

**Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration**

Addiction Technology Transfer Centers

(Short title: ATTC)

Request for Applications (RFA) No. TI-12-008

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

Key Dates:

Application Deadline	Applications are due by June 28, 2012.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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EXECUTIVE SUMMARY:

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2012 for Addiction Technology Transfer Centers (ATTC) grants. The purpose of this program is to develop and strengthen the workforce that provides addictions treatment and recovery support services to those in need. In partnership with Single State Authorities, treatment provider associations, addictions counselors, multidisciplinary professionals, faith and recovery community leaders, family members of those in recovery, and other stakeholders, the ATTCs assess the training and development needs of the substance use disorders workforce, and develop and conduct training and technology transfer activities to meet identified needs. Particular emphasis is on increasing knowledge and improving skills in using evidence-based and promising treatment/recovery practices in recovery-oriented systems of care.

Funding Opportunity Title:	Addiction Technology Transfer Centers
Funding Opportunity Number:	TI-12-008
Due Date for Applications:	June 28, 2012
Anticipated Total Available Funding:	\$10.53 million (\$9.03 million- SAMHSA funding; \$1.5 million- NIDA funding)
Estimated Number of Awards:	15
Estimated Award Amount:	Up to \$665,000-\$765,000 per year (See Appendix H)
Cost Sharing/Match Required:	No [See Section III-2 of this RFA for cost sharing/match requirements.]
Length of Project Period:	Up to 5 years

Eligible Applicants:	Domestic public and private nonprofit entities [See Section III-1 of this RFA for complete eligibility information.]
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I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, in partnership with the National Institute of Drug Abuse (NIDA), is accepting applications for fiscal year (FY) 2012 for Addiction Technology Transfer Centers (ATTC) grants. The purpose of this program is to develop and strengthen the workforce that provides addictions treatment and recovery support services to those in need. In partnership with Single State Authorities, treatment provider associations, addictions counselors, multidisciplinary behavioral health professionals, faith and recovery community leaders, family members of those in recovery, and other stakeholders, the ATTCs assess the training and development needs of the substance use disorders workforce, and develop and conduct training and technology transfer activities to meet identified needs. Particular emphasis is on increasing knowledge and improving skills in using evidence-based and promising treatment/recovery practices in recovery-oriented systems of care.

A qualified, well-trained workforce is central to the successful implementation of SAMHSA's 8 Strategic Initiatives; workforce development is a fundamental component of each Initiative. This program is expected to directly support and enhance SAMHSA's new regional presence. Through the funding of this effort, SAMHSA expects to provide training and technical assistance (TA) which will ultimately lead to a more educated and capable addictions workforce. Now, more than ever, it is critical that the addictions workforce be prepared for the influx of services expected to be needed through the implementation of Health Reform. Specific goals include but are not limited to: the expansion of the number of participants trained; clear application of information gained through training/TA; participant sharing of information gained through training/TA; and demonstrated linkages with Single State Authorities (SSAs).

In conjunction with SAMHSA's establishment of its regional offices, the ATTC structure has been shifted to be more closely aligned to the Department of Health and Human Services regional office structure. The ten regional ATTCs will provide crucial support for addressing behavioral health issues at the regional and local levels. In addition, this program will support four ATTCs with a national focus and one regional coordinating center. These fifteen ATTCs will provide comprehensive support with respect to developing and enhancing the workforce.

In order to maintain consistency and maximize impact, it is critical that the ATTCs remain aligned with SAMHSA's direction and leadership on key priority areas. Examples of priority areas include the recovery definition and principles, emphasis on military families, and health reform enrollment and eligibility efforts. Additionally, SAMHSA is in the process of developing a consensus definition of trauma and trauma informed care and guidelines for the implementation of trauma-informed systems that will have applicability across different service sectors. These efforts build on SAMHSA's multiple investments and multiple directions in trauma work. While these investments have made significant contributions to the field, they have also led to a proliferation of

definitions and approaches. This expert consensus process will clarify SAMHSA's trauma-informed approach to care which should be disseminated by its programs, policies and technical assistance entities.

ATTC grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

SAMHSA's grants for training and technical assistance are intended to fund services or practices that have a demonstrated effectiveness in transferring knowledge and are appropriate for the specific technical assistance (TA) recipients of the grant program.

SAMHSA will make 15 grant awards to support the following number/types of ATTCs:

- Ten (10) Regional ATTCs;
- Four (4) National Focus Area ATTCs; and
- One (1) ATTC National Coordinating Office.

For more information on the States covered by the Regional ATTCs, and award amounts for each ATTC, see [Appendix H](#).

