Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

National Child Traumatic Stress Initiative
Community Treatment and Services Center Grants
(CTS Centers)

(Initial Announcement)

Request for Applications (RFA) No. SM-07-011

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

Key Dates:

Application Deadline	**Applications are due by May 18, 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.**

A. Kathryn Power, M. Ed.
Director
Center for Mental Health Services
Substance Abuse and Mental Health
Services Administration

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

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 Community Treatment and Services (CTS) Center cooperative agreements through the National Child Traumatic Stress Initiative. The purpose of this program is to implement and evaluate effective trauma-focused and trauma-informed treatment and services in community settings and in youth-serving service systems and collaborate with other Network Centers on clinical issues, service approaches, policy, financing, and training issues.

Funding Opportunity Title:	NCTSI Community Treatment and Services (CTS) Centers
Funding Opportunity Number:	SM-07-011
Due Date for Applications:	May 18, 2007
Anticipated Total Available Funding:	$4 million
Estimated Number of Awards:	10 awards
Estimated Award Amount:	Up to $400,000
Length of Project Period:	Up to four years
Eligible Applicants:	Domestic public and private non-profit entities [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 Community Treatment and Services (CTS) Center cooperative agreements through the National Child Traumatic Stress Initiative.

Community Treatment and Services Centers are a category (Category III) of cooperative agreements under SAMHSA's larger National Child Traumatic Stress Initiative (NCTSI). The purpose of the NCTSI is to improve treatment and services for all children and adolescents in the United States who have experienced traumatic events. The NCTSI is designed to address child trauma issues by creating a national network of grantees that work collaboratively to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. The NCTSI Network is comprised of three types of Centers:

1. The National Center for Child Traumatic Stress (NCCTS) works with SAMHSA to develop and maintain the Network structure, coordinate collaborative Network activities, oversee resource development and dissemination, and coordinate national education and training efforts;

2. The Treatment and Service Adaptation (TSA) Centers provide national expertise on specific types of traumatic events, population groups and service systems, and support the specialized adaptation of effective treatment and service interventions for communities across the country; and

3. The Community Treatment and Services (CTS) Centers implement and evaluate effective trauma-focused and trauma-informed treatment and services in community settings and in youth-serving service systems and collaborate with other network centers on clinical issues, service approaches, policy, financing, and training issues.

Community Treatment and Services (CTS) Centers are community-focused centers that promote the local use of trauma-informed practices and interventions for children and adolescents. *Trauma-informed interventions* include clinical treatments, services, and practices that intervene directly with children and their families or that address trauma by intervening with the professionals, organizations, and service systems that serve children who witness or experience traumatic events. Grants will be provided to community organizations or programs that primarily provide or support treatment and services in their community, or specialty child service settings, for children, adolescents, and their families who have experienced trauma.

The overall goals of CTS Centers are to identify trauma-informed practices and interventions that address child trauma needs in their communities, to collaborate with TSA Centers that target similar priority areas, and to work with other community agencies to transform service delivery approaches so that trauma-informed practices and interventions "take root" within local community service systems. Grantees are expected to collaborate intensively within the National

Child Traumatic Stress Network (NCTSN) for these purposes and for developing child traumatic stress-related products and services for nationwide dissemination.

CTS Center grants are authorized under Section 290hh-1 (42 U.S.C. 290hh-1) of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

2. EXPECTATIONS

CTS Centers are expected to develop or enhance their expertise in several areas: performing trauma assessment, intervention, and training; conveying public and professional information; providing leadership on child/adolescent trauma issues in their communities; and serving as a resource to help their communities transform treatment and services for child trauma.

2.1 Documentation of Selected Trauma-Informed Practices and Interventions

Identifying Target Population

Applicants must clearly define their target population(s). Applicants should describe the population's demographics (e.g., age, race, ethnicity, socioeconomic status), culture, and environment, including the role of relevant service systems (e.g., juvenile justice, child welfare, medical systems). Each applicant is expected to describe gaps in current services to this population and to provide justification for why this population was selected and how this population would benefit from trauma-informed practices and interventions.

Selecting Trauma-Informed Practices and Interventions

The NCTSI encourages the use of trauma-informed practices and interventions designed to reduce the impact of potentially traumatic events on children and adolescents. These approaches may be delivered in a variety of service settings that are not limited to full clinical interventions.

After carefully defining the target population and assessing service needs, applicants are expected to propose trauma-informed practices and/or interventions. SAMHSA is aware that an array of trauma-informed practices and interventions exist in the child trauma field and that several are currently under development. Applicants are encouraged to determine the best approaches for the identified target population. If an applicant is already utilizing a trauma-informed practice or intervention, the applicant can propose to implement the intervention or practice with the identified target population.

Trauma-informed practices and interventions may include, but are not limited to:

- psychoeducational programs on the impact of trauma
- outreach and assessment of children/adolescents for trauma exposure
- referral/triage of identified trauma-exposed children to the appropriate intensity of clinical services
- acute interventions during or in the immediate aftermath of traumatic events

- supportive services in the aftermath of a traumatic event
- trainings to improve the response of service providers to child/adolescent trauma victims
- trainings to reduce the potential for traumatic stress in the delivery of services
- changes to services that improve the delivery of trauma treatment and services

Although different trauma-informed practices and interventions have varying levels of information on their effectiveness, applicants are encouraged to review and consider practices and interventions based not only on their levels of evidence, but also on their appropriateness for the community and target population, feasibility of implementation, and potential for sustainability. Applicants are also encouraged to gather information through discussions with the practice and intervention developers and others using the proposed practice or intervention.

