Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Mental Health Data Infrastructure Grants for Quality Improvement (Short title: State DIG)
(Initial Announcement)

Request for Applications (RFA) No. SM-07-012

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

Key Dates:

Application Deadline	Applications are due by May 3, 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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A. Kathryn Power, M.Ed.
Director
Center for Mental Health Services
Substance Abuse and Mental Health
Services Administration

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Terry L. Cline, Ph.D.
Administrator
Substance Abuse and Mental Health
Services Administration

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2007 for Mental Health Data Infrastructure Grants for Quality Improvement (State DIG). The purpose of this program is to implement and strengthen the annual collection of the Uniform Reporting System (URS) measures which include the National Outcome Measures (NOMs), and to fund State Mental Health authorities to improve State and local data infrastructure for reporting and planning. This project supports the reporting of the CMHS National Mental Health Block Grant program.

Funding Opportunity Title:	Mental Health Data Infrastructure Grants for Quality Improvement (State DIG)
Funding Opportunity Number:	SM-07-012
Due Date for Applications:	May 3, 2007
Anticipated Total Available Funding:	$7.56 million
Estimated Number of Awards:	58
Estimated Award Amount:	Up to $142,200 for States Up to $71,100 for Territories
Length of Project Period:	Up to three years
Eligible Applicants:	State Mental Health authorities in the 50 States, the District of Columbia, and the U.S. Territories [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 Mental Health Data Infrastructure Grants for Quality Improvement (State DIG). The purpose of this program is to implement and strengthen the annual collection of the Uniform Reporting System (URS) measures which include the National Outcome Measures (NOMs), and to fund State Mental Health authorities to improve State and local data infrastructure for reporting and planning. This project supports the reporting of the CMHS National Mental Health Block Grant program.

In 2002, SAMHSA launched the Data Infrastructure Grant (DIG) Program to begin collecting system-level performance measures from all the States. The primary objective of the DIGs was to enable States to develop the infrastructure needed to support uniform data reporting across State Mental Health Agencies (SMHAs) and across multiple local agencies. The first issuance of the DIG Program focused on State testing and infrastructure development related to the evolving Uniform Reporting System (URS). The National Outcome Measures (NOMs) evolved from the original URS. Eight of the NOMs domains are already part of the URS.

As grantees have developed and adopted the common data standards, they have been increasingly able to collect the Uniform Reporting System data to meet the reporting requirements of the Block Grant Program. Over the last 4 years of the State DIG program, the ability to report the eight NOMs domains has increased notably. In 2002, only one of the domains (Utilization) was being reported by 75% or more of grantees. By 2005, five of the domains (Utilization, Employment, Adult Consumer Evaluation Outcomes, Living Situation, State Psychiatric Hospital Readmissions) were being reported by 75% or more of grantees and three of the four remaining domains were reported by 50-74% of grantees.

The future of the SAMHSA/CMHS State mental health data reporting program continues to evolve with a related plan to implement a State Client Level Initiative project with a few States to test the feasibility of implementing client level reporting in the States. Activities of this pilot in the next three years will include: 1) identifying and documenting the States' most promising approaches to the collection of client-level data; 2) developing recommendations for expanding client-level data collection systems to incorporate the NOMs; and 3) pilot testing the most promising approaches with other interested States to determine their feasibility.

State DIG grants are authorized under Sections 520A and 1971 (42 U.S.C. 300y) of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

2. EXPECTATIONS

2.1 Allowable Activities

SAMHSA's State DIG grants will support the following types of activities: improvement of URS performance measurement reporting, including the NOMs; data infrastructure/MIS development; data quality improvement efforts; improved planning through the use of data; and efforts to improve client-level reporting.

