programs to be successful, the community based treatment services to which clients are diverted must be effective. TCE Grants for Jail Diversion grantees must provide post diversion treatment services that incorporate the best objective information

available regarding effectiveness. In general, these services will have strong evidence of effectiveness. However, because the evidence base is limited, SAMHSA may fund some services for which the evidence of effectiveness is based on formal consensus among recognized experts in the field and/or evaluation studies that have not been published in the peer reviewed literature.

You must document in your application that the community-based services/practices you propose to implement incorporate the best objective information available regarding effectiveness. In addition, you must justify use of the proposed services/practices for the target population along with any adaptations or modifications necessary to meet the unique needs of the target population or otherwise increase the likelihood of achieving positive outcomes. Further guidance on each of these requirements is provided below.

SAMHSA services/practices that have already been determined to be effective can be found in the following sources:

- SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) (see Appendix C)
- Center for Mental Health Services (CMHS) Evidence-based Practice Toolkits (see Appendix D)

Showing that Your Services/Practices are Effective:

If you are proposing services/practices that are not included in the above-referenced sources, you must provide a narrative justification that summarizes the evidence for effectiveness of the proposed services/practice. The preferred evidence of effectiveness will include the findings from clinical trials, efficacy, and/or effectiveness studies published in the peer-reviewed literature.

In areas where little or no research has been published in the peer-reviewed scientific literature, you may present evidence involving studies that have not been published in the peer-reviewed research literature and/or documents describing formal consensus among recognized experts. If consensus documents are presented, they must describe consensus among multiple experts whose work is recognized and respected by others in the field. Local recognition of an individual as a respected or influential person at the community level is not considered a "recognized expert" for this purpose.

In presenting evidence in support of the proposed services/practice, you must show that the evidence presented is the best objective information available.

Using Services/Practices that are Appropriate for Your Target Population

You must also show that these services/practices are appropriate for your target population(s). We prefer that you provide information from research studies that shows the services/practices are effective for your target population. However, 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. You may describe your own experience

either with the target population or in managing similar programs. However, you will need to convince the people reviewing your application that the services/practices you propose are appropriate for your target population.

Describing Necessary Changes to the Services/Practices

We expect that you will implement your services/practices in a way that is as close as possible to the original services/practices. However, SAMHSA understands that you may need to make minor changes to the services/practices to meet the needs of your target population or your program, or to allow you to use resources more efficiently. You must describe any changes to your proposed services/practices that you believe are necessary for these purposes. You may describe your own experience either with the target population or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.

2.3   Services Delivery

You must use SAMHSA's services grant funds primarily to support direct services. This includes the following types of activities:

- Screening, diverting, and enrolling clients into mental health treatment services.
- Providing either directly or indirectly, appropriate treatment services that are based on best practices and include case management and access, integrated mental health and substance abuse treatment, psychiatric rehabilitation, and gender based trauma services.
- Coordinating with social service agencies to provide life skills training, housing placement, vocational training, job placement, and health care.

2.4   Infrastructure Development (maximum 15% of total grant award)

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

- Conducting a needs assessment.
- Involving key stakeholders including consumers and family members, health, mental health and substance abuse providers, and representatives from corrections, law enforcement, courts, social service organizations, faith-based organizations, and other potential sources of funding.
- Providing key stakeholders with expert consultation and education on jail diversion approaches and their linkage to best known/effective mental health treatment practices and support services.
- Developing a strategic plan for creating a comprehensive service system for jail-diverted people.

- Developing interagency agreements among service providers and law enforcement (including prosecutorial) agencies.
- Financing and coordinating resources.
- Creating organizational/structural change.
- Developing policies to support needed service system improvements.
- Measuring performance and assuring quality improvement.
- Developing the workforce.
- Building a data infrastructure/MIS.

2.5   Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). Grantees will be required to report performance in the following domains: morbidity (mental illness symptomatology); employment/education; crime and criminal justice; stability in housing; social support/social connectedness; access – number of persons served by age, gender, race, and ethnicity; and rate of readmission to psychiatric hospitals. This information will be gathered using the data collection tool referenced below. The collection of these data will enable CMHS to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health.