Applicants are expected to provide a narrative justification that summarizes the effectiveness and acceptability of the proposed practice. This plan may include describing process and outcome evaluations, efficacy studies, case controlled studies, or clinical trials of the proposed trauma-informed practice or intervention. Applicants must also provide a preliminary plan for working with NCTSN Treatment and Services Adaptation (TSA) Centers to refine and implement the proposed service approaches.

Documenting Trauma-Informed Practices and Interventions

Applicants must document in their applications that the practices they propose to implement are trauma-informed practices and interventions. Applicants must justify both the use of the proposed practices for the target population and any adaptations or modifications necessary to meet the unique needs of the target population or otherwise increase the likelihood of achieving positive outcomes.

Applicants are advised to consult with:

- Child trauma experts
- Professional associations
- Materials and information from the National Child Traumatic Stress Network Web site at www.NCTSNet.org (see "Resource Materials for 2007 Grant Applicants" under New Resources) and included in the application package distributed with this announcement.

Justifying Selection of the Trauma-Informed Practice or Intervention for the Target Population

Regardless of the type of trauma-informed practice or intervention identified, all applicants must show that the proposed practice(s) or intervention(s) are/will be appropriate for the target population(s). The applicant should provide information on research findings on the effectiveness and acceptability specific to the proposed target population, if available. However, if such evidence is not available, the applicant should provide a justification for using the proposed practice with the target population. This justification might involve, for example, a

description of adaptations to the proposed practice based on other research involving the target population.

Proposing Adaptations/Modifications of the Proposed Practices or Interventions

SAMHSA has found that if using a trauma-informed practice or intervention, a high degree of faithfulness or fidelity to the original model increases the likelihood that positive outcomes will be achieved when the model is used by others. Therefore, SAMHSA encourages fidelity to the original evidence-based practices to be implemented. However, SAMHSA recognizes that adaptations or modifications to the original models may be necessary for a variety of reasons:

- To allow implementers to use resources efficiently
- To adjust for specific needs of the client population
- To address unique characteristics of the local community where the practice will be implemented

All applicants must describe and justify any adaptations or modifications that they envision making to the proposed trauma-informed practices or interventions. Any adaptations and/or modifications should be made in collaboration with Network centers, partnering organizations, and/or other trauma-informed intervention developers.

2.2 Program Design

During the first year of the grant, grantees may need to modify plans for implementing the proposed trauma-informed practice or intervention. This should be achieved by creating a process of consensus building and adaptation to further refine the implementation of the practice or intervention. Grantees are expected to use the remaining grant period to pilot test and implement the identified approaches. Data collection and evaluation are essential components of the program design, and grantees are expected to develop, plan, and execute data collection and evaluation activities from the outset and for the duration of the award.

Consensus building, intervention development and adaptation, strategic planning, pilot testing/ implementation, and evaluation are typically the focus of the first two years of the cooperative agreement. Examples of activities and tasks that grantees conduct include:

- Initiating a process to build consensus among stakeholders that will assess community needs, review the appropriateness of the proposed trauma-informed intervention(s) among an array of interventions intended for the target population, and begin strategic planning for program implementation.

- Maintaining a coalition of stakeholders to oversee development and implementation of the chosen trauma-informed practices and interventions.

- Consulting with experts within the NCTSN about the available practices for target populations, specialized service settings, and any necessary adaptations.

- Developing plans and agreements with NCTSI Treatment and Services Adaptation (TSA) Centers for ongoing consultation, training, and implementation of trauma-informed interventions and practices.

- Consulting with leaders from other communities about their experiences in implementing the trauma-informed practices and interventions.

- Working with TSA Centers to train and educate key stakeholders about the array of trauma-informed practices and interventions.

- Consulting with TSA Centers to complete the adaptation of interventions to community needs.

- Initiating pilot testing and local evaluation of the trauma-informed practices and interventions.

- Engaging professionals, consumers and family members to continue to build consensus and carry out the program design.

- Participating in NCTSN efforts to develop protocols for collecting information on client characteristics, services received, and treatment outcomes for children and adolescents who receive trauma services, as the Network deems necessary to fulfill its monitoring and evaluation goals.

- Evaluating the process of adaptation of trauma-informed practices and interventions to meet community needs.

Implementation, education, documentation, dissemination, outreach, sustainability, and ongoing evaluation are typically the focus of the final two years of the cooperative agreement. Examples of activities include the following:

- Modifying the identified trauma-informed practice or intervention based on pilot test results as well as consultation with NCTSI Treatment and Services Adaptation (TSA) Centers and community stakeholders.

- Revising or customizing the manual(s) or documentation that describe in detail how the trauma-informed practice or intervention is being implemented for the local community.

- Maintaining the coalition of stakeholders to oversee implementation.

- Making organizational changes (e.g., hiring staff) necessary to implement the trauma-informed practice or intervention on a permanent basis and sustain it beyond the life of the grant.

