# Department of Health and Human Services
# Substance Abuse and Mental Health Services Administration
# Center for Mental Health Services

# Cooperative Agreements for
# Mental Health Transformation State Incentive Grants
# Short Title: MHT SIG

**Request for Applications (RFA) No. SM-05-009**
**(Initial Announcement)**

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

## Key Dates:

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| **Application Deadline** | **Applications are due by June 1, 2005.** |
| **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)/SSA Coordination** | **Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.** |


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# I. FUNDING OPPORTUNITY DESCRIPTION

## 1. INTRODUCTION

The Mental Health Transformation State Incentive Grant program is one of SAMHSA's Infrastructure Grant programs. This program will support an array of infrastructure and service delivery improvement activities to help grantees – i.e., States, Territories, the District of Columbia, and/or federally recognized American Indian/Alaska Native Tribes or Tribal Organizations – build a solid foundation for delivering and sustaining effective mental health and related services. These grants are unique in that they will support new and expanded planning and development to promote transformation to systems explicitly designed to foster recovery and meet the multiple needs of consumers.

SAMHSA recognizes that each applicant will start from a unique point in the process of infrastructure and service delivery transformation and will serve populations with specific needs. Successful applicants will provide a coherent and detailed "roadmap" that portrays the process by which they have assessed and intend to further assess service system needs and resources. The "roadmap" will further describe the process by which the applicant, if awarded a grant, will develop a Comprehensive State, Territory, District, or Tribal Mental Health Plan, and to the extent possible, how it will implement, evaluate, and sustain that plan. Only deep and broad planning, and the coordination and integration of relevant services, will create what will be from the perspective of the consumer and family a single, effective, transparent, and navigable system.

Cooperative Agreements for Mental Health Transformation State Incentive Grants are authorized under Section 520A of the Public Health Service Act, as amended, and subject to the availability of funds.

### Background Information

The Mental Health Transformation State Incentive Grant program will advance – State by State, Territory by Territory, and Tribe by Tribe – the vision and goals of the final report of the President's New Freedom Commission on Mental Health in order to transform the Nation's mental health system.

The Commission's final report, *Achieving the Promise: Transforming Mental Health Care in America,* describes the vision as follows:

> We envision a future when everyone with a mental illness will recover, mental illnesses can be prevented or cured, mental illnesses are detected early, everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community.

The mental health transformation goals set forth by the Commission to achieve this vision are as follows:

Goal 1: Americans understand that mental health is essential to overall health.
Goal 2: Mental health care is consumer and family driven.
Goal 3: Disparities in mental health services are eliminated.
Goal 4: Early mental health screening, assessment, and referral to services are common practice.
Goal 5: Excellent mental health care is delivered, and research is accelerated.
Goal 6: Technology is used to access mental health care and information.

The Commission further provided 19 recommendations to serve as a guide in accomplishing these goals. (See Appendix A.) The Mental Health Transformation State Incentive Grant Program is clearly responsive to the broad systemic recommendation contained in *2.4, Create a Comprehensive State Mental Health Plan.* However, it also encompasses recommendations targeted to individuals, such as *2.1, Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.*

In creating their Comprehensive Mental Health Plan, grantees will likely follow a number of the Commission's recommendations. The Commission stated that, not only should these plans increase the availability of high-quality services and overcome the existing fragmentation, they also should:

- Increase the flexibility of resource use at the State and local levels, encouraging innovative uses of Federal funding and flexibility in setting eligibility requirements;
- Have State and local levels of government be more accountable for results, not solely to Federal funding agencies, but to consumers and families as well; and
- Expand the options and the array of services and supports.

The Commission further discussed the desired outcomes of the plans as follows:

> The intended outcome of Comprehensive State Mental Health Plans is to encourage States and localities to develop a comprehensive strategy to respond to the needs and preferences of consumers or families…. The final result should be an extensive and coordinated State system of services and supports that work to foster consumer independence and their ability to live, work, learn, and participate fully in their communities.

**Federal Transformation Working Group**

Transformation of the mental health system can occur only through the collaboration of all systems that serve people with mental illnesses. As the lead for transformation, SAMHSA's Center for Mental Health Services has assembled a Federal Working Group consisting of 12 agencies or offices within the Department of Health and Human Services, plus 5 other Federal departments. The partners on the Federal Working Group are:

Department of Health and Human Services
Administration for Children and Families
Administration on Aging
Agency for Healthcare Research and Quality

Centers for Disease Control and Prevention
Centers for Medicare & Medicaid Services
Health Resources and Services Administration
Indian Health Service
National Institutes of Health
National Institute of Mental Health
National Institute on Drug Abuse
Office of the Secretary
Assistant Secretary for Planning and Evaluation
Office for Civil Rights
Office on Disability
Office of Public Health and Science
Substance Abuse and Mental Health Services Administration
Department of Education
Department of Housing and Urban Development
Department of Justice
Department of Labor
Social Security Administration
Veterans Administration

Each organization on the Federal Working Group conducted an extensive inventory of its mental health-related activities and resources. The Group then developed a Federal *Agenda for Action* based on this inventory. Grantees will be expected to follow a comparable process.

**Essentials for Mental Health Transformation**

To accomplish the changes called for by the New Freedom Commission, a State, Territory, the District of Columbia, or Tribe must be ready to take on very major challenges. Essentials for successful transformation include, but are not limited to:

- A willingness to risk, and a readiness for change.
- A strong commitment to transformation by the State, Territory, District, or Tribal Chief Executive who has the authority to convene the relevant department/agency/office heads and hold them accountable for their performance.
- Senior-level administrators willing to invest time and resources to transform their systems.
- A dynamic, practical, visionary leader.
- Meaningful consumer and family participation.
- A commitment to cultural competence and to eliminating disparities.
- Plans to sustain the transformation activities after Federal funding ends.

**Relationship of the Mental Health Transformation State Incentive Grant and the Community Mental Health Services Block Grant**

[Note: This section is not applicable to American Indian/Alaska Native Tribes because, due to statutory restrictions, they are not eligible to apply for the Community Services Mental Health

Block Grant program. However, individuals from tribes and tribal organizations are not excluded from services or activities funded by the State block grants.]

In order to accelerate needed changes in State, Territory, and the District of Columbia mental health systems, the Mental Health Transformation State Incentive Grant program provides an opportunity to build upon infrastructure and services funded by the Community Mental Health Services Block Grant Program and enhance progress toward the Block Grant Program's goal of creating comprehensive, community-based systems of care for adults with serious mental illness and children with serious emotional disturbance. As all parts of the country move toward mental health transformation, there must be strong collaboration between the two programs. As this occurs, States, Territories, and the District of Columbia must continue to adhere to all statutory requirements of the Community Mental Health Services Block Grant Program.

While the Mental Health Transformation State Incentive Grant Program and the Community Mental Health Services Block Grant Program share many similar goals, the two programs differ in significant ways. For example:

- The Community Mental Health Services Block Grant Program is a formula grant program whose requirements are prescribed by the Public Health Service Act, whereas the Mental Health Transformation State Incentive Grant Program is a discretionary cooperative agreement grant program under Programs of Regional and National Significance, whose requirements are not prescribed by Congress.