- Grantees are required to:

  - Collect and continue reporting the URS measures, including the NOMs, as provided in Appendix F, using standard definitions at the State and local levels;
  - Improve State and local data infrastructure to assure State and local capacity to record and report URS and NOMs measures;
  - Participate in DIG regional conference calls and workgroups; and
  - Integrate URS measures into the mental health planning process by initiating activities such as: 1) providing training to State Mental Health Planning Councils on the URS data and its ability to inform the services planning process; and 2) collaborating with State Mental Health Planning Councils on setting targets for service provision and consumer outcomes, using the URS/NOMs as a framework.

- Allowable activities include the following optional activities:

  - Implementing data quality initiatives including efforts to reduce missing, incomplete or incorrect data through additional training to data providers, implementation of additional quality control procedures, or similar efforts.
  - Developing Web-based systems or approaches for improved URS reporting.
  - States that meet all URS requirements may propose additional individual projects which will be addressed on a case-by-case basis. Priority areas include:
    − Addressing development and/or refinement of client level reporting. (States participating in the State Client Level Pilot Project may request a portion of DIG funds to supplement pilot efforts, as needed.)
    − Consulting and working with State and local entities to develop Electronic Health Records (EHRs) and Personal Health records (PHRs). [Note: funds may not be used to pay for computer hardware. Software expenditures will be considered on a case-by-case basis.]

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meets it obligations under the Government Performance and Results Act (GPRA). SAMHSA's commitment to greater accountability can be anticipated to result in more attention to the collection of client level data in the near future. State DIG grantees are required to collect and report the URS measures, including those designated as the NOMs, as provided in Appendix F.

Grantee performance under the State DIG program will be measured through: 1) increases in the number and percent of States reporting all URS measures, including the NOMs; and 2) increases in the number and percent of States using the *standard* definitions and measures.

To provide a baseline for assessing improved performance, you must provide the following information in "Section D: Performance Assessment and Data" of your application:

- List of which URS measures/NOMs (as provided in Appendix F) you are currently reporting, and which URS measures/NOMs you are not reporting.
- Identification of entities that provide data to the State to enable State-level reporting of URS measures/NOMs, and the frequency with which data are reported to the State.
- Identification of measurable goals/objectives for the proposed State DIG project that relate to improved collection/reporting of URS data, including the NOMs (e.g., which measures you expect to report that you are not currently reporting; which measures for which you expect to collect client-level data; specific improvements in data quality, etc.).

Grantees must collect and report data using specific protocol and reporting mechanisms by December 1st of each project year. The details of these reporting requirements will be provided through written guidance after grants are awarded.

2.3 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director and the two Co-Principal Investigators) to at least one joint grantee meeting in each year of the grant, and you must include funding for this travel in your budget. Each meeting will be 1½ 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: $7.56 million

Estimated Number of Awards: 58

Estimated Award Amount: Up to $142,200 for States
                                                                     Up to $71,100 for Territories

Length of Project Period: Up to three years

Proposed budgets cannot exceed $142,200 for States and $71,100 for territories 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

Eligible applicants are State Mental Health authorities in the 50 States, the District of Columbia, and the U.S. Territories that receive the Mental Health Block Grant. A central goal of the State DIG grants is to address data collection for the Community Mental Health Services Block Grants (CMHSBG). These Agencies are the entities responsible for State data infrastructure and collection of the URS/NOMs data and are the only State Mental Health authorities eligible for the CMHSBG.

2.   COST SHARING

Cost sharing or matching is required. The statutory authorization for this program, Section 1971 (c)(1) of the Public Health Service Act (42 U.S.C.300y(c) (1)), states that, "(1) With respect to the costs of the program to be carried out under subsection (a) of this section by a State, the Secretary may make an award under such subsection only if the applicant agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 50 percent of such costs (100% of the Federal share). (2) Non-Federal contributions under paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such contributions."
Funds may not be used to pay for computer hardware. Software expenditures are not encouraged, and will be considered on a case-by-case basis.

3.   OTHER

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
- 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, target population, proposed catchment area, proposed strategies/methods, project goals and measurable objectives to achieve infrastructure development and capacity expansion. 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 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix G of this document.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 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 E through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation."