- Providing ongoing supervision and consultation for existing staff members, as well as education, training, and technical assistance for new staff.

- Providing outreach to local programs and service systems to promote and provide consultation and/or training for the identification, assessment, treatment, and related services for traumatized children and adolescents in the community.

- In collaboration with other NCTSN grantees, identifying lessons learned from the implementation of the selected trauma-informed practice or intervention, and assisting TSA Centers and the National Center for Child Traumatic Stress to create information and materials for dissemination based upon community experience.

- Developing and implementing a multifaceted sustainability plan for key grant-funded activities.

2.3 Performance Requirements

By the end of the first year of grant funding grantees will be required to provide documentation of the following:

- The process of consensus building, including how consumers, families, community service providers, and other stakeholders were included in project planning and evidence that consensus was achieved for adopting a trauma-informed practice or intervention.

- Efforts made to obtain input from consumers, families, community service providers, and other stakeholders in all aspects of program activities, including, but not limited to, a consumer and family advisory process.

- Adaptation of trauma-informed practices and interventions.

- Plans for full implementation or pilot-testing and evaluation.

- Partnerships with NCTSI Treatment and Services Adaptation (TSA) Centers and the purpose, plans/direction, and goals of those partnerships.

- Sustainability planning, including the support, leadership, and methods developed to sustain the project after the funding period ends.

By the end of the second year of grant funding grantees will be required to provide documentation of the following:

- Procedure used to pilot test and/or implement the selected trauma-informed practice or intervention, including the results of the evaluation.

- Status and progress of partnerships with TSA Centers toward achieving common goals.

- Efforts made to establish collaborations with local and State service system(s) that provide(s) services to children and adolescents who have experienced trauma (such systems might include: school systems, State/county mental health services, child

welfare, protective services, rehabilitative services for children with physical and developmental problems, juvenile justice system, emergency medical services, disaster services, and refugee services).

- Implementation and continuous improvement of the sustainability plan.

By the end of the third year of grant funding, grantees will be required to provide information to address the following:

- Type of relationship established and degree of involvement with local and State service system(s) that provide services to children and adolescents who have experienced trauma.

- Status and progress of partnerships with TSA Centers toward achieving common goals.

- Status and progress of efforts made to obtain input from consumers, families, community service providers, and other stakeholders in all aspects of program activities, including, but not limited to, a consumer and family advisory process.

By the end of the fourth year of grant funding, grantees must provide the following:

- Copies of manuals/documentation of the selected trauma-informed practice or intervention implemented, including adaptations that were made.

- Evidence of implementation of the tailored trauma-informed practice or intervention and results of process evaluation(s).

- Results of partnerships with TSA Centers regarding the intended purpose and goals of the partnerships.

- Information related to the form, function, and results of consumer and family advisory and related processes and involvement.

- Results of collaborations with local and State service system(s) that provide(s) services to children and adolescents who have experienced trauma.

- Information regarding sustainability of the trauma-informed practices and interventions.

- All grantees must participate in all of the required evaluation and reporting activities described in Sections I - 2.4 and 2.5, including the results of an ongoing evaluation.

2.4 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 of 1993 (GPRA). Grantees will be given initial training and ongoing technical assistance to support compliance with GPRA reporting requirements.

GPRA Reporting

All CTS Centers and TSA Centers are expected to assist SAMHSA, the National Center for Child Traumatic Stress (NCCTS), and the Cross-Site Evaluation Contractor in reporting on the performance of the Network in accomplishing the following GPRA goals:

1. Increase the number of children and adolescents receiving trauma-informed services
2. Improve children's outcomes
3. Increase percentage of child-serving professionals who report implementing trauma-informed practices and services after receiving training

Additionally, NCTSI Community Treatment and Services Center grantees will be required to report the following data in quarterly and annual progress reports (as described in Section VI–3) or through ongoing data entry using NCTSI data collection instruments:

.

1) Number of children and adolescents reached by effective, trauma-informed treatment and services

2) Children's outcomes, such as increased number of children/adolescents receiving services that show improved scores in various domains that measure psychosocial well-being and quality of life (e.g., interpersonal relationships, school performance) as assessed by standardized assessment tools

3) Systems transformation outcomes, such as implementation and adaptation, and/or increased utilization, of effective trauma-informed treatment and services by local and/or State service system(s) and/or by specific service settings (e.g., school systems, child welfare, juvenile justice)

In addition to reporting program-specific data, SAMHSA's Center for Mental Health Services (CMHS) is also in the process of standardizing performance measures and data collection across its programs. The types of data that will be collected fall into three performance categories: *Consumer Outcomes*, *Infrastructure*, and *Technical Assistance*. Grantees will be required to report data to SAMHSA on a timely basis using tools designated by SAMHSA for data collection, including those referenced below.

Consumer Outcomes

The collection of Consumer Outcome data will enable CMHS to report on the National Outcome Measures (NOMs) which have been identified by SAMHSA as key priority areas relating to mental health. Grantees will be required to report performance in the NOMs domains which include: mental illness symptomology, school attendance, criminal justice involvement, stability in housing, social support/social connectedness, and number of children/adolescents receiving trauma-informed services (by age, gender, race and ethnicity). Consumer Outcomes data for each of the NOMs domains is gathered electronically using the Core Data Set (CDS).