- The flexible funds awarded by the Community Mental Health Services Block Grant Program have been used for an array of activities from direct and support services to infrastructure improvements, whereas those awarded by the Mental Health Transformation State Incentive Grant Program may be used *only* for infrastructure. The Mental Health Transformation State Incentive Grants provide a unique opportunity for States to concentrate on *systemic* changes needed to meet the multiple needs of consumers and to foster recovery.

- The Community Mental Health Services Block Grant Program funds are to be used for adults with serious mental illness and children with serious emotional disturbance. The Mental Health Transformation State Incentive Grant Program, by contrast, encompasses the entire population of a State, with special focus not only on those who have, but also on those who are at risk for, serious mental illness and serious emotional disturbance.

- The criteria for developing the Comprehensive Mental Health Plan called for by the Mental Health Transformation State Incentive Grant Program are considerably more specific than those for the State Mental Health Plan called for by the Community Mental Health Services Block Grant Program.

  For example, the Comprehensive Mental Health Plans *must* be developed, implemented, evaluated, and sustained by a senior executive level Transformation Working Group. It *must* create mechanisms and structures that will improve collaboration and address the overlap among different systems (e.g., mental health, child welfare, education, corrections, and substance abuse), and it *must* prepare the State to sustain these mechanisms and structures.

Moreover, the Mental Health Transformation State Incentive Grant Program *must* link to other appropriate grant programs in the State.

By contrast, the Community Mental Health Services Block Grant Program *allows for* these and other activities required by the Mental Health Transformation State Incentive Grant Program, and many States, utilizing the block grant, have already pursued some of these objectives. However, under the Community Mental Health Services Block Grant Program, and in keeping with its legislative authority, these activities are not mandatory.

Both the Community Mental Health Services Block Grant Program and the Mental Health Transformation State Incentive Grant are necessary to effect mental health transformation. Interagency collaboration is an expectation of the Block Grant Program, but such collaboration is a *requirement* of the Mental Health Transformation State Incentive Grant Program for proposing fundamental service changes and funding a portion of the necessary change. In this context, the Block Grant may be seen as providing stable funding to nurture and sustain transformation.

The Community Mental Health Services Block Grant Program and the Mental Health Transformation State Incentive Grant Program will be managed by SAMHSA/CMHS in a coordinated manner, and they will reflect a unified planning, implementation, and evaluation process.

**A Public Health Approach**

To achieve the goals and accomplish the vision of transformation, the New Freedom Commission advocates using a public health framework. This approach requires a very broad perspective. It focuses not only on treatment and recovery services for individuals with mental illnesses, but also on services that promote mental health and prevent mental and behavioral disorders in an entire population.

The SAMHSA/CMHS priority populations are children with serious emotional disturbance, adults with serious mental illness, and the family members of these service consumers. However, a broad perspective sees mental health and mental illnesses not as discrete entities, but rather as points on a continuum. Everyone moves back and forth along that continuum depending on a multitude of biological, psychological, and social factors – both positive and negative – at any given time. A truly effective, widely accepted, transformed mental health system must be relevant to the entire population. Therefore, the system must include promotion and prevention activities as well as treatment and recovery activities, and grantees will be required to have one or more staff who address these activities.
As the grantees transform their individual systems into truly comprehensive systems, their collective activities are expected to benefit the mental health, and thereby the overall health, of the entire Nation.

**Resources**

SAMHSA will provide pre-application technical assistance for potential applicants. In addition, many transformation activities are already underway at the Federal, State, District, Tribal,

regional, county, and local levels, and SAMHSA strongly recommends that grantees adapt or build on these existing resources. For example, SAMHSA will provide a model Comprehensive Mental Health Plan and a model Individualized Treatment Plan. In addition, SAMHSA's Anti-Stigma Campaign, Strategic Prevention Framework, and the National Suicide Prevention Strategy are excellent resources, and SAMHSA will also provide guidance regarding various data collection issues.

Another type of resource consists of the many grants funded by SAMHSA, other Federal, State local departments/agencies/offices, and/or non-governmental entities. When these grants are linked and their funding leveraged, grantees can greatly expand their activities without incurring additional expenses.

The National Association of State Mental Health Program Directors provides regular Transformation Tracking Reports of State activities on its web site. The Transformation Action Center will be available to provide technical assistance and information about various resources to grantees.

## 2. EXPECTATIONS OF GRANTEES

**Grantees will be expected to:**

- Convene and provide staff for the Chief Executive's Mental Health Transformation Working Group (Transformation Working Group) to develop, implement, evaluate, and sustain a Comprehensive Mental Health Plan for transforming the organization, delivery, and financing of services for people with mental illnesses. The Group must be composed of senior executive leaders and must be led by a dynamic chairperson appointed by the Chief Executive. Grantees must strive ultimately to involve all departments/agencies/ offices that deliver, fund, or administer services and supports used or needed by people with a mental illness and/or their families. Existing State Mental Health Planning and Advisory Councils must continue to fulfill the responsibilities set out by the Community Mental Health Services Block Grant legislation and must be integral to the transformation process and its sustainability.

- Building on the Statement of Need submitted in the application for this program (see Evaluation Criteria, Section A: Statement of Need), conduct a *thorough* Needs Assessment involving data collection and analysis from each organization on the Transformation Working Group. Building on that Needs Assessment and the *preliminary* Inventory of Resources submitted in the application for this program (see Evaluation Criteria, Section A: Statement of Need), conduct a *thorough* Inventory of Resources that details the mental health and related resources (e.g., people, programs, policies, funding, equipment, facilities, etc.) of each department/agency/office represented in the Transformation Working Group. The inventory must include any mental health related money from the Federal government, the grantee's own budget, and the budgets of other organizations.

- If necessary, refine the vision for a transformed system that was developed for this application based on consensus of the Transformation Working Group. (See Evaluation Criteria, Section

A, Statement of Need.) The SAMHSA/CMHS Government Project Officer must approve the Needs Assessment and the Inventory of Resources before the grantee may proceed to develop its Comprehensive State Mental Health Plan.

- Using data from the Needs Assessment and the Inventory of Resources, develop a Comprehensive Mental Health Plan to transform the grantee's mental health system, in collaboration with other systems that serve people with mental illnesses, according to the goals for transformation set forth in the New Freedom Commission Report. Grantees will have considerable flexibility and are encouraged to include varied and innovative approaches in developing their Comprehensive Mental Health Plans. **However, they also must adhere to the requirements for the plans that are detailed in Appendix B.** The SAMHSA/CMHS Government Project Officer must approve the Comprehensive Mental Health Plan before the grantee may proceed to implement, monitor, and evaluate the activities described in the plan.

- Grantees must include issues related to sustainability of transformation activities in the preparation of the application for this grant program and throughout their planning activities.

- Once transformation activities are well underway at the State, Territory, District, and/or Tribal level, grantees will assist counties, communities, and/or other governmental entities to begin transforming their mental health and related systems.