You must document your ability to collect and report the required data in "Section E: Performance Assessment and Data" of your application. Grantees must collect and report data using the CMHS NOMs Child Consumer Outcome Measures for Discretionary Programs, which can be found at https://www.samhsa-gpra.samhsa.gov along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

GPRA measures have been established for this program which correspond to the NOMs. GPRA data must be collected at baseline (i.e., the client's entry into the project), follow-up at 6 months, and discharge. CMHS is in the final stages of implementing a Web-based GPRA data collection and reporting system called Transformation Accountability (TRAC). Grantees will be asked to submit their GPRA data electronically using the TRAC system. Grantees will be provided initial training and ongoing technical assistance in order to ensure a smooth transition to the TRAC system and continued user support. Applicants must agree to comply with the Web-based submission of performance data in Section E: Performance Assessment and Data of their applications. GPRA data will be reported to the public, the Office of Management and Budget (OMB), and Congress as part of SAMHSA's budget request.

2.6   Performance Assessment

Grantees must assess their projects, addressing the performance measures described in Section I-2.5. 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.

In addition to assessing progress against the performance measures required for this program, your performance assessment must also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of intervention on participants?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

Process Questions:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

Grantees must agree to participate in a national outcome evaluation that will be coordinated by the Technical Assistance and Policy Analysis (TAPA) Center as a condition of award. The multi-site evaluation design, instrumentation and data collection processes are described in Appendix K of this RFA and have been approved by the Office of Management and Budget (OMB).

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-2.5 and 2.6.

2.7   Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director, a consumer representative, and an evaluator) to at least one joint grantee meeting in each year of the grant, and must include funding for this travel in the 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

Funding Mechanism: Grant

Anticipated Total Available Funding: $723,000

Estimated Number of Awards: Two awards

Estimated Award Amount: Up to $361,500

Length of Project Period: Up to 3 years

Proposed budgets cannot exceed $361,500 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, and timely submission of required data and reports.

This program is being announced prior to the appropriation for FY 2007 for SAMHSA's programs, with funding estimates based on the President's budget request for FY 2007. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 2007 to permit funding of a reasonable number of applications solicited. All applicants are reminded, however, that we cannot guarantee that sufficient funds will be appropriated to permit SAMHSA to fund any applications.

III.   ELIGIBILITY INFORMATION

1.   ELIGIBLE APPLICANTS

As specified by the Public Health Service Act Section 520G, eligibility to apply for the TCE Grants for Jail Diversion is limited to the chief executive of a State, political subdivisions of States, American Indian/Alaska Native (AI/AN) tribes and tribal organizations, and federally recognized AI/AN tribes acting through agreements with other public and nonprofit entities to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services. Thus, all applications <u>must be signed by the chief executive</u> of their State, political subdivision of State, AI/AN tribe or tribal organization, or the AI/AN federally recognized tribe. Examples include:
- State governor;
- County executive;
- City mayor; or
- Tribal leader.

2.   COST SHARING

As required in the Section 520 G of the PHS Act, the Federal share of the TCE for Jail Diversion grants may not exceed 75% of the total cost of the grant project. Grantees must provide 25% of the total costs of the grant project from other non-Federal sources. The non-Federal share may be made in cash or in kind fairly evaluated, including planned equipment or services. Applicants must itemize the match separately in the budget worksheet and explain the match separately in the budget justification. Federal grant funds must be used for the new expenses of the program

carried out by the grantee. That is, Federal grant funds must be used to supplement and not supplant, existing funds.

3. OTHER

3.1 Additional Eligibility Requirements

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

You also may download the required documents from the SAMHSA Web site at www.samhsa.gov/grants/index.aspx.
Additional materials available on this Web site include:

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

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page, budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**

- Request for Applications (RFA) – Provides specific information about the availability of funds along with instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (www.Grants.gov).

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

2.2 Required Application Components

Applications must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

❑ **Face Page** – Use Standard Form (SF) 424 v2, which is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]

❑ **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.

❑ **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix J 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."

- **Appendices 1 through 5 –** Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3 and 4 combined. There are no page limitations for Appendices 2 and 5. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.

  - *Appendix 1*: The Statement of Assurance (provided in Appendix E of this announcement) and letters of commitment/support.
  - *Appendix 2*: Data Collection Instruments/Interview Protocols
  - *Appendix 3*: Sample Consent Forms
  - *Appendix 4*: Letter to the SSA (if applicable; see Section IV-4 of this document)
  - *Appendix 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.

- **Assurances** – Non-Construction Programs. Use Standard Form 424B found in the PHS 5161-1. 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 kits.

- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page of the application.

- **Disclosure of Lobbying Activities** – Use Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way.

- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications and is the last page of your application.