The Core Data Set

Grantees must contribute to the Core Data Set (CDS), an existing network-wide clinical tool that collects *client-level data* from each NCTSI center providing direct clinical services. The CDS is a Web-based system that allows centers to enter their data remotely through a validated, secure, password-protected system. The CDS automatically scores clinical assessments (PTSD-RI, TSCC-A, and the CBCL) and produces clinical reports. NCTSI grantees are expected to support full implementation of the CDS.

Grantees providing direct clinical services to children and adolescents are expected to enter their clients into the CDS and conduct required follow-up assessments at three-month intervals or at the conclusion of treatment, should the treatment be less than three months. In cases where the CDS assessments are not appropriate for a population (i.e., cultural inappropriateness or children receiving brief "single contact" treatment) grantees are expected to work with the NCCTS Data Core to identify measures more appropriate for specific clients. Grantees are expected to provide the CDS prescribed demographic and basic background information on all children receiving services. Grantees are also expected to develop a plan for educating clinicians on the clinical utility of the CDS in clinical decision making and treatment planning.

Infrastructure Development and Technical Assistance

In addition to Consumer Outcomes, grantees will be expected to collect and report performance data for applicable program activities related to Infrastructure Development and Technical Assistance. CMHS has identified the following performance domains for Infrastructure: workforce development, organizational restructuring, policy development, financing, accountability, program-specific practices, and cost efficiency. The frequency of the data collection will be finalized at a later date but, at a minimum, will be required on an annual basis. The proposed Technical Assistance domains include: process, content, and value. Training data will be expected within 30 days from the date of the training. Measures in each Infrastructure and Technical Assistance domain are under development.

2.5 Evaluation

Applicants must develop comprehensive evaluation plans that document their ability to collect and report required data. Each evaluation plan should inform the proposed budget and reflect the resources required to comply with *Local Evaluation* and *Cross-Site Evaluation* requirements described below.

Local Evaluation

Grantees must evaluate their projects. Applicants are required to describe their local process and outcome evaluation plans in their applications. Evaluation efforts must include a process evaluation related to local consensus building. The evaluation should also be designed to provide regular feedback to the project to improve dissemination, training, implementation, and provision of trauma-informed interventions. Local evaluation efforts should also demonstrate

the impact of implementing trauma-informed interventions in the wider community and/or service systems. Local evaluation efforts should not duplicate grant performance monitoring or National Cross-Site Evaluation activities. Grantees are required to produce an annual evaluation report that documents the local program outcomes as well as progress of the Center in meeting proposed goals and objectives.

Cross-Site Evaluation

Grantees are required to participate in the Cross-Site Evaluation (CSE) of the NCTSI. The CSE incorporates both quantitative and qualitative methods, cross-sectional and longitudinal data collection approaches, and utilizes a comprehensive set of standardized surveys to assess descriptive characteristics and clinical outcomes. The CSE includes eight study components:

1. *Descriptive and Clinical Outcome Study*
2. *Consumer Satisfaction with Direct Mental Health Services*
3. *Knowledge and Use of Trauma-Informed Services*
4. *Product Development and Dissemination*
5. *Adoption of Methods and Practices*
6. *Network Collaboration*
7. *National Impact*
8. *National Registry of Evidence-based Programs and Practices*

Grantee program staff are required to participate in interviews, focus groups, and/or surveys; assist the CSE team with identifying and recruiting respondents/participants for interviews, focus groups, and/or surveys; and participate in the longitudinal outcome study. Additional information on the CSE and the specific grantee responsibilities for implementation can be found in the Resource Guide for Applicants and the NCTSN Web site at www.NCTSNet.org (see "Resource Materials for 2007 Grant Applicants" under New Resources) and included in the application package distributed with this announcement.

No more than 20% of the total grant award may be used for data collection, performance measurement and evaluation activities. Generally, evaluation, performance measurement, and data collection activities are estimated to account for 15-20% of most grantees' budgets.

2.6 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director) to the annual NCTSN "All Network" grantee meeting, and you must include funding for this travel in your budget. Additional meetings will vary by year of the project and may include collaborative or working group meetings, which will focus on strategic priority areas of the NCTSN. At these meetings, grantees may be asked to collaborate on cross-Network working groups, present the results of their projects, and discuss project requirements with Federal staff. Annual All Network meetings are approximately 2½ to 3 days in length. Attendance at these meetings is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: $4 million

Estimated Number of Awards: 10 awards

Estimated Award Amount: Up to $400,000

Length of Project Period: Up to 4 years

Proposed budgets cannot exceed $400,000 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.

Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award Federal programmatic participation to oversee the collaboration of all centers within the Network. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee:

- Comply with the terms of the cooperative agreement award as specified in the requirements section of the Notice of Grant Award (NOGA);
- Support and participate in the collaborative work groups and other collaborative activities with Network centers;
- Participate in grantee meetings;
- Accept guidance and respond to requests for data from CMHS;
- Participate in policy steering groups and other work groups to help accomplish project goals;
- As appropriate, author or co-author publications on project results for use by the field;
- Participate in post-award, cross-site process and outcome evaluation activities; and
- Implement specified activities, data collection, and quality control measures, and complete required SAMHSA reports.