While an organization may apply for a Regional ATTC, National Focus Area ATTC and/or the ATTC National Coordinating Office, a separate application must be submitted for each type of ATTC. Each organization may submit only one application per type of ATTC; therefore, the maximum number of applications an organization may submit is three. Each applicant organization may receive only one award. If an applicant submits multiple high scoring applications, award decisions will be made in the following priority order: 1) Regional ATTC Sites; 2) National Focus Area ATTC Sites; 3) ATTC National Coordinating Office.

2.1 Regional ATTC Sites

Required Activities

The ten (10) regional ATTC sites must provide the following services:

- Build and maintain collaborative relationships with key stakeholders in their region (including State and local governments; behavioral health provider associations; professional, recovery community, and faith-based organizations; academic institutions; counselor credentialing bodies; Regional Indian Health Boards; and others) to advance the professional development of students and practitioners in the substance use disorders treatment field.

- Build and maintain an on-going relationship with SAMHSA's Regional Administrator (RA) utilizing the RA's experience in the region to assist in priority-setting and serving as a resource for information to the RA including the provision of regular updates on regional issues.
- Proactively seek the involvement of each Single State Authority (SSA) in the Region to establish the unique needs in each State system particularly around readiness for and implementation of Health Reform.
- To the extent possible, avoid duplication of effort and maximize the impact of activities and services within the region by coordinating activities with Single State Agencies, treatment providers associations, Network for the Improvement of Addiction Treatment (NIATx) grantees, Centers for the Advancement of Prevention Technology, Health and Human Services (HHS) training centers focused on issues of substance use disorders or closely related topics (e.g., HHS Office of Population Affairs' Regional Training Centers, Health Resources and Services Administration's AIDS Education Training Centers, Center for Disease Control's Prevention Training Centers), and other related organizations.
- Coordinate with SAMHSA's existing national TA efforts, such as Bringing Recovery Supports to Scale Technical Assistance Strategy Center (BRSS TACS) and Center for Financing Reform and Innovation (CFRI) to ensure non-duplication of services.
- Use innovative technology transfer strategies to promote the adoption of culturally appropriate, evidence-based and promising practices, and to disseminate relevant research findings from the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute of Mental Health (NIMH), SAMHSA, and other government agencies. Strategies must include, among other approaches, curricula and other learning events, delivered face-to-face and/or via the Internet, for practitioners working in the substance use disorders treatment and recovery field and/or for students training for roles in the field.
- Provide training and technical assistance for clinical supervisors based on the core competencies developed for clinical supervisors (see CSAT Technical Assistance Publication, *Competencies for Substance Abuse Treatment Clinical Supervisors* (2007), and offer training for clinical supervisors on evidence-based practices so supervisors can foster the adoption of these practices by front-line practitioners.
- At least once every 3 years, administer workforce surveys in the States in their region using a uniform, standardized methodology and instrument and, based on survey findings, prepare workforce reports. **(NOTE: The standardized methodology and instrument will be developed by an expert panel**

convened by the ATTC National Coordinating Office with representation from the Regional Centers.)

- Help prepare the workforce to deliver services in a recovery-oriented system of care. For a working definition of recovery, principles of recovery, and elements of a recovery-oriented system of care, **see [Appendix J](#)**.
- Help prepare the workforce to deliver services consistent with the evolution of Health Reform including but not limited to: the integration of primary care and behavioral health, the implementation of Electronic Health Records (EHRs) and the knowledge enhancement around financing streams and financing services.
- Explore telehealth models and incorporate such models into the provision of training and TA to ensure the recipients of training and TA are using the most up-to-date methods possible to provide services.
- Work with Federally Qualified Health Centers (FQHCs) to provide training/TA specific to the development of the workforce around dealing with issues related to serving clients with hepatitis (**Note: This activity must comprise \$40,000 of the proposed budget**).
- Serve as a resource for community-based and faith-based organizations, recovery community groups, consumers and family members, and other stakeholders on recovery from substance use disorders, including medication-assisted treatment, and recovery-oriented systems of care.
- Provide information and maintain an updated section on the consolidated ATTC Network Internet site (to be developed and maintained by the ATTC National Coordinating Office) with Region-specific information and resources.
- Enhance the clinical and cultural competencies of substance use disorders treatment practitioners.
- Participate in cross-regional and/or Network-wide activities to promote the adoption of evidence-based and promising practices, recovery-oriented systems of care, educational standards, and other topics of importance to the substance use disorders treatment/recovery field.