2.3   Application Formatting Requirements

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

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on March 27, 2007. **Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

Your application must be received by the application deadline, or you must have proof of its timely submission as specified below.

- **For packages submitted via DHL, Federal Express (FedEx), or United Parcel Service (UPS), proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.**

- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark not later than 1 week prior to the application deadline, and the following upon request by SAMHSA:
  - o proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - o a receipt from the Post Office containing the post office name, location, and date and time of mailing.

You will be notified by postal mail that your application has been received.
Applications not meeting the timely submission requirements above will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. Allow sufficient time for your package to be delivered.
If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it will cause the application to be considered late and ineligible for review.

SAMHSA will not accept or consider any applications sent by facsimile.

SAMHSA is collaborating with www.Grants.gov to accept electronic submission of applications.
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. 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 www.whitehouse.gov/omb/grants/spoc.html.

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native tribe or tribal organization.

- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville MD **20857**. ATTN: SPOC – Funding Announcement No. SM-07-004. 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)[2] to the head(s) of appropriate State or local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); and

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

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

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

If applicable, you <u>must</u> include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 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 not later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville MD **20857**. ATTN: SSA – Funding Announcement No. SM-07-004**.** Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any State comments.

- The applicant must notify the SSA within 30 days of receipt of an award.

5.   FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at http://www.hhs.gov/grantsnet/roadmap/index.html:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments and federally Recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's Jail Diversion grant recipients must comply with the following funding restrictions:

- No more than 15% of the total grant award may be used for developing the infrastructure necessary for expansion of services.

- No more than 20% of the total grant award may be used for data collection 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 I.

6.   OTHER SUBMISSION REQUIREMENTS

You may submit your application in either electronic or paper format:

Submission of Electronic Applications

SAMHSA is collaborating with www.Grants.gov to accept electronic submission of applications. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the www.Grants.gov apply site. You will be able to download a copy of the application package from www.Grants.gov, complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

Please refer to Appendix B for detailed instructions on submitting your application electronically.

Submission of Paper Applications

You must submit an original application and 2 copies (including appendices). The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

Send applications to the address below:

For United States Postal Service:

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

Change the zip code to **20850** if you are using another delivery service.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "**Jail Diversion - SM-07-004**" in item number 12 on the face page of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).

SAMHSA will not accept or consider any applications sent by facsimile.

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 <u>quality</u> of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the "Program Narrative" instructions found in the PHS 5161-1**.
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.

- You must use the five sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA's guidelines for cultural competence can be found on the SAMHSA Web site at <u>www.samhsa.gov</u>. Click on "Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence."

- The Supporting Documentation you provide in Sections F-I and Appendices 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. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within the criterion.

Section A: Statement of Need (10 points)

- Describe the environment (organization, community, city, or State) where the project will be implemented.

- Describe the target population and the geographic area to be served, and justify the selection of both. Include the numbers to be served annually and through the lifetime of the project, as well as demographic information.

- Describe the nature of the problem and extent of the need (e.g., current prevalence rates or incidence data) for the target population based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come

from a variety of qualitative and quantitative sources. The quantitative data could come from local data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

- Non-tribal applicants must show that identified needs are consistent with priorities of the State or county that has primary responsibility for the service delivery system. You may include, in **Appendix 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 Service/Practice (25 points)

- Describe the best practices through which each of the following services will be made available to diverted persons:

  - ✓ Assertive Community Treatment (ACT);
  - ✓ Case management;
  - ✓ Integrated mental health and substance abuse treatment;
  - ✓ Medication management and access;
  - ✓ Psychiatric rehabilitation; and
  - ✓ Gender-based trauma services.

- For each service/practice:

  - ✓ Describe the evidence that it is effective in improving outcomes;

  - ✓ Explain why it is appropriate for the target population;

  - ✓ Describe how the service/practice will be modified/adapted, if necessary, to meet the needs of the target population.

  - ✓ Describe how the proposed service/practice will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population, while retaining fidelity to the chosen practice.

  - ✓ Demonstrate how the proposed service/practice will meet your goals and objectives. Provide a logic model that links need, the service or practice to be implemented, and outcomes. (See Appendix F for a sample logic model.)

Section C: Proposed Implementation Approach (30 points)

- Describe the jail diversion approach (pre/post booking, mental health court, etc.) that you propose to implement and why it is the best choice for your community and target population.

- Describe how the proposed service or practice will be implemented.

- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]

- Clearly state the unduplicated number of individuals you propose to screen for eligibility and to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Describe how the target population will be identified, recruited, and retained.

- Discuss the target population's language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering programs to this population, and how the proposed approach addresses these issues.

- Identify the key stakeholders who will be participating in the strategic planning process, including consumers and family members, health, mental health and substance abuse providers, and representatives from corrections, law enforcement, courts, social service organizations, faith-based organizations, and other potential sources of funding. Explain why they were selected to participate and outline their roles and responsibilities. Include letters of support or memoranda of agreement in **Appendix 1** that describe how they are going to support this program.

- Outline how treatment services will be made available to diverted persons appropriate to their needs that include Assertive Community Treatment, case management, integrated mental health and substance abuse treatment, psychiatric rehabilitation, medication management, and gender-based trauma services. If they are not already a part of the key stakeholder group, obtain letters of support or memoranda of agreement from the providers of these treatment services that describe how they are going to support this program. The letters of support should be placed in **Appendix 1**.

- Outline how social services including life skills training, peer support, housing placement, vocational training, job placement, and health care will be accessed and coordinated. If they are not already a part of the key stakeholder group, obtain letters of support or memoranda of agreement from the providers of these services that describe how they are going to support this program. The letters of support should be placed in **Appendix 1**.

- Describe potential policy, legal, and social barriers to implementing the proposed project and how they will be addressed.

- 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 8 months after grant award.

- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section D: Staff and Organizational Experience (20 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations.   Demonstrate that the applicant organization and other participating organizations have linkages to the target population and ties to grassroots/community-based organizations that are rooted in the culture of the target population.
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as treatment/prevention personnel.

- Describe procedures for training staff. Include any in-service training for staff and consumer/family development.

- Discuss how key staff have demonstrated experience in serving the target population and are familiar with the culture of the target population. If the target population is multilinguistic, indicate if the staffing pattern includes bilingual and bicultural individuals.

- 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 target population. 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-2.5 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.

- Describe how data will be used to manage the project and assure continuous quality improvement.

- Provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served.

- Describe your plan for conducting the performance assessment as specified in Section I-2.6 of this RFA and document your ability to conduct the assessment.

NOTE: Although the budget for the proposed project is not a 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 and that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix J of this document.

Section H: Biographical Sketches and Job Descriptions**.**
  o   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.
  o   Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
  o   Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects: Applicants must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of the application, using the guidelines provided below. More detailed guidance for completing this section can be found in Appendix H of this RFA.

<u>**Confidentiality and Participant Protection**</u>**:**

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 eight bullets 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 eight bullets, 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 may result in the delay of funding.

❑ Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks.

❑ Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

❑ Describe the target population and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.

❑ State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. 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 evaluation goals of the grant. Applicants should determine the minimum amount that is proven to be effective by consulting with existing local programs, reviewing the relevant literature. In no case may the value of an incentive exceed $20.

❑ Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 2** of your application, "Data Collection Instruments/Interview Protocols." State whether specimens such as urine and/or blood will be obtained and the purpose for collecting. If applicable, describe how the specimens and process will be monitored to ensure the safety of participants.

❑ Explain how you will ensure privacy and confidentiality of participants' records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.

❑ Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in **Appendix 3** of your application, "Sample Consent Forms." If needed, give English translations.

❑ Discuss why the risks are reasonable compared to expected benefits 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 of research involving human

subjects. Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, 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 clients 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.

2.   REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

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

- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size.

VI.   AWARD ADMINISTRATION INFORMATION

1.   AWARD NOTICES

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

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant 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 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/generalinfo/grant_reqs.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:

  o actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  o requirements relating to additional data collection and reporting;
  o requirements relating to participation in a cross-site evaluation; or
  o requirements to address problems identified in review of the application.

- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.

- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3.   REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.5, you must comply with the following reporting requirements:

3.1   Progress and Financial Reports

- You will be required to submit annual and final progress reports, as well as annual and final financial status reports.

- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.

- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

3.2   Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., "GPRA data") from grantees. The performance requirements for SAMHSA's Jail Diversion grant program are described in Section I-2.5 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:

> David Morrissette, DSW
> Center for Mental Health Services, SAMHSA
> 1 Choke Cherry Road, Room 6-1010
> Rockville, MD 20857
> (240) 276-1912
> david.morrissette@samhsa.hhs.gov

For questions on grants management issues contact:

Kimberly Pendleton
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1097
Rockville, Maryland 20857
(240) 276-1421
kimberly.pendleton@samhsa.hhs.gov

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

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

❑ Use the PHS 5161-1 application.