Role of Federal Staff:

- Review critical project activities for conformity to the goals of the NCTSI;
- Assume overall responsibility for monitoring the conduct and progress of NCTSI programs;

- Review "Terms and Conditions" section of Notice of Grant Award with the grantee and make recommendations regarding continued funding based upon satisfactory progress in meeting goals and objectives;
- Provide guidance on project design and components;
- Participate in selected policy and steering groups or related work groups;
- Review quarterly reports and conduct site visits, if warranted;
- Provide support services or recommend outside consultants, if needed;
- Author or co-author publications on program findings;
- Provide technical assistance on ways to help disseminate and implement products of collaborative activities;
- Consult with NCCTS staff, TSA project directors, and CTS project directors on all phases of the project to ensure accomplishment of the goals of the initiative;
- Oversee development and implementation of multi-site evaluation in partnership with evaluation contractors, NCCTS staff and other National Child Traumatic Stress Network grantees;
- Approve data collection plans and institute policies regarding data collection; and
- Submit required clearance packages to the Office of Management and Budget (OMB) using information and materials provided by the grantee and evaluation contractor.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example, State and local governments, federally recognized American Indian/Alaska Native tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; and community- and faith-based organizations; outpatient clinics; psychiatric or general hospitals; and partnerships of multiple clinical centers, programs, and/or community service providers applying as a single CTS center may apply. The statutory authority for this program precludes grants to for profit organizations.

Applicants may also apply for the NCTSI Treatment and Service Adaptation (TSA) Centers cooperative agreements. If approved for funding in more than one National Child Traumatic Stress Initiative program, an award may be made in only one of the programs. Existing NCTSI grantees whose awards are ending in FY 2007 are eligible to apply for this competitive grant award.

2. COST SHARING

Cost sharing (see Glossary) is not required in this program.

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, problem the project will address, national significance of the problem, population to be served and the geographic area to be served including demographics, proposed practice, project goals and measurable objectives. 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 K 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 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, Memoranda of Understanding, or other documentation of collaboration with other potential centers or programs
- *Appendix* 2: Data Collection Instruments/Interview Protocols
- *Appendix* 3: Sample Consent Forms
- *Appendix* 4: Letter to the SSA

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

- **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 **May 18, 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:
  - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - 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-07-011**. 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 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-07-011**. Change the zip code to **20850** if you are using another delivery service.

[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).

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 (Grants Policies and Regulations):

- 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 CTS grant recipients must comply with the following funding restrictions:

- No more than 20% of the total grant award may be used for data collection, performance measurement, and evaluation 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 J.

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 "**NCTSI Community Treatment and Services Center-SM-07-011**" 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 quality of your response to the requirements in these sections.

- 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**.

- Sections A-E of the Project Narrative together may be no longer than 30 pages.

- You must use the 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 F-I 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.

- Applicants must be familiar with, or familiarize themselves with, the current structure and operation of the Network and commit to working within this collaborative framework. To adequately address some of the requirements in this section, it would be helpful to be familiar with current Network Centers and collaborative activities. This information is available in the application kit and can be accessed electronically at the National Child Traumatic Stress Initiative website at www.nctsnet.org.

Section A: Statement of Need and Readiness (25 points)

- Describe the community (e.g. organization, community, city, metropolitan area, State, or tribal government area) where the project will be implemented.

- Describe the target population (see Glossary) as well as the geographic area to be served, and justify the selection of both. Include numbers to be served and demographic information.

- Describe the major needs in the community for trauma-informed treatment and services, as well as opportunities that exist in the community to promote and implement trauma-informed interventions in community programs and in youth service systems. Documentation of needs may come from local data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data studies that include information on the target population. 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.

- Describe the current availability and status of trauma-informed treatment and services in the applicant's program(s) and in other youth-serving service programs/systems in the

community. Indicate the types of clinical treatments and/or trauma-informed services that are available for children who experience trauma in the target population and how such treatments can be improved.

- Describe the existing collaborations with local and State service system(s) that provide(s) services to children and adolescents who have experienced trauma, or describe a plan to establish such collaborations and support activities to develop knowledge regarding the availability of, and access to, effective child trauma services in the community and in child and adolescent specialty service settings.

Section B: Proposed Trauma-Informed Practices or Interventions (20 points)

- Clearly state the purpose, goals, and objectives of your proposed project and how this project will utilize the collaborative resources of the National Child Traumatic Stress Network. Describe how achievement of the goals will address both the overall program purpose and the needs you have identified in Section A.