## 2.1 Allowable Activities

Allowable activities under the Mental Health Transformation State Incentive Grant program include, but are not limited to:

- Needs and resources assessment
- Strategic planning
- Coordination, alignment, pooling, and/or braiding of funding streams and other strategies for addressing financing issues (e.g., waiver programs of the Centers for Medicare and Medicaid Services; models of self-directed care; parity)
- Organizational/structural change (e.g., creation and/or consolidation of programs/departments/agencies/offices)
- Development of interagency coordination and communications mechanisms (e.g., memoranda of understanding, memoranda of agreement, etc.)
- Development or expansion of provider, consumer, and family networks
- Policy formulation and implementation to support needed service system improvements
- Development, implementation, and/or enhancement of quality assurance procedures
- Sustainability activities (e.g., institutionalizing the transformation in regulations, policy, legislation, etc.)
- Workforce development (e.g., training, cross-training, developing culturally and linguistically competent providers and administrators)
- Data infrastructure/MIS development that complements but does not duplicate the activities of the SAMHSA/CMHS Data Infrastructure Grant program, that better meets the needs and preferences of mental health consumers and their families, and that allows for interagency exchange of information

- Communications/public awareness activities (e.g., media campaigns; anti-stigma messages; inter- and intra- departmental/agency/office information exchange)

## 2.2 Data and Performance Measurement

### 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 (P.L. 103-62 or "GPRA"). GPRA requires all Federal agencies to:

- develop strategic plans that specify what they will accomplish in up to a 5-year period;
- set performance targets annually related to their strategic plan; and
- report annually on the degree to which the previous year's targets were met.

The law further requires agencies to link their performance to their budgets. Agencies are expected to evaluate their programs regularly and to use results of these evaluations to explain their successes and failures.

To meet these requirements, SAMHSA must collect performance data (i.e., "GPRA data") from grantees. Grantees are required to report these performance data to SAMHSA on a timely basis so that results are available to support budgetary decisions.

**For the Mental Health Transformation State Incentive Grants, grantees are required to report data regarding the following Infrastructure Indicators on an annual basis:**

1. Increase percentage of policy changes completed as a consequence of the Comprehensive Mental Health Plan.

2. Increase number of persons in the mental health care and related workforce who have been trained in service improvements recommended by the Comprehensive Mental Health Plan.

3. Increase percentage of financing policy changes completed as a consequence of the Comprehensive Mental Health Plan.

4. Increase percentage of organizational changes completed as a consequence of the Comprehensive Mental Health Plan.

5. Increase the number of organizations that regularly obtain and analyze data relevant to the goals of the Comprehensive Mental Health Plan.

6. Increase the number of consumers and family members that are members of Statewide consumer- and family-run networks.

7. Increase the number of programs that are implementing practices consistent with the Comprehensive Mental Health Plan.

By the end of the first year of the grant, grantees will be expected to identify, from their Comprehensive Mental Health Plans, the changes they expect to make that will eventually count as GPRA results, and to set targets for when the changes are expected to be completed. **Only changes that are consistent with the New Freedom Commission recommendations and identified as goals in the Comprehensive Mental Health Plan will count as GPRA results.** Appendix C provides examples of the types of changes that will count as GPRA results for each of the 19 recommendations of the New Freedom Commission. At the Administrator's discretion, **SAMHSA may make State-specific GPRA results publicly available.**

In addition to the Infrastructure Indicators, improvements in State performance on the SAMHSA National Outcome Measures will be expected as a long-term result of the grant program. (See Appendix D for complete list of SAMHSA's National Outcome Measures.) The National Outcome Measures will be assessed through analysis of data reported by States, Territories, and the District of Columbia in the Uniform Reporting System (URS). An independent evaluator will conduct analyses of the National Outcome Measures 5 and 10 years following award of the grants.

SAMHSA will also contract with an independent evaluator to collect additional information about the experiences of each grantee in transforming their systems. Grantees are expected to cooperate with the independent evaluator and provide all of the information necessary to complete the evaluation. The independent evaluation is likely to include information pertaining to improvements in cost-efficiency of the transformed mental health system.

NOTE: Applicants must document their ability to collect and report the required data in Section F, "Evaluation and Data," of their applications. Note also that no more than 20% of the total grant award may be used for evaluation and data collection, including GPRA data.

## 2.3 Grantee Meetings

SAMHSA staff will work with grantees to determine the most effective format for grantee meetings. For budgetary and planning purposes, however, each grantee should plan to send a minimum of five people (including the Transformation Working Group Chairperson) to at least two joint grantee meetings in each year of the grant and must include funding for this travel in its budget. The Chairperson, in consultation with the Government Project Officer, will decide who the appropriate people are to attend these meetings. Each meeting will be 3 days. These meetings will usually be held in the Washington, D.C. area, and attendance is mandatory.

## 2.4 Evaluation

In addition to participating in SAMHSA/CMHS's evaluation, grantees will be expected to conduct a site-specific evaluation of their projects. Applicants are required to describe their evaluation plans in their applications. The evaluation should include both process and outcome components that measure change relating to project goals and objectives over time. It should also be designed to provide regular feedback to the project. No more than 20% of the total grant award may be used for evaluation and data collection, including GPRA data.

# II. AWARD INFORMATION

## 1. AWARD AMOUNT

In FY 2005, approximately $18.769 million will be available to fund approximately 6 to 13 awards ranging from $1.5 million to $3 million in total costs (direct and indirect) per year. Applicants may request a project period of up to 5 years.

**Proposed budgets cannot exceed the allowable amount in any year of the proposed project.** The actual amount available for the awards may vary, depending on unanticipated program requirements and the number and quality of the applications received. 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.

## 2. FUNDING MECHANISM

Awards will be made as Cooperative Agreement grants. The roles of the grantee and the Federal Government Project Officer are as follows:

Role of Grantee

The Mental Health Transformation State Incentive Grant awardee must comply with the terms of the Cooperative Agreement for Mental Health Transformation State Incentive Grant, including implementation of all required Mental Health Transformation State Incentive Grant activities described above under "Funding Opportunity Description." The Mental Health Transformation State Incentive Grant recipient must agree to provide SAMHSA with all required performance data and collaborate with SAMHSA/CMHS staff in all aspects of the Cooperative Agreement, including submission of all required forms, data, and reports.

Role of Federal Staff

The Federal Government Project Officer will serve in a non-voting, advisory capacity on the Transformation Working Group and will participate, as needed, on policy, steering, advisory, or other task forces created by the Transformation Working Group. The Government Project Officer will also facilitate linkages to other SAMHSA/Federal government resources and will help grantees access appropriate technical assistance.

In addition, the Government Project Officer will ensure that a grantee's transformation projects are responsive to SAMHSA's mission and help accomplish the mental health transformation goals of the New Freedom Commission's report. He/she will monitor and review progress of transformation projects and will monitor the development and collection of process and outcome measures. He/she will further ensure compliance with the Government Performance and Results Act, and except in the case of Tribes, will ensure that the Transformation Working Group collaborates with the Community Mental Health Services Block Grant program. Finally, he/she will review and approve the grantee's Needs Assessment, Inventory of Resources, Comprehensive Mental Health Plan, annual reports, and other documents.