❑ Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the grant announcement.

❑ Information provided must be sufficient for review.

❑ Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-6 of this announcement under "Submission of Electronic Applications.")
- Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
- Text in the Project Narrative cannot exceed 6 lines per vertical inch.

❑ Paper must be white paper and 8.5 inches by 11.0 inches in size.

❑ To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-6 of this announcement under "Submission of Electronic Applications.")
- Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
- Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
- Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be

sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

❑ The 10 application components required for SAMHSA applications should be included. These are:

$ Face Page (Standard Form 424 v2, which is in PHS 5161-1)
$ Abstract
$ Table of Contents
$ Budget Form (Standard Form 424A, which is in PHS 5161-1)
$ Project Narrative and Supporting Documentation
$ Appendices
$ Assurances (Standard Form 424B, which is in PHS 5161-1)
$ Certifications
$ Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
$ Checklist (a form in PHS 5161-1)

❑ Applications should comply with the following requirements:

$ Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
$ Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
$ Documentation of nonprofit status as required in the PHS 5161-1.

❑ Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.

❑ Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices 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 Appendices stated in the specific funding announcement should not be exceeded.

❑ Send the original application and two copies to the mailing address in Section IV-6 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search 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 www.Grants.gov apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; 3) Credential Provider registration; and 4) Grants.gov registration.

It is strongly recommended that you submit your grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office 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 one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.

- *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 and exceeds the allowed space as defined in Appendix

A, then **any part of the Project Narrative in excess of these limits will not be submitted to review**. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

While keeping the Project Narrative as a separate document, please consolidate all other materials in your application to ensure the fewest possible number of attachments. Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. Please name and number your attachments, indicating the order in which they should be assembled. 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. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **"Back-up for electronic submission."** The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

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. **Include the Grants.gov tracking number in the top right corner of the face page for any paper submission. 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.**

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424 v2), the assurances (SF 424B), and hard copy of any other required documentation that cannot be submitted electronically. **You must include the Grants.gov tracking number for your application on these documents with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

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

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

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

Appendix C – Overview of SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)

The National Registry of Evidence-based Programs and Practices (NREPP – formerly the National Registry of Effective Prevention Programs) is a voluntary rating and classification system for mental health and substance abuse prevention and treatment interventions. The system is designed to categorize and disseminate information about programs and practices that meet established evidence rating criteria. SAMHSA is committed to making NREPP a leading national resource for contemporary and reliable information on the scientific basis and practicality of interventions to prevent and/or treat mental and addictive disorders.

The system began in 1998 in SAMHSA's Center for Substance Abuse Prevention (CSAP), and is being revised and expanded to include all interventions to prevent and/or treat mental and addictive disorders. SAMHSA's Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) are participating in this expansion. SAMHSA will launch a new Web site for NREPP (www.nrepp.samhsa.gov) by early 2007.

However, approximately 160 programs are on the current Registry as either Model, Effective, or Promising Programs. Information on these programs is available through the current Model Programs Web site at www.modelprograms.samhsa.gov

Appendix D - Center for Mental Health Services Evidence-Based Practice Toolkits

SAMHSA's Center for Mental Health Services and the Robert Wood Johnson Foundation initiated the Evidence-Based Practices Project to: 1) help more consumers and families access services that are effective; 2) help providers of mental health services develop effective services; and 3) help administrators support and maintain these services. The project is now also funded and endorsed by numerous national, State, local, private and public organizations, including the Johnson & Johnson Charitable Trust, the MacArthur Foundation, and the West Family Foundation.

The project has been developed through the cooperation of many Federal and State mental health organizations, advocacy groups, mental health providers, researchers, consumers and family members. A website (http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/) was created as part of Phase I of the project, which included the identification of the first cluster of evidence-based practices and the design of implementation resource kits to help people understand and use these practices successfully.

Basic information about the first five evidence-based practices is available on the Web site. The five practices are:

1. Illness Management and Recovery
2. Family Psychoeducation
3. Assertive Community Treatment
4. Supported Employment
5. Integrated Dual Disorders Treatment

Each of the resource kits contains information and materials written by and for the following groups:

- Consumers
- Families and Other Supporters
- Practitioners and Clinical Supervisors
- Mental Health Program Leaders
- Public Mental Health Authorities

Material on the Web site can be printed or downloaded with Acrobat Reader, and references are provided where additional information can be obtained.