- **Appendices 1 through 4** – 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 Appendix 2. 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*: Letters of 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)

- **Assurances** – Non-Construction Programs. Use Standard Form 424B found in the PHS 5161-1. 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 the 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 **May 3, 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-07-012. 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)[1] to the head(s) of appropriate State or local health agencies in the area(s) to

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[1] 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).

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.

If applicable, you must 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-07-012. 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 State DIG grant recipients must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.

- Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the grant project. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

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

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 "**State DIG SM-07-012**" 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-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- 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-D) together may be no longer than 25 pages.

- You must use the four 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 www.samhsa.gov. Click on "Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence."

- The Supporting Documentation you provide in Sections E-H and Appendices 1-4 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 your current SMHA information system as it relates to URS/NOMs. Include the general status of URS reporting, measures that still need to be developed for reporting, and challenges that remain in meeting full data recording and reporting.

- Describe the data reporting gaps, barriers, and other challenges related to developing the data infrastructure for this grant.

- Document your State's status regarding: 1) the use of data for planning, including the involvement of State planning councils; 2) improved technologies, including Web-based information technology; 3) data quality improvement efforts; 4) client-level reporting in the State; and 5) the development of electronic health records in mental health programs.

- Describe the stakeholders and resources in the target area that can help implement the needed data infrastructure development.

- Document other State needs for collecting and reporting mental health data.

Section B: Proposed Approach (35 points)

- Describe your proposed project in detail. Provide evidence that the proposed activities meet the reporting and data infrastructure needs and show how your proposed infrastructure development strategy will meet the goals and objectives. Identify the activities to be funded through the proposed project and demonstrate how they will lead to improved State and local mental health data infrastructure.

- Describe your plans for annual data collection, management, analysis, interpretation, and reporting as specified in Section I-2.2 of this RFA. Data collection instruments/interview protocols should be included in **Appendix 2** of your application, if applicable.

- Describe in detail any specific projects and activities addressed in Section I-2.1 that you are proposing, which will enhance the data reporting capacity and capability related to the URS, NOMs, and the State data infrastructure system.

- Describe in detail the potential barriers to successful completion of the proposed project and how you will overcome them.

- Provide a logic model (see Appendix C) that demonstrates the linkage between current systems/infrastructure, identified need, the proposed approach, and outcomes.

- Identify any other organizations that will participate in the proposed project and describe their roles and responsibilities. Demonstrate their commitment to the project. Include

letters of commitment/coordination/support from these organizations in **Appendix 1** of your application. If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.

- 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 C: Staff, Management, and Relevant Experience (25 points)

- 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.]

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.

- Provide a list of staff, including contractors, 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, including the principal investigators for the grant. [Note: the principal investigators must include a State data representative and a State planner working as co-principal investigators.]

Section D: Performance Assessment and Data (30 points)

- Document your State's ability to provide data to complete the required Uniform Reporting System (URS) data tables for the CMHSBG (data pertaining to the basic and developmental performance measures). A listing of all required data tables is provided in Appendix F.

- Describe your plans for data collection, management, analysis, interpretation and reporting as specified in Section I-2.2 of this document. Data collection instruments/interview protocols should be included in **Appendix 2** of your application.

- Identify the entities that provide data to the State to enable State level reporting of URS measures/NOMs, their relationship to the SMHA, and the frequency with which data are reported to the State.

- Identify measureable goals/objectives for the proposed State DIG project that relate to improved collection/reporting of URS data, including the NOMs (e.g., which measures you expect to report that you are not currently reporting; the measures for which you expect to collect client-level data; specific improvements in data quality, etc.).

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

Section F: 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. An illustration of a budget and narrative justification is included in Appendix G of this document.

Section G: 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 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 at www.hhs.gov/forms/PHS-5161-1.doc.

Section H: Confidentiality and Participant Protection Requirements: Applicants must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of the application, using the guidelines provided below. More detailed guidance for completing this section can be found in Appendix E 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 performance assessment 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**, "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 review 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, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee 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-2.2, 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 improved data collection and reporting 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

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 State DIG grant program are described in Section I-2.2 of this document under "Data Collection and Performance Measurement."