# III. ELIGIBILITY INFORMATION

## 1. ELIGIBLE APPLICANTS

Eligibility for the Mental Health Transformation State Incentive Grant program is limited to the immediate office of the Chief Executive Officer (e.g., Governor) in the States, Territories, the District of Columbia, and Federally-recognized American Indian/Alaska Native Tribes or Tribal Organizations. ("Tribal Organization" refers to the recognized governing body of any Indian tribe or any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such an organization and which includes the maximum participation of Indians in all phases of activities.) The applicant's Chief Executive must appoint the Chairperson and members of the Transformation Working Group and must sign the application. Eligibility is limited because recipients of the Mental Health Transformation State Incentive Grants must have the ability to leverage and coordinate multiple sources of funding and other resources in order to achieve the goals of the President's New Freedom Commission on Mental Health.

## 2. COST SHARING

Cost sharing (see Glossary) is not required in this program, and applications will not be screened out on the basis of cost sharing. However, applicants may include cash or in-kind (see Glossary) contributions in the proposal as evidence of commitment to mental health transformation.

## 3. OTHER

**Applications must comply with the following requirements, or they 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 Section IV-2.3 of this document.

# IV. APPLICATION AND SUBMISSION INFORMATION

**(To ensure that you have met all submission requirements, a checklist is provided for your use in Appendix E of this document.)**

## 1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the National Mental Health Information Center at 1-800-789-CMHS (2647).

You also may download the required documents from the SAMHSA web site at www.samhsa.gov. Click on 'Grants.'

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
- enhanced instructions for completing the PHS 5161-1 application.

## 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 PHS 5161-1 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) and a synopsis of the RFA will be posted 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

To ensure equitable treatment of all applications, applications must be complete. In order for your application to be complete, it 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, which is part of the PHS 5161-1. [Note: Beginning October 1, 2003, applicants will need to provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants will be 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. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

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

- **Budget Form** – Use SF 424A, which is part of the 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification are included in Appendix H of this RFA.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through F. These sections in total may not be longer than 40 pages. (For example, remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in "Section V – Application Review Information" of this document.

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections G through J. There are no page limits for these sections, except for Section I, Biographical Sketches/Job Descriptions.

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

  - *Section H* - 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 and evaluation.

  - *Section I* - Biographical Sketches and Job Descriptions.

    - Include biographical sketches and job descriptions for the Transformation Working Group Chairperson and up to 10 other key positions. Each sketch and job description combined should be 2 pages or less. If the person has not been hired, include a letter of commitment from the individual with a current biographical sketch.

    - Sample sketches and job descriptions are listed on page 22, Item 6 in the Program Narrative section of the PHS 5161-1.

  - *Section J* - Confidentiality and SAMHSA Participant Protection/Human Subjects. Section IV-2.4 of this document describes requirements for the protection of the confidentiality, rights, and safety of participants in SAMHSA-funded activities. This section also includes guidelines for completing this part of your application.

- **Appendices 1 through 3** – Use only the appendices listed below. If your application includes any appendices not required in the grants announcement, they will be disregarded. There are no page limitations for Appendices 1 and 2. Do not use more than 10 pages for Appendix 3. 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 Commitment/Coordination/Support and/or Memoranda of Understanding
- *Appendix 2*: Data Collection Instruments/Interview Protocols
- *Appendix 3*: Sample Consent Forms

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

- ❑ **Certifications** – Use the "Certifications" forms found in PHS 5161-1.

- ❑ **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

**Applicants also must comply with the following basic application requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.**

- ❑ Information provided must be sufficient for review.

- ❑ Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under "Guidance for Electronic Submission of 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 below under "Guidance for Electronic Submission of Applications.")

  - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the 40-page limit for the Project Narrative.

- 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 40. 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, following these guidelines will help reviewers to consider your application.

- ❑ 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.

- ❑ There is no page limit for Appendices 1 and 2. However, the 10-page limit for Appendix 3 should not be exceeded.

- ❑ Send the original application and two copies to the mailing address in Section IV-6.1 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.

Guidance for Electronic Submission of Applications

SAMHSA is now offering the opportunity for you to submit your application to us either in electronic or paper format. 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.

You must search the Grants.gov site for the downloadable application package, 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: www.Grants.gov apply site, on the Customer Support tab. 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.

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: DUNS Number registration, Central Contractor Registry (CCR) registration, Credential Provider registration, and 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 a PDF file. 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 above, and in Appendix E 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 to 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 20,600 words. **Any part of the Project Narrative in excess of the word limit will not be submitted to review.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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.

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), the assurances (SF 424B), and the certifications, and hard copy of any other required documentation that cannot be submitted electronically. **You must reference the Grants.gov tracking number for your application, on these documents with original signatures, and send the documents to the following address. The documents must be received at the following address within 5 business days of your electronic submission.** Please note the different zip codes. 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 service (DHL, Falcon Carrier, Federal Express, United Parcel 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 **20850**
ATTN: Electronic Applications

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

## 2.4 SAMHSA Confidentiality and Participant Protection Requirements and Protection of Human Subjects Regulations

Applicants must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section J of the application, using the guidelines provided below. Problems with confidentiality, participant protection, and protection of human subjects identified during peer review of the application may result in the delay of funding.

**Confidentiality and Participant Protection:**

All applicants must describe how they will address the requirements for each of the following elements relating to 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.

- Include in consent procedures:

  - 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**

SAMHSA expects that most grantees funded under this RFA will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46). However, in some instances, the evaluation design proposed in the application may necessitate that the applicant, if awarded the grant, must comply 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 (301-496-7005). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

## 3. SUBMISSION DATES AND TIMES

Applications are due by close of business on June 1, 2005. **Hand carried applications will not be accepted. Applications may be shipped using only DHL, Falcon Carrier, 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, Falcon Carrier, Federal Express (FedEx), or United Parcel Service (UPS), timely submission shall be evidenced by a delivery service receipt indicating the application was delivered to a carrier service at least 24 hours prior to the application deadline.

- 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.

Instructions for submitting an application electronically can be found in Section IV-2.3 under "Guidance for Electronic Submission of Applications."

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

Executive Order 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100, sets up a system for State and local review of applications for Federal financial assistance. A current listing of State Single Points of Contact (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 a federally recognized Indian tribal government.

- 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, Maryland, **20857**

ATTN: SPOC – Funding Announcement No. SM-05-009

**For other service delivery:**

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, Maryland, **20850**
ATTN: SPOC – Funding Announcement No. SM-05-009

## 5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents:

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

In addition, SAMHSA's Grant recipients must comply with the following funding restrictions:

- Mental Health Transformation State Incentive Grant funds must be used for purposes supported by the program.

- No more than 20% of the grant award may be used for evaluation and data collection expenses.

- Mental Health Transformation State Incentive Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the grant project. Applications may request up to $75,000 for renovations and alterations of existing facilities.

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

## 6. OTHER SUBMISSION REQUIREMENTS

### 6.1 Where to Send Applications

Guidance for Electronic Submission of Applications is contained in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.

Send applications 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, Maryland, **20857**

**For other service delivery:**

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, Maryland, **20850**

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "MHT SIG, SM-05-009" in item number 10 on the face page of the application. If you require a phone number for delivery, you may use (240) 276-1199.