Once published, the full kits will be available from National Mental Health Information Center at www.mentalhealth.org or 1-800-789-CMHS (2647).

Appendix E – Program Specific Assurances
That Must Be Met by Capacity Expansion Site Applicants

In accordance with the Public Health Service Act 520G, all Capacity Expansion Site applications must contain the following assurances. Only applicants that are able to provide the following assurances will be eligible for this grant.

I hereby certify that the State, political subdivision of the State, Indian tribe, or tribal organization _____ applying for the TCE Jail Diversion Grant assures the following:

- Community-based mental health services will be available for individuals who are diverted from the criminal justice system.

- The services offered to jail diversion clients will be based on current research findings and include case management, assertive community treatment, medication management and access, integrated mental health and co-occurring substance abuse treatment, and psychiatric rehabilitation.

- The services offered to jail diversion clients will be coordinated with social services, including life skills training, housing placement, vocational training, education job placement, and health care.

- There will be relevant interagency collaboration between the appropriate criminal justice, mental health, and substance abuse systems.

- The Federal support provided by this grant will be used to supplement and not supplant, State, local, Indian tribe, or tribal organization sources of funding that would otherwise be available.

- The jail diversion program will be integrated with pre-existing systems of care for those persons with mental illness.

_____   _____
Signature of the chief executive of the State, political   Date
subdivision of the State, Indian tribe, or tribal organization

Appendix F – 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 what resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Based on both your planning and evaluating activities, you can then make a "logical" chain of "if-then" relationships.

Look at the graphic on the following page to see the chain of events that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

The framework you set up to build your model is 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. Then you look at the **Inputs,** which are the resources, contributions, time, staff, materials**,** and equipment you will invest to change these conditions. These inputs then are organized into the **Program Components**, which are the activities, services, interventions and tasks that will reach the target population. These outputs then are intended to create **Outputs** such as changes or benefits for the consumer, families, groups, communities, organizations and SAMHSA. The understanding and further evidence of what works and what does not work will be shown in the **Outcomes**, which include achievements that occur along the path of project operation.

*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**

Resources (Inputs) Examples	Program Components (Activities) Examples	Outputs (Objectives) Examples	Outcomes (Goals) 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 G – Logic Model Resources

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

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

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

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

Julian, D.A. (l997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning, 20*(3), 251-257.

Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning, 18*(4), 333-341.

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation.* San Francisco, CA: Jossey-Bass Inc.

Appendix H – Confidentiality and Participant Protection

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 target population(s) 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.).

   - 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 **Appendix 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:

  o How you will use data collection instruments.
  o Where data will be stored.
  o Who will or will not have access to information.
  o 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:

  o Whether or not their participation is voluntary.
  o Their right to leave the project at any time without problems.
  o Possible risks from participation in the project.
  o 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 <u>written</u> 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 **Appendix 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. <u>Risk/Benefit Discussion</u>

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

Protection of Human Subjects Regulations

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific evaluation design proposed by the applicant may require compliance with these regulations.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the Web at http://www.hhs.gov/ohrp. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (240/453-6900). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

Appendix I – 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 of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to $20 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.

- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.

- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

Appendix J – Sample Budget and Justification

ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION TO ACCOMPANY SF 424A: SECTION B FOR 01 BUDGET PERIOD

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	Salary being Requested
Project Director	J. Doe	$30,000	1.0	$30,000
Secretary	Unnamed	$18,000	0.5	$ 9,000
Counselor	R. Down	$25,000	1.0	$25,000

Enter Personnel subtotal on 424A, Section B, 6.a. **$64,000**

Fringe Benefits (24%) $15,360

Enter Fringe Benefits subtotal on 424A, Section B, 6.b. **$15,360**

Travel

2 trips for SAMHSA Meetings for 2 Attendees
(Airfare @ $600 x 4 = $2,400) + (per diem
@ $120 x 4 x 6 days = $2,880) $5,280
Local Travel (500 miles x .24 per mile)

                                                                 120
 [Note: Current Federal Government per diem rates are available at www.gsa.gov.]

Enter Travel subtotal on 424A, Section B, 6.c. **$ 5,400**

Equipment (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) $5000.

Enter Equipment subtotal on 424A, Section B, 6.d.