- Identify the trauma informed practice or intervention that you propose to implement. Justify this selection and follow all of the specific instructions that apply below:

1. <u>If you are proposing to implement clinical treatment approaches and/or trauma-informed service approaches for which the evidence is based on a formal consensus process involving recognized experts in the field, describe</u>:

   - □ the experts involved in developing consensus on the proposed service/practice (e.g., work groups of the National Child Traumatic Stress Initiative, members of an expert panel formally convened by SAMHSA, NIH, the Institute of Medicine or other nationally recognized organization). The consensus must have been developed by a group of experts whose work is recognized and respected by others in the field. For example, applicants may identify and describe trauma-related practices or materials cited on the Web site of the National Child Traumatic Stress Initiative. Local recognition of an individual as a respected or influential person at the community level is not considered a "recognized expert" for this purpose;
   - □ the nature of the consensus that has been reached and the process used to reach consensus;
   - □ the extent to which the consensus has been documented (e.g., in a consensus panel report, meeting minutes, or an accepted standard practice in the field);
   - □ any empirical evidence (whether formally published or not) supporting the effectiveness of the proposed services/practice; and
   - □ the rationale for concluding that further empirical evidence does not exist to support the effectiveness of the proposed services/practice

   <u>Note</u>: Formal consensus and recommendations are particularly applicable to trauma-informed service approaches which may not have been the subject of clinical treatment

studies but may have been developed based on other types of evidence, such as research on the effects of trauma and recommendations from experts on ways to minimize practices that may compound trauma (e.g., seclusion and restraint practices).

2. If you are proposing to implement clinical treatment approaches and/or trauma-informed service approaches for which the evidence includes scientific studies published in the peer-reviewed literature or other studies that have not been published, describe the extent to which:

   - □ the practices have been evaluated and the quality of the evaluation studies (e.g., whether they are descriptive, quasi-experimental studies, or experimental studies);
   - □ the practices have demonstrated positive outcomes and the populations for which the positive outcomes have been demonstrated;
   - □ the practices have been documented (e.g., through development of guidelines, tool kits, treatment protocols, and/or manuals) and replicated; and
   - □ fidelity measures have been developed (e.g., no measures developed, key components identified, or fidelity measures developed).

3. If you are proposing to implement clinical treatment approaches and/or trauma-informed service approaches included in NREPP (see Appendix C), CMHS toolkits on evidence-based practices (see Appendix D), or the National Child Traumatic Stress Network Website (visit www.NCTSNet.org and click on "Resource Materials for 2007 Grant Applicants" under New Resources), simply identify the practices and state the sources from which they were selected. You do not need to provide further evidence of effectiveness.

4. If you propose to use a trauma-informed service or trauma treatment program developed by the applicant organization, partnering organization, or other service providers, for which the above evidence is not available, justify use of the proposed intervention with the target population. Applicants are expected to provide a narrative justification that summarizes the effectiveness and acceptability of the proposed intervention. This plan may include describing process and outcome evaluations, efficacy studies, effectiveness studies, case controlled studies, or clinical trials of the proposed trauma-informed intervention. Propose a plan to demonstrate the effectiveness of the program with traumatized populations. Funded grantees will have one year from the time of funding to develop this plan.

- Justify the use of the proposed practice or intervention for the target population.

- Describe the types of modifications/adaptations that may be necessary for the intervention to meet the needs of the target population, and describe how you will make a final determination about the adaptations/modifications to be made. Explain how the proposed trauma-informed practice or intervention and any anticipated modifications will address important characteristics of the target population (e.g. age, race, ethnicity, culture, sexual orientation, gender identity, disability, literacy, etc.), while maintaining

fidelity to the chosen intervention. Funded grantees will have up to one year to make changes to their service approach.

- Describe a preliminary plan for working with other NCTSN centers and stakeholders to make adaptations.

Section C: Proposed Implementation Approach (30 points)

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

- Discuss the characteristics of the target population that must be considered when determining how the grant project will be implemented and how the chosen practice or intervention will be delivered. 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. Explain how your proposed implementation approach address these issues?

- Describe the involvement of key stakeholders in the proposed project, including the roles and responsibilities of each stakeholder. Describe how they will be recruited and selected for participation, and how they represent the community and target population. If partnering with other service organizations that provide treatment and/or services, provide documentation of their willingness to implement trauma-informed practices or interventions to improve treatment and services for traumatized children/adolescents and their families. Clearly demonstrate each stakeholder's commitment to the consensus building and strategic planning processes. Attach letters of support and other documents showing stakeholder commitment in **Appendix 1** of your application.

- Describe the strategies or models that will be used to build consensus on the selected trauma-informed practice or intervention, including a description of how key stakeholders will be educated about the intervention. Describe potential barriers to achieving consensus among stakeholders and the resources and plans you will use to overcome these barriers.

- Describe how the project will invite and utilize input from consumer constituency groups—especially children/adolescents/families and community service providers—in all aspects of the project, including but not limited to strategic planning and a consumer advisory process.

- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects if applicable.

- Describe how the project will mobilize or develop existing expertise and resources to allow the proposed Center to serve as an expert on child/adolescent trauma for the community.

- Describe how you will use National Child Traumatic Stress Network resources and collaborate with other Network Centers to increase the trauma expertise of your Center during the course of the project.

- 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.

- SAMHSA discourages the use of seclusion and restraint and expects grantees to reduce and work towards eliminating seclusion and restraint practices. Describe your policies on reducing and eliminating seclusion and restraint, any conditions under which seclusion and restraint would be used, and the alternatives to seclusion and restraint you will be employing.

Section D: Staff and Organizational Experience (10 points)

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

- Provide a list of staff members who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director, who must serve at least 50% time on the grant, and other key personnel, including evaluators and database management personnel.

- Describe the prior experience of your proposed project's key staff, partners, or consultants, in providing trauma-focused clinical treatment and services and/or mental health or other therapeutic or supportive services to children/adolescents who have experienced trauma or to other populations that have experienced trauma in the targeted population or service systems.