### 6.2 How to Send Applications

Guidance for Electronic Submission of Applications is contained in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.

Mail or deliver an original application and 2 copies (including appendices) to the mailing address provided above, according to the instructions in Section IV-3. The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

**Hand carried applications will not be accepted. Applications may be shipped using only DHL, Falcon Carrier, 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

Your application will be reviewed and scored according to the quality of your response to the requirements listed below for developing the Project Narrative (Sections A-F). These sections describe what you intend to do with your project.

- 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**.

- You must use the six 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.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative. Points will be assigned based on how well you address the cultural competence aspects of the evaluation criteria. SAMHSA's guidelines for cultural competence can be found on the SAMHSA web site at http://alt.samhsa.gov/grants/2004/edocs_cultcomp.htm

- The Supporting Documentation you provide in Sections G-J and Appendices 1-3 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

- The number of points after each heading below 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 except for Section B: Proposed Approach. The bullet statements are provided to invite the attention of applicants and reviewers to important areas within each section.

**Section A: Statement of Need (15 points)**

- Describe your vision for your State's, Territory's, District's, or Tribe's transformed mental health system. The vision should be a clear statement of what you want your mental health system to look like in the future, beyond the life of this grant program.

- Using the six goals of the President's New Freedom Commission on Mental Health, describe what needs to be done to transform the administrative and service delivery infrastructure of the mental health system in your State, Territory, District, or Tribe. Since transformation must occur in collaboration with other systems that serve people with mental illnesses, the Statement of Need must include the needs of these other systems as well as those of the mental health system. In addition, since the mental health transformation goals cut across all populations and age groups, you must use a life span approach that includes children and adolescents (0-18), adults (19-65), and older adults (65+). Describe the service gaps, barriers, and other problems related to the need for transforming the infrastructure and service delivery patterns in the State, Territory, District, or Tribe.

  [Note: Documentation of need may include local data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data (e.g., from SAMHSA's National Survey of Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient

information on how the data were collected so reviewers can assess the reliability and validity of the data.]

- Describe the current stakeholders (see Glossary), and provide a preliminary inventory of resources (e.g., people, programs, policies, funding, equipment, facilities, etc.) of each department/agency/office represented in the Transformation Working Group. Funding must include any mental health related money from the Federal government, the applicant's own budget, and other organizations. Please present these resources in the form of a table.

- Describe the demographics of the State, Territory, District, or Tribe. Discuss the population's language(s), socioeconomic factors, racial/ethnic makeup, and population distribution. Include information about the prevalence of mental illnesses in the State, Territory, District, or Tribe and related risk and protective factors.

**Section B: Proposed Approach: Organizational Structure (25 points)**

- Provide evidence of a strong commitment by the Chief Executive to transforming the State's, Territory's, District's, or Tribe's mental health system. Demonstrate the Chief Executive's readiness for change and willingness to take risks to create meaningful transformation.

- Identify the dynamic leader appointed by the Chief Executive who will serve as Chairperson of the Working Group.

- Identify the organizations that will provide Cabinet members and other senior executive leaders to serve on the Mental Health Transformation Working Group. Discuss the capability and experience of the organizations with collaborating on and/or implementing mental health projects, including experience in providing culturally appropriate services.

  The Chief Executive has considerable flexibility in determining what departments/agencies/offices are essential partners in transforming the State's, Territory's, District's, or Tribe's system. Mandatory members are:

  - State Mental Health Commissioners or comparable persons in Territories, the District, and Tribes.
  - Representatives of the Chief Executive's office.
  - Youth and adult mental health consumers and family members.
  - Senior leaders from the State, Territory, District, or Tribal office that administers programs funded by the Federal Center for Medicare and Medicaid Services.
  - Senior leaders from departments/agencies/offices whose primary mission is child welfare.
  - Senior leaders from departments/agencies/offices whose primary mission is criminal and juvenile justice.

  It is also recommended that senior leaders from departments/agencies/offices whose primary missions are housing and employment serve on the Mental Health Transformation Working Group.

Suggestions for other possible members are provided in Appendix F. The group should be representative of the racial/ethnic diversity of the State, Territory, District, or Tribe. If it is not, please explain how issues of diversity and cultural competence will be addressed.

- In Appendix 1 of the application, include letters of commitment/coordination/ support and/or memoranda of understanding from the organizations represented on the Transformation Working Group. Identify any cash or in-kind contributions that will be made to the project.

- Describe how existing State Mental Health Planning and Advisory Councils will be an integral part of the process of transformation and will work in partnership with the Transformation Working Group. States, Territories, and the District may choose from the following two options. Please elaborate on how your chosen option will be implemented. [Note: This requirement regarding the State Mental Health Planning and Advisory Councils is not applicable to, and therefore not a requirement for, Tribes.]

  1. The State Mental Health Planning and Advisory Council may evolve into the Transformation Working Group. If this option is chosen, the Transformation Working Group must continue to meet the requirements of the State Mental Health Planning and Advisory Council spelled out in the Community Mental Health Services Block Grant legislation, while also conforming to the requirements for the Transformation Working Group indicated in this grant announcement.

  2. The State Mental Health Planning and Advisory Councils may remain a separate group from the Transformation Working Group and retain its functions as spelled out in the Community Mental Health Services Block Grant legislation. If this option is chosen, the State Mental Health Planning and Advisory Councils will broaden its advisory capacity to include annual review of the Comprehensive Mental Health Plan developed in conformance with this grant announcement.

**Section C: Proposed Approach: Strategy (15 points)**

- Describe how youth and adult consumers and their families were involved in the preparation of the application, and how they will be involved in developing, implementing, evaluating, and sustaining the Comprehensive Mental Health Plan.

- Describe how the Chairperson of the Transformation Working Group will interface with the Chief Executive and with the representatives of each department/agency/ office on the Transformation Working Group to ensure that transformation activities are occurring.

- Describe the strategy for conducting a thorough Needs Assessment, if one has not already been done, and Inventory of Resources that will drive the development of your Comprehensive Mental Health Plan. The Inventory should detail the mental health and related resources (e.g., people, programs, policies, funding, equipment, facilities, etc.) of each department/agency/office represented in the Transformation Working Group. Funding

should include any mental health related money from the Federal government, the State, Territory, District, or Tribal budget, and other sources.

- Describe the process for developing the Comprehensive Mental Health Plan. (See Appendix B for requirements of the plan.)

- Describe the strategy for linking the Mental Health Transformation State Incentive Grant to other appropriate grants in the State, Territory, District, or Tribe and for organizing and leveraging current activities, staff, funding, and other resources.

- Describe the process by which the State, Territory, District, or Tribe will ensure that providers develop, in full partnership with consumers and family members, individualized plans of care that will improve service coordination, help people make informed choices, and ultimately achieve and sustain recovery.

**Section D: Proposed Approach: Sustainability (10 points)**

- Provide a preliminary plan to secure resources to sustain the State's, Territory's, District's, or Tribe's transformation vision, the proposed administrative and service delivery infrastructure enhancements, human resources and training, as well as the financing when Federal funding ends.