Supplies

Office Supplies $500
Computer Software - 1 WordPerfect   500

Enter Supplies subtotal on 424A, Section B, 6.e. **$1,000**

Contractual Costs

Evaluation

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort
Evaluator	J. Wilson	$48,000	$24,000	0.5
Other Staff		$18,000	$18,000	1.0
Fringe Benefits (25%)		$10,500		

Travel

2 trips x 1 Evaluator	
($600 x 2)	$ 1,200
per diem @ $120 x 6	720
Supplies (General Office)	500

Evaluation Direct	$54,920
Evaluation Indirect Costs (19%)	$10,435
Evaluation Subtotal	$65,355

Training

Job Title	Name	Level of Effort	Salary being Requested
Coordinator	M. Smith	0.5	$ 12,000
Admin. Asst.	N. Jones	0.5	$ 9,000
Fringe Benefits (25%)			$ 5,250

Travel

2 Trips for Training	
Airfare @ $600 x 2	$ 1,200
Per Diem $120 x 2 x 2 days	480
Local (500 miles x .24/mile)	120

Supplies

Office Supplies	$ 500
Software (WordPerfect)	500

Other

Rent (500 Sq. Ft. x $9.95)	$ 4,975
Telephone	500
Maintenance (e.g., van)	$ 2,500
Audit	$ 3,000

Training Direct	$ 40,025
Training Indirect	$ -0-

Enter Contractual subtotal on 424A, Section B, 6.f.   **$105,380**

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

Other

Consultants = Expert @ $250/day X 6 day $ 1,500
(If expert is known, should list by name)

Enter Other subtotal on 424A, Section B, 6.h.   **$ 1,500**

Total Direct Charges (sum of 6.a-6.h)
Enter Total Direct on 424A, Section B, 6.i.   **$192,640**

Indirect Costs

15% of Salary and Wages (copy of negotiated
indirect cost rate agreement attached)

Enter Indirect subtotal of 424A, Section B, 6.j.   **$ 9,600**

TOTALS

Enter TOTAL on 424A, Section B, 6.k.   **$202,240**

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self-explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these components relate to the overall project.

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined.

INDIRECT COST RATE - If your organization has no indirect cost rate, please indicate whether your organization plans to a) waive indirect costs if an award is issued, or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.

CALCULATION OF FUTURE BUDGET PERIODS
(based on first 12-month budget period)

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: salary cap of $183,500 is effective for all FY 2006 awards.) *

	First 12-month Period	Second 12-month Period	Third 12-month Period
Personnel			
Project Director	30,000	30,000	30,000
Secretary**	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-447.
**Increased from 50% to 100% effort in 02 through 03 budget periods.

Fringe Benefits (24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	-0-	-0-	-0-
Supplies***	1,000	520	520

***Increased amount in 01 year represents costs for software.

Contractual			
Evaluation****	65,355	67,969	70,688
Training	40,025	40,025	40,025

****Increased amounts in 02 and 03 years are reflected of the increase in client data collection.

Other	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second through the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.

Appendix K – Data Collection/Summary of Evaluation Components

The Technical Assistance and Policy Analysis (TAPA) Center for Jail Diversion was awarded funding in 2002 by SAMHSA/CMHS to serve as a national resource center for jail diversion program information, research, technical assistance, and policy analysis. It also serves as a coordinating center for the CMHS Jail Diversion Targeted Capacity Expansion (TCE) Grant Program, which funded 10 programs in 2002, 7 programs in 2003, 3 programs in 2004, 6 programs in 2005, and 6 programs in 2006. In this capacity, the TAPA Center designed and coordinates a multi-site evaluation of the CMHS Jail Diversion TCE grantee programs.

The multi-site evaluation addresses the following types of questions of interest to policy makers, researchers, and communities engaged in developing programs:
- What volume of activities (e.g. screening, assessment, evaluations) go into identifying people for diversion?
- How many people are determined eligible/ineligible for jail diversion and what are their characteristics?
- What services do people who are diverted receive?
- Do people who are diverted improve over time in the following areas as a result of services received through the jail diversion program?
    - Reduced arrests/less time spent in jail?
    - Reduced substance use?
    - Obtain housing?
    - Report higher functioning?
    - Improved mental health?
    - Improved physical health?

SAMHSA/CMHS, the TAPA Center, and grantees (including evaluators, program directors/staff, and consumer representatives) participated in the design of the multi-site evaluation and selection of measures. The TAPA Center provides grantee sites with trainings and supportive materials on evaluation components.