- 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 multi-linguistic, indicate if the staffing pattern includes bilingual or bicultural individuals.

- Describe the experience of the applicant organization and staff in community education, service provider training and consultation.

- Identify the project staff or contractor(s) who will develop the implementation manual, and demonstrate that they have the requisite skills and experience.

- If you plan to have an advisory body, describe its composition, roles, and frequency of meetings.

- 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: Evaluation Design and Analysis (15 points)

- Describe your comprehensive evaluation plan. Describe your plans to devote the staff and resources necessary to: 1) conduct local process and outcome evaluations; 2) submit client level data to the Core Data Set (CDS); 3) fully participate in the NCTSI Cross-site Evaluation (CSE); and 4) comply with GPRA reporting requirements.

- Describe the resources that will be used to obtain required IRB clearances for ongoing contribution to the CDS and full participation in the CSE. Name the IRB entity that will be utilized. Additional information on IRB approval for CDS and CSE activities can be found in the Resource Guide for Applicants and the NCTSN website at www.NCTSNet.org (see "Resource Materials for 2007 Grant Applicants" under New Resources).

- Describe how data collection and evaluation results will be utilized to inform project improvements and clinical decision-making. Be sure to link local evaluation efforts to data collection and reporting requirements (the Core Data Set, the National Cross-site Evaluation, GPRA data, and Quarterly and Annual Reports).

- Provide a logic model (see Appendices G and H) for the evaluation of the implementation and/or dissemination of the trauma-informed practices and intervention as well as other implementation activities (e.g., training, stakeholder involvement).

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

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, the Biographical Sketches/Job Descriptions.

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 20% of the total grant award will be used for data collection, performance measurement, and evaluation. An illustration of a budget and narrative justification is included in Appendix K of this document.

Section H: Biographical Sketches and Job Descriptions.

- □ Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- □ Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- □ Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the 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 I of this RFA.

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the 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" that describes 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 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

All applicants must comply with the Protection of Human Subjects Regulations (45 CFR 46), as appropriate. Applicants 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, you 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 participants in the proposed project.

Applicants for NCTSI cooperative agreements must complete the Institutional Review Board (IRB) approval process in order to contribute to the Core Data Set (CDS) and participate fully in the NCTSI Cross-Site Evaluation (CSE) (as described in Section I–2.4 and 2.5). Additional information on IRB approval for CDS and CSE activities can be found in the Resource Guide for Applicants and the NCTSN website at www.NCTSNet.org (see "Resource Materials for 2007 Grant Applicants" under New Resources).

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 (NAC), which is an administrative body in HHS that may comprise both scientists and lay members. As authorities knowledgeable in specific areas, NAC members may perform the final advisory review of grant applications, offer advice, and make recommendations on matters of significance to the policies, missions, and goals of the awarding unit they advise.

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:

  - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation; or
  - 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-2.4, you must comply with the following reporting requirements:

3.1. Progress and Financial Reports

- You will be required to submit quarterly, 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 (see Glossary) 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.

- Grantees must participate in reporting requirements that have been established through the cross-site evaluation activities.

- Grantees must submit an annual evaluation report that documents the local program outcomes as well as progress of the Center in meeting proposed goals and objectives.

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 CTS grant program are described in Section I-2.4 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.

Grantees are encouraged to work with SAMHSA staff to collaborate in the development, revision, and production of publications on program findings.

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:

Jean Plaschke, M.S.W.
Division of Prevention, Traumatic Stress, and Special Programs
SAMHSA/Center for Mental Health Services

1 Choke Cherry Road, Room 6-1103
Rockville, MD 20857
240-276-1436
E-mail: jean.plaschke@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 launched a new Web site for NREPP (www.nrepp.samhsa.gov) on March 1, 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 (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. Assertive Community Treatment
3. Family Psychoeducation
4. Supported Employment
5. Co-occurring Disorders: 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 - Statement of Assurance

As the authorized representative of the applicant organization, I assure SAMHSA that if [*insert name of organization*] application is within the funding range for a grant award, the organization will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project;

- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and

- official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist <u>does not</u> constitute adequate documentation.)

_____ _____

Signature of Authorized Representative Date

Appendix F-Areas of Budget Consideration

Note: Information in this appendix is provided for planning purposes. Unless otherwise referenced in the RFA, budget percentages and dollar ranges are approximate amounts for consideration when developing program plans.

Budget Category	Allowable Activities	Percentage Range of Budget
Community Outreach	Supporting collaborative community efforts to develop trauma-informed treatment and services; supporting training of and consultation with community and service system providers; increasing public and professional awareness of child/adolescent trauma issues	10-20%
Treatment and Service Implementation/ Direct Services	Supporting training and supervision of service providers in trauma interventions and services; other expenses to implement treatment and service interventions for child/adolescent trauma. Providing trauma-informed interventions in community settings and service systems.	Maximum of 50%
Network Collaboration	Participation in National Child Traumatic Stress Initiative committees, communication with other TSA and CTS centers regarding Network activities	At least 25%
Evaluation/Data Collection	Participation in cross-site evaluation and performance monitoring activities, support for Network-wide clinical data collection protocols, collaborating with other centers in evaluation of Network intervention development products; implementing training evaluation activities; center-specific evaluation activities, assessing quality and impact of interventions implemented in community and service system settings, collecting clinical data for intervention planning and outcome assessment.	No more than 20%

Appendix G – Sample Logic Model

A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or "change" and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A Logic Model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among 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 H – Logic Model Resources

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

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

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

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 I – 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:

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

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

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

- State:

  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

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

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

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **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 J – 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.
- 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 K – 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 (If expert is known, should list by name)	$ 1,500

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 <u>total</u> 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 L - Glossary

Catchment Area: A catchment area is the geographic area from which the target population to be served by a program will be drawn.