**Section E: Staff, Management, and Relevant Experience (20 points)**

- Demonstrate that the Chairperson of the Transformation Working Group is a dynamic leader who has a broad and powerful operational vision of what constitutes transformation, has experience managing projects that require the integration of diverse perspectives and/or agencies, and has outstanding oral and written communication skills.

- Identify the specific people who will participate on the Transformation Working Group, the role of each, their level of effort and qualifications, and evidence of their commitment to transformation.

- Describe the proposed staff that will work under the direction of the Transformation Working Group to assist in the development, implementation, evaluation, and sustaining of the Comprehensive Mental Health Plan. Describe the staff by expertise (e.g., children's mental health, juvenile justice, promotion and prevention, etc.), and describe the proposed role and level of effort of each. If the target population is multi-linguistic, indicate if the staffing pattern includes bilingual and/or bicultural individuals. If the staff is not representative of the population of the State, Territory, District, or Tribe, describe how the staff will ensure that the plan will be representative of the needs of the entire population.

  The dedicated staff for the Transformation Working Group must be adequate to carry out the proposed transformation activities. At a minimum, the Chairperson of the Transformation Working Group and his/her immediate assistant must be full time on this grant.

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

**Section F: Evaluation and Data (15 points)**

- Document your ability to collect and report on the performance measures required by SAMHSA to meet GPRA requirements.

- Specify and justify any additional plans you have for evaluating your transformation activities. Include a description of how data for the additional evaluation will be collected, managed, analyzed, interpreted, and reported. Be sure to include data collection instruments/interview protocols in Appendix 2.

- Describe the State's, Territory's, District's, or Tribe's existing resources and approaches to data collection, including activities related to the SAMHSA/CMHS Data Infrastructure Grant Program, if applicable. Describe how existing resources and approaches will be modified or enhanced to collect and report data for the GPRA measures and your evaluation of mental health transformation.

- Describe the process through which you will use data collected for the SAMHSA GPRA measures and your evaluation to continuously improve your transformation efforts.

- Identify the personnel who will be responsible for GPRA and evaluation activities related to the grant program. Describe their relevant qualifications. Include biographical sketches in Section I and letters of commitment in Appendix 1. Describe the extent of evaluation personnel's past, current, and future relationship with the State's, Territory's, District's, or Tribe's data collection and evaluation systems.

[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. A sample budget and budget justification are provided in Appendix H.]

## 2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when appropriate, approved by the appropriate National Advisory Council;

- availability of funds;

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

- after applying the aforementioned criteria, the following method for breaking ties: When funds are not available to fund all applications with identical scores, SAMHSA will make award decisions based on the application(s) that received the greatest number of points by peer reviewers on the evaluation criterion in Section V-1 with the highest number of possible points (Proposed Approach: Organizational Structure - 25 points). Should a tie still exist, the evaluation criterion with the next highest possible point value will be used, continuing sequentially to the evaluation criterion with the lowest possible point value, should that be necessary to break all ties. If an evaluation criterion to be used for this purpose has the same number of possible points as another evaluation criterion, the criterion listed first in Section V-1 will be used first.

# VI. AWARD ADMINISTRATION INFORMATION

## 1. AWARD NOTICES

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

If you are approved for funding, you will receive an **additional** notice, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project. It is sent by postal mail and is addressed to the contact person listed on the face page of the application.

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

## 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- 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/generalinfo/grants_management.aspx.

- Depending on the nature of the specific funding opportunity and/or the proposed project as identified during review, additional terms and conditions may be negotiated with the grantee prior to grant award. These may include, for example:

  - actions required to be in compliance with 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.

- 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.

- 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. Applicants are encouraged to complete the survey and return it, using the instructions provided on the survey form.

## 3. REPORTING REQUIREMENTS

### 3.1 Progress and Financial Reports

- Grantees must provide their Needs Assessment and Inventory of Resources. The Government Project Officer must approve these before grantees may proceed to the development of their Comprehensive Mental Health Plans.

- Grantees must provide their Comprehensive Mental Health Plans. The Government Project Officer must approve the plans before grantees may proceed to implement the plans.

- Grantees must provide annual and final progress reports. It is the intent of SAMHSA staff for the reports of the Mental Health Transformation State Incentive Grant Program to be combined with those of the Community Mental Health Services Block Grant Program. The final progress report must summarize information from the annual reports, describe the accomplishments of the project, and describe next steps for implementing plans developed during the grant period.

- Grantees must provide annual and final financial status reports. These reports may be included as separate sections of annual and final progress reports or can be separate documents. Because SAMHSA is extremely interested in ensuring that infrastructure development and enhancement efforts can be sustained, your financial reports must explain plans to ensure the sustainability (see Glossary) of efforts initiated under this grant. Initial plans for sustainability should be described in the application for the grant.

- SAMHSA will provide guidelines and requirements for these reports to grantees. SAMHSA staff will use the information contained in the reports to determine the grantee's progress toward meeting its goals.

### 3.2 Government Performance and Results Act

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements,

SAMHSA must collect performance data (i.e., "GPRA data") from grantees. The performance requirements for SAMHSA's Mental Health Transformation State Incentive Grants are described in Section I-2.2 of this document under "Data and Performance Measurement".

### 3.3 Publications

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

In addition, SAMHSA requests that grantees:

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

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

# VII. AGENCY CONTACTS

For questions on program issues related to this application, contact:

Nancy J. Davis, Ed.D.
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 6-1107
Rockville, MD 20857
(240) 276-1866
nancy.davis@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, MD 20857
(240) 276-1421
kimberly.pendleton@samhsa.hhs.gov

# Appendix A – Goals and Recommendations of *Achieving the Promise: Transforming Mental Health Care in America*

## Goal 1: Americans Understand that Mental Health Is Essential to Overall Health

**Recommendations**

**1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention. [Grantees will advance and implement this campaign in their respective States, Territories, District, or Tribes.]**

**1.2 Address mental health with the same urgency as physical health.**

## Goal 2 - Mental Health Care Is Consumer and Family Driven

**Recommendations**

**2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.**

**2.2 Involve consumers and families fully in orienting the mental health system toward recovery.**

**2.3 Align relevant Federal programs to improve access and accountability for mental health services. [Grantees will align comparable programs at the State, Territory, District, or Tribal level.]**

**2.4 Create a Comprehensive State Mental Health Plan.**

**2.5 Protect and enhance the rights of people with mental illnesses.**

## Goal 3: Disparities in Mental Health Services Are Eliminated

**Recommendations**

**3.1 Improve access to quality care that is culturally competent.**

**3.2 Improve access to quality care in rural and geographically remote areas.**

## Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice

**Recommendations**

**4.1 Promote the mental health of young children.**

**4.2 Improve and expand school mental health programs.**

**4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.**

**4.4 Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports.**

## Goal 5: Excellent Mental Health Care Is Delivered and Research Is Accelerated

**Recommendations**

**5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.**

**5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.**

**5.3 Improve and expand the workforce providing evidence-based mental health services and supports.**

**5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.**

## Goal 6: Technology Is Used to Access Mental Health Care and Information

**Recommendations**

**6.1 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.**

**6.2 Develop and implement integrated electronic health record and personal health information systems.**

## Appendix B -- Requirements for Comprehensive Mental Health Plans

SAMHSA recognizes and appreciates the diversity among States, Territories, the District of Columbia, and Tribes, and these entities have considerable flexibility in developing a Comprehensive Mental Health Plan tailored to the unique needs and resources of each entity. However, all Comprehensive Mental Health Plans must adhere to the following requirements:

1. The plan must be consumer-driven and recovery-focused.

2. The plan must address each of the six mental health transformation goals of the New Freedom Commission's report. Using the 19 recommendations as a guide, specific action steps must be developed for each of the six goals, and outcome measures must be attached to each action step. [Note: The Comprehensive Mental Health Plan does *not* have to address *every one* of the recommendations.]