The following sources of data are included in the TAPA-coordinated evaluation of the jail diversion TCE programs and are described below:

- Events Program
- Person Tracking Program
- Baseline, 6-Month, and 12-Month Interviews
- Service use data
- Arrest data

Events Program

The Events Program is designed to capture the volume of activities ("events") that jail diversion programs engage in to determine whom the program will serve. These activities/events include screenings, assessments, evaluations and court decisions. Basic information about each event is recorded in a Microsoft Access database provided to the grantees by the TAPA Center. The

following non-identifying information is included: demographics; charge level and category; and whether the individual is determined to be eligible/ineligible as a result of each event.

Grantees send data extracts from this program to the TAPA Center on a bi-monthly basis.

Person Tracking Program

The Person Tracking Program is designed to record basic information on all individuals who are diverted and served with grant funds, and to help grantees keep track of interview dates for those program participants who agree to take part in the evaluation (see "Interview" section below).

The following types of information about jail diversion program participants is recorded in a Microsoft Access database provided to grantees by the TAPA Center:
- Demographics
- Diagnosis
- Charge level and category
- Point of diversion (e.g. pre-booking, post-booking, probation violation)
- Condition of diversion (e.g. charges not filed, deferred prosecution, condition of bail, etc.)
- Target arrest/incident date, jail release date, program enrollment date
- Status in the evaluation

For those individuals who consent to participate in the evaluation, the Person Tracking Program assists grantees in keeping track of which interviews have been completed or pending. The Person Tracking Program calculates and displays the allowable window of dates within which the interviews are to be completed. The Person Tracking Program also contains fields for participant contact information to facilitate the location of individuals for follow-up interviews.

Grantees submit bi-monthly data extracts, stripped of identifying information, to the TAPA Center.

Interviews

Each jail diversion program participant should be approached to request their consent for participation in the evaluation. Participants who grant consent are interviewed at Baseline (within 7 days of enrollment into the jail diversion program), at 6 months from the Baseline interview (within a 60-day window) and at 12 months (within a 60-day window). The interviews take approximately 45 minutes to administer. While program staff may administer Baseline interviews, only evaluation staff who are not in any way involved in providing services to program participants may administer follow-up interviews. Data from these interviews (and from other evaluation components) are collected for evaluation purposes only and may not be used for program-related purposes.

The main component of the Baseline, 6- and 12-month interviews include the following areas (self-report):
- Demographics
- Drug and alcohol use
- Family and living conditions
- Education, employment and income
- Crime and criminal justice status
- Mental and physical health problems and treatment

In addition, the interviews include the following additional measures:
- Community Connections trauma scale to gauge traumatic events in the past year and lifetime (Baseline only)
- Colorado Symptom Index to gauge symptoms of mental illness (all interviews)
- Perceived coercion to enter jail diversion program (Baseline only)
- Mental Health Statistics Improvement Program quality of life measures (6 and 12 months only)
- Service use (6 and 12 months only)

Grantees mail the interview instruments to the TAPA Center for data entry. Data are returned periodically to the grantees.

Service Use

In addition to self-reported service use, grantees must collect information from official sources, such as statewide/agency management information systems or other agency records, about the following types of services received following diversion:

- Psychiatric emergency room (ER)
- Other crisis services
- Psychiatric inpatient/hospital
- Mental health and substance abuse outpatient services
- Case management
- Medication management/monitoring
- Residential treatment/community living arrangements
- Detoxification
- Vocational/rehabilitation
- Community support
- Jail services

These data are recorded on a data collection form designed by the TAPA Center. Data on all services received in the 6 months following diversion are required. ER and hospitalization episodes must also be collected for 1 year following diversion.

<u>Arrest and Jail Days Data</u>

Grantees must collect arrest and jail days data from officials sources, such as a statewide criminal justice database. These data are recorded on a data collection form designed by the TAPA Center. Grantees record data on each arrest (and the jail days associated with those arrests) that occurred during the period of 1 year prior to jail diversion and the period of 1 year following jail diversion.

Appendix L – Schematic Outline of Criminal Justice Processing Spectrum

Intra-Criminal Justice System Service Crisis Intervention Teams

Criminal Justice System/Mental Health Interface

Intra-Mental Health System Services

Police Contact

Booking

Pre-Trial

Arraignment

Jail Services

Disposition

Probation/Parole

Incarceration

Pre-Book Diversion

Pre-Disposition Diversion

Condition of Release

Disposition of Diversion

Condition of Release

Discharge

Community-Based Treatment