Cooperative Agreement: A cooperative agreement is a form of Federal grant. Cooperative agreements are distinguished from other grants in that, under a cooperative agreement, substantial involvement is anticipated between the awarding office and the recipient during performance of the funded activity. This involvement may include collaboration, participation, or intervention in the activity. HHS awarding offices use grants or cooperative agreements (rather than contracts) when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

Cost sharing or Matching: Cost sharing refers to the value of allowable non-Federal contributions toward the allowable costs of a Federal grant project or program. Such contributions may be cash or in-kind contributions. For SAMHSA grants, cost sharing or matching is not required, and applications will not be screened out on the basis of cost sharing. However, applicants often include cash or in-kind contributions in their proposals as evidence of commitment to the proposed project. This is allowed, and this information may be considered by reviewers in evaluating the quality of the application.

Fidelity: Fidelity is the degree to which a specific implementation of a program or intervention resembles, adheres to, or is faithful to the evidence-based model on which it is based. Fidelity is formally assessed using rating scales of the major elements of the evidence-based model. A toolkit on how to develop and use fidelity instruments is available from the SAMHSA-funded Evaluation Technical Assistance Center at http://tecathsri.org or by calling (617) 876-0426.

Government Performance and Results Act (GPRA): The GPRA of 1993 (Public Law 103-62) mandates performance-based management by Federal agencies, focusing on results or outcomes in monitoring the effectiveness of Federal programs and their progress toward achieving national goals. The law places increased emphasis on collecting, reporting, and reviewing data to hold the agency accountable for achieving results with public funds. As a condition of receiving a SAMHSA grant, grantees must collect and report data on performance measures specified by the agency. In addition, participation in evaluation studies that collect program data to answer broader questions regarding efficiency or effectiveness may be required, depending on the program.

Grant: A grant is the funding mechanism used by the Federal Government when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

In-Kind Contribution: In-kind contributions toward a grant project are non-cash contributions (e.g., facilities, space, services) that are derived from non-Federal sources, such as State or sub-State non-Federal revenues, foundation grants, or contributions from other non-Federal public or private entities.

Intervention: Services, practices, or treatments developed and implemented to change or improve knowledge, attitudes, behavior, awareness, or processes. Interventions are purposeful responses, which can be acute and provided prior to, in the immediate aftermath of, or after a traumatic event has occurred. Interventions can be implemented with individual, groups, institutions, and/or systems.

Logic Model: A logic model is a diagrammatic representation of a theoretical framework. A logic model describes the logical linkages among program resources, conditions, strategies, short-term outcomes, and long-term impact. More information on how to develop logics models and examples can be found through the resources listed in Appendix E.

National Advisory Council (NAC): The NAC is an administrative body in HHS that may comprise both scientists and lay members. As authorities knowledgeable in specific areas, NAC members may perform the final advisory review of grant applications, offer advice, and make recommendations on matters of significance to the policies, missions, and goals of the awarding unit they advise. SAMHSA and its three Centers—CMHS, CSAP, and CSAT—each has its own NAC.

Practice: A practice is any activity, or collective set of activities, intended to improve outcomes for people with or at risk for substance abuse and/or mental illness. Such activities may include direct service provision, or they may be supportive activities, such as efforts to improve access to and retention in services, organizational efficiency or effectiveness, community readiness, collaboration among stakeholder groups, education, awareness, training, or any other activity that is designed to improve outcomes for people with or at risk for substance abuse or mental illness.

Practice Support System: This term refers to contextual factors that affect practice delivery and effectiveness in the pre-adoption phase, delivery phase, and post-delivery phase, such as a) community collaboration and consensus building, b) training and overall readiness of those implementing the practice, and c) sufficient ongoing supervision for those implementing the practice.

Stakeholder: A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

Sustainability: Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.

Target Population: The target population is the specific population of people whom a particular program or practice is designed to serve or reach.

Trauma-Informed Interventions: Includes interventions designed to reduce the impact of exposure to traumatic events on children and adolescents. These interventions may also target service providers by informing them of the impact of trauma in their service populations and by improving their response to traumatized children and adolescents. Examples of trauma-informed services include pychoeducational programs related to the impact of trauma, outreach/screening in specific service systems for trauma exposure and reactions, and staff training on the effects of trauma and appropriate service provision.

Treatment: Treatments are clinical interventions intended to directly ameliorate significant negative aspects of children and adolescents' traumatic stress reactions.

Wraparound Service: Wraparound services are non-clinical supportive services—such as child care, vocational, educational, and transportation services—that are designed to improve the individual's access to and retention in the proposed project.