3. Since transformation must occur in collaboration with other systems that serve people with mental illnesses, the plan must take a cross-systems approach, not only across the child and adult mental health treatment systems, but also across the systems represented on the Transformation Working Group.

4. Since the mental health transformation goals cut across all populations and age groups, the plan must take a life span approach that includes children (0-18), adults (19-65), and older adults (65+), as well as their family members.

5. The plan must contain a continuum of promotion, prevention, early intervention, treatment, and recovery services for the State's, Territory's, District's, or Tribe's entire population.

6. Mental health transformation Goal 3, *Disparities in mental health services are eliminated,* addresses issues of age, gender, and culture. These issues cut across all the other goals.

7. The plan must address the needs and preference of special groups such as those who have experienced trauma, those in the criminal justice system, etc.

8. The plan must be driven by, and in concert with, the Needs Assessment and the Inventory of Resources. This inventory will detail the mental health and related resources of each department/agency/office represented on the Transformation Working Group. The inventory must include staffing and funding for these activities. It must also include other grant programs funded by SAMHSA, other Federal and State organizations, and private organizations. The plan must clearly demonstrate the linkages between substantiated needs and resources, the proposed infrastructure and service delivery development strategy, and increased system capacity that will help the State, Territory, District, or Tribe implement, enhance, evaluate, and sustain effective programs and services in a transformed system.

9. The plan must describe how the Community Mental Health Services Block Grant plan and the Mental Health Transformation Comprehensive Mental Health Plan will be integrated, while adhering to the legal and regulatory requirements of the Block Grant program. Since American Indian/Alaska Native Tribal Nations are not eligible for the Community Mental Health Services Block Grant, they are not required to include this item in their Comprehensive Mental Health Plan.

10. The plan must describe a system by which the State, Territory, District, or Tribe will ensure that providers, in full partnership with consumers and family members, develop individualized plans of care that will improve service coordination, help people make informed choices, and ultimately achieve and sustain recovery.

11. The plan must include mechanisms to coordinate and/or braid funding streams and otherwise develop and implement strategies for addressing financing, including the use of waiver programs funded by the Center for Medicare and Medicaid Services, models of self-directed care, and parity.

12. The plan must describe provider/network development and workforce training activities by which the grantee will substantially increase the number of providers that are consumer- and family-centered, that are culturally and linguistically competent, and that are skilled in selecting, implementing, evaluating, and sustaining evidence-based practices.

13. SAMHSA readily acknowledges that no State, Territory, District, or Tribe can do all needed transformation activities immediately. Therefore, the plan must delineate the priorities and the specific action steps the grantee expects to complete with the grant funds during each of the five years of the Mental Health Transformation State Incentive Grant program and thereafter. This would include key milestones, timelines for accomplishing the milestones, and outcomes against which to gauge performance.

14. The plan must include specific actions to sustain the vision, the proposed administrative and service delivery infrastructure enhancements, human resources and training after the SAMHSA grant has concluded. It must include the amounts and sources of non-federal contributions and the extent to which services will be paid through Medicaid and other public or private insurance. It must describe how the grantee will institutionalize transformation in regulations, policy, legislation, etc. The plan must include specific examples of how the linkages and partnerships described above will be maintained when Federal funding ends.

# Appendix C

## Examples of GPRA Infrastructure Results

Note: Each example is followed in parentheses by the number of the Infrastructure Indicator (from Section 2.2) for which the change would be counted.

**Goal 1: Americans understand that mental health is essential to overall health.**

**1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.**

- Implemented an anti-stigma campaign (7)
- Increased level of funding support for anti-stigma campaign (3)
- Added contact approaches to anti-stigma campaign (7)
- Increased # of anti-stigma activities (7)
- Fully implemented the National Standards for Suicide Prevention (1)
- Developed a process to regularly (at least annually) obtain and analyze data on:
  - suicide rates (5)
  - suicide attempts (5)

**1.2 Address mental health with same urgency as physical health.**

- Made infrastructure changes to ensure parity between mental health and non-mental health clients across Departments/Agencies dealing with health, disabilities, and social services, in terms of:
  - policy (1)
  - financing (3)
  - organizational structure (4)
  - accountability mechanisms (5 or 6)

**Goal 2: Mental health care is consumer and family driven.**

**2.1 Develop an Individualized Plan of Care (IPC) for every adult with a serious mental illness and child with a serious emotional disturbance.**

- Received GPO approval of model IPC and consumer-driven IPC implementation standards (1)
- Increased # of persons in the mental health care workforce who have been trained in the consumer-driven IPC protocol (2)

**2.2 Involve consumers and families fully in orienting the mental health system toward recovery.**

- Increased amount of funding for consumer- and family-operated programs, including Statewide consumer networks (3)

- Developed a policy to reimburse peer specialists through Medicaid (3)

**2.3 Align relevant Federal programs to improve access and accountability for mental health services.**

- Increased # of relevant non-mental health State agencies implementing practices that are evidence-based for people with mental illness (7)
- Developed a system for monitoring and using data, on an ongoing basis, regarding how well people with mental illnesses are served in non-mental health settings (5)

**2.4 Create a Comprehensive State Mental Health Plan.**

- Received GPO approval of Comprehensive State Mental Health Plan (1)

**2.5 Protect and enhance the rights of people with mental illness.**

- Implemented a policy to eliminate seclusion and restraint (1)
- Implemented a policy to eliminate the necessity of relinquishing custody of children to get MH care (1)

**Goal 3: Disparities in mental health services are eliminated.**

**3.1 Improve access to quality care that is culturally competent.**

- Developed a cultural competence plan that is consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), published by the HHS Office of Minority Health in 2001 (see www.omhrc.gov/clas), and/or with the CMHS Cultural Competence Standards (1)
- Implemented a system to measure the extent to which the plan has reduced disparities in the State, including data on Federally-recognized tribes within the State and all demographic groups comprising more than 5% of the local population, according to the U.S. Census (5)

**3.2 Improve access to quality care in rural and geographically remote areas.**

- Developed a Rural Mental Health Plan (1)
- Implemented a strategy for developing a mental health workforce in rural areas (1)
- Developed a policy to address the financing of mental health treatment in rural areas (3)

**Goal 4: Early mental health screening, assessment, and referral to services are common practice.**

**4.1 Promote the mental health of young children.**

- Increased the number of primary health providers trained to screen and recognize early signs of emotional/behavioral problems and make appropriate referrals (2)