3.3   Publications

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded 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:

Olinda Gonzalez, Ph.D.
Division of State and Community Systems Development
SAMHSA/Center for Mental Health Services
1 Choke Cherry Road, Room 2-1087
240-276-1762
E-mail: Olinda.gonzalez@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 (a form within PHS 5161-1)
- 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 Section 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 12,875 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 – 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**

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 D – 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 E – 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. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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 F – CMHS Uniform Reporting System (URS) Measures for the Mental Health Block Grant Program

Table 1. Profile of the Estimated State Population with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED)

Source: Center for Mental Health Services

Table 2. Profile of Persons Served, All Programs by Age, Gender, and Race/Ethnicity

Source: Administrative Data Systems

(National Outcome Measure)

Table 3. Profile of Persons Served in the Community Mental Health Setting, State Psychiatric Hospitals and Other Settings

Source: Administrative Data Systems
Source: State Hospital or Other Inpatient Administrative Data Systems

(National Outcome Measure)

Table 4. Profile of Adult Clients by Employment Status

Source: Administrative Data Systems

(National Outcome Measure)

Optional 4a. Profile of Adults by Employment Status: Primary Diagnosis Reported

Table 5. Profile of Clients by Type of Funding Support (Medicaid)

Source: Administrative Data Systems

Table 6. Profile of Client Turnover

Source: Administrative Data Systems

Table 7. Profile of Mental Health Service Expenditures and Sources of Funding

Source: National Association of Mental Health Program Director's Research Institute

Table 8. Profile of Community Mental Health Block Grant Expenditures For Non-Direct Service Activities

Source: State Mental Health Agency Fiscal Systems

Table 9a. Social Connectedness

Table 9b. Improved Functioning

Source: State Mental Health Agency Statewide Surveys

(National Outcome Measures)

Table 10. Profile of Agencies Receiving Block Grant Funds Directly from the State Mental Health Agency

Source: State Mental Health Agency

Table 11. Summary Profile of Client Evaluation of Care

Source: State Mental Health Agency Statewide Surveys

Includes: Perception of Outcome Domain

(National Outcome Measure)

Table 12. State Mental Health Agency Profile

Source: Administrative Data Systems

Table 13. Profile of Unmet Needs of the State Population

Source: Center for Mental Health Services

Table 14. Profile of Clients Served with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED), All Programs by Age, Gender, and Race/Ethnicity

Source: Administrative Data Systems

Table 15. Profile of Clients' Living Situation in Institutional and Non-Institutional Settings

Source: Administrative Data Systems

(National Outcome Measure)

Table 16. Profile of Clients with Serious Mental Illness (SMI) and Clients with Serious Emotional Disturbance (SED) receiving Evidence-Based Services of Supported Housing, Supported Employment, Assertive Community Treatment-Adults; Therapeutic Foster Care, Multi-Systemic Therapy, and Family Functional Therapy-Children

Source: Administrative Data Systems

(National Outcome Measure)

Table 17. Profile of Adult Clients with Serious Mental Illness (SMI) receiving Evidence-Based Services of Family Psycho-education, Integrated Treatment for Co-occurring Disorders, Illness Management and Recovery Skills, and Medication Management *

Source: Administrative Data Systems

(National Outcome Measure)

Table 18. Profile of Adults with Schizophrenia receiving New Generation of Medications

Source: Administrative Data Systems

Table 19a. Profile of Criminal Justice Involvement

Table 19b. Profile of Changes in School Attendance

 Sources: State Mental Health Agency Statewide Surveys

(National Outcome Measures)

Table 20. Rate of Readmission to State Psychiatric Hospitals within 30 days and 180 days

Source: State Hospital Administrative Data Systems

(National Outcome Measure)

Appendix G – 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**

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: new salary cap of $186,600 is effective for all FY 2007 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.