- Increased the number of providers trained in treating young children (not yet in school) and their families (2)
- Developed a policy to provide information, treatment, and/or supports to the parents of young children (not yet in school) who have emotional/behavioral problems (1)

**4.2 Improve and expand school mental health programs.**

- Increased the number of schools that provide school-based mental health *treatment* services (note that school-based clinicians need not be on the school payroll but can, rather, be contracted) (7)
- Increased the number of schools that provide school-based mental health *prevention* services (universal, selective, & indicated) (7)
- Increased the number of schools that use EBPs (7)

**4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.**

- Implemented a policy to promote screening and referral of co-occurring disorders within mental health and substance abuse treatment settings (1)
- Increased the number of mental health and substance abuse treatment agencies screening for co-occurring disorders and providing referrals to appropriate treatment programs (7)
- Increased the number of mental health and substance abuse treatment providers trained to provide treatment of co-occurring disorders (2)

**4.4 Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports.**

- Developed agreement with relevant health associations/organizations to conduct training in screening and referral (1)
- Increased the number of healthcare providers who have been cross-trained in primary health care, mental health, and substance abuse disorders across the life span (e.g., including geriatric care) (2)
- Increased the number of healthcare agencies that are implementing systematic procedures for screening for mental disorders (7)
- Increased the number of healthcare agencies that are implementing evidence-based practice models of mental health and primary care (7)
- Streamlined reimbursement policies (including credentialing and licensing requirements) regarding integrated mental health and primary care services (e.g., primary care can be given by a psychiatrist, mental health care can be given in primary care settings) (3)

**Goal 5: Excellent mental health care is delivered and research is accelerated.**

**5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.**

- Developed a memorandum of understanding or agreement between academic or research institutions and State mental health authority regarding prioritization of and involvement in mental health research (1)

**5.2 Advance evidence-based practices (EBPs) using dissemination and demonstration projects and create a public-private partnership to guide their implementation.**

- Developed policy to define how EBPs are to be financed and/or reimbursed (3)
- Developed a funding plan to assess fidelity of State-funded EBPs at least annually (3)
- Increased the # of communities in which EBPs are available (7)
  - Break down by type of EBP

**5.3 Improve and expand the workforce providing evidence-based mental health services and supports.**

- Developed a funding plan to provide training on implementing EBPs on an ongoing basis (3)
- Incorporated expertise regarding EBPs into credentialing and licensing policies (1)
- Increased the number of people trained in implementation of evidence-based practices (2)
  - Break down by type of EBP.

**5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medication, trauma and acute care.**

- Increased State agency involvement in research regarding mental health disparities, long-term effects of medication, trauma, and/or acute care (1, 3, 4, 7, depending on nature of involvement)

**Goal 6: Technology is used to access mental health care and information.**

**6.1 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.**

- Increased the number of rural, remote, and underserved areas/communities that have access to mental health services via telehealth or through the use of health technology (7)

**6.2 Develop and implement integrated electronic health record and personal health information systems.**

- Developed a detailed plan for developing a statewide integrated electronic medical record keeping system that is consistent with Federal policies and initiatives (5)

# Appendix D – SAMHSA National Outcome Measures

1) Decreased mental illness symptomatology (developmental)
2) Increased or retained employment and school enrollment
3) Decreased involvement with the criminal justice system
4) Increased stability in family and living conditions
5) Increased access to services/number of persons served by age, gender, race and ethnicity
6) Decreased utilization of psychiatric inpatient beds
7) Increased social support/social connectedness (developmental)
8) Increased positive reporting by clients about outcomes
9) Increased cost effectiveness
10) Increased use of evidence-based practices

# Appendix E – 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.*** *In addition to these formatting requirements, programmatic requirements (e.g., relating to eligibility) may be stated in the specific funding announcement. Please check the entire funding announcement before preparing your application.*

- ❑ 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 this 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-2.3 of this announcement under "Guidance for Electronic Submission of 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-2.3 of this announcement under "Guidance for Electronic Submission of 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 total number of allowed pages. 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, which is in PHS 5161-1)
  - Abstract
  - Table of Contents
  - Budget Form (Standard Form 424A, which is in PHS 5161-1)
  - Project Narrative and Supporting Documentation
  - Appendices
  - Assurances (Standard Form 424B, which is in PHS 5161-1)
  - Certifications (a form in PHS 5161-1)
  - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
  - Checklist (a form in PHS 5161-1)

- ❑ Applications should comply with the following requirements:

  - Provisions relating to confidentiality, participant protection and the protection of human subjects specified in Section IV-2.4 of the specific funding announcement.
  - Budgetary limitations as specified in Sections I, II, and IV-5 of the specific funding announcement.

- ❑ 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 limit for Appendices stated in the RFA should not be exceeded.

- ❑ Send the original application and two copies to the mailing address in the funding announcement. 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 F

## Possible Members of the Chief Executive's Transformation Working Group

In addition to the mandatory members of the Transformation Working Group listed on page 29 of this announcement, applicants might consider the following as potential members of the Transformation Working Group. This list is not exhaustive.

- Senior leaders from the State, Territory, District, or Tribal offices that administer programs funded by the Federal Veterans Administration and/or the Social Security Administration
- Senior leaders from departments/agencies/offices whose primary mission is substance abuse treatment and prevention, education, and/or public health
- Representatives of Tribal governments
- A specialist in promotion and prevention in mental health
- Representatives of county and local governments
- State legislators
- Departments/agencies/offices whose primary mission is public mental health systems, mental health treatment and recovery services, primary care, domestic violence, services for people who are homeless, rehabilitation, dental health, transportation, faith-based activities, home healthcare, and personal assistance and other services for older adults
- Representatives of philanthropies
- Representatives of the business community
- Private mental health service systems
- Insurance providers

# Appendix G – Glossary

**Best Practice:** Best practices are practices that incorporate the best objective information currently available from recognized experts regarding effectiveness and acceptability.

**Catchment Area:** A catchment area is the geographic area from which the target population to be served by a program will be drawn. The catchment area for a Mental Health Transformation State Incentive Grant is the whole State, Territory, District, Tribe or Tribal Organization.

**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 the Mental Health Transformation State Incentive grants, cost sharing or matching is not required, and applications will not be screened out on the basis of cost sharing. However, applicants may include cash or in-kind contributions in their proposals as evidence of commitment to the proposed project. Cash and/or in-kind contributions are allowed, and reviewers may consider them in evaluating the quality of the application.

**Fidelity:** Fidelity is the degree to which a specific implementation of a program or practice 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.

**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.

**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.

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

# Appendix H – Sample Budget and Justification

**This is a sample of a detailed budget and narrative justification to accompany form SF 424A: Section B, for 01 Budget Period. It is NOT a sample budget for the Mental Health Transformation State Incentive Grant Program.**

**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 |

**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**

SAMPLE BUDGET AND JUSTIFICATION (cont'd.)

**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**

SAMPLE BUDGET AND JUSTIFICATION (cont'd.)

**Other**

| | |
|---|---|
| Consultants = Expert @ $250/day X 6 day<br>(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)**<br>**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 $180,100 is effective for all FY 2005 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 108-199.
**Increased from 50% to 100% effort in 02 through 03 budget periods.

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

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

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

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

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

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second up to 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.