In addition to the activities listed above, Regional ATTC Sites will be required to participate in the NIDA Blending Initiative. This Initiative, authorized under Sections 301 and 501 of the Public Health Service Act, as amended and supported through NIDA-funding, makes scientific findings accessible to front-line addictions workers as quickly as possible so those findings can be implemented in treatment settings. This Initiative will be funded annually pending availability of funds.

Regional ATTC Sites must engage in the following activities (**Note: You must include a separate budget for the use of NIDA funding of \$150,000. Grantees will be expected to track and report these funds separately.**):

- Participate actively in the NIDA Blending Initiative lending expertise with respect to technology transfer activities.
- Serve as a member of a Blending Team working with other organizations to help disseminate research findings into practice.
- Design and develop materials to introduce and market current and new Blending products on a State and Regional level.
- Conduct follow-up technical assistance to organizations and States to help reinforce learning and/or to assist with implementation of knowledge and skills presented in Blending product trainings.
- Design, develop and implement Training of Trainer events to ensure that Blending products are understood by trainers in the field such that States and organizations may successfully translate research into practice.
- Participate in NIDA Blending Conferences and other smaller working meetings related to the Blending Initiative and Product implementation.
- Develop ancillary products and trainings to support and complement the intent of the Blending product itself, such that States and organizations have a comprehensive array of tools available to implement the required activity.

For more information on the NIDA Blending Initiative, see [Appendix I](#).

Allowable Activities

- Develop and provide training and other resource materials for clinical supervisors, human resource managers, administrators and State/Territory agency staff on relapse prevention/intervention for addictions counselors (many of whom are in recovery and potentially subject to relapse). This training will help address the need of the workforce to reduce compassion fatigue or vicarious traumatization, and to promote wellness and self-care for front-line counseling staff.
- Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for addictions workers, including working with academic institutions that train and educate addiction counseling students.
- Develop strategies and materials to enhance recruitment and retention of substance use disorders treatment practitioners.

2.2 National Focus Area ATTC Sites

Required Activities

National Focus Area ATTC grantees must address **one (1)** of the focus areas listed below:

- Recovery Oriented Systems of Care (ROSC)
- Health Information Technology (HIT)
- Trauma-informed Care
- Health Reform
- Military Families
- Screening, Brief Intervention, Referral and Treatment (SBIRT)
- Integration of Services with Primary Care
- Health Disparities (Specify either Hispanic/Latino, African-American, other racial/ethnic minority groups or LGBT)

In the interest of achieving diversity in focus areas, SAMHSA's intent is to fund National Focus Area ATTCs with several different areas of focus. To accomplish this, SAMHSA may "skip fund", passing over higher scoring applications in order to fund different topic areas. Health Disparities Focus Area ATTCs will be considered "different" if they are focusing on different populations. In other words, more than one Health Disparities Focus Area ATTC may be funded.

The National Focus Area ATTCs must provide the following services:

- Serve as the national subject matter expert and key resource on the selected focus areas maintaining relevant and up-to-date information and resources to be used for the provision of training and TA.
- Develop and implement a strategic plan to ensure that the selected focus areas are seen as key to stakeholders including: SSAs, local governments and addictions professionals.
- Broaden the ATTCs scope on implementation practices and system transformation efforts by creating "suites of services" focusing on selected focus areas.

- Work with Regional Centers to ensure non-duplication of effort and to keep each abreast with the latest and most relevant resources and information on selected subject matter.
- Coordinate with SAMHSA's existing national TA efforts, such as Bringing Recovery Supports to Scale Technical Assistance Strategy Center (BRSS TACS) and Center for Financing Reform and Innovation (CFRI) to ensure non-duplications of services.
- Use innovative technology transfer strategies to promote the adoption of culturally appropriate, evidence-based and promising practices, and to disseminate relevant research findings from the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute of Mental Health (NIMH), SAMHSA, and other government agencies. Strategies must include, among other approaches, curricula and other learning events, delivered face-to-face and/or via the Internet, for practitioners working in the substance use disorders treatment and recovery field and/or for students training for roles in the field.
- Provide training and technical assistance for addictions professionals to ensure the workforce is implementing the focus areas subject matter selected as a priority in their work and ensuring successful integration of these areas into daily and routine practice and service provision.
- Utilize various training/TA approaches (e.g., Train-the Trainer models) to ensure the broadest reach of the services provided.
- Emphasize multiple levels of implementation process components to include the role of learning communities, coaches, and the use of technology to maintain on-going support toward change aimed at individual clinical practice and organizational transformation on the use of the identified focus areas.
- Explore telehealth models and incorporate such models into the provision of training and TA to ensure the recipients of training and TA are using the most up-to date methods possible to provide services.
- Provide information and maintain an updated section on the consolidated ATTC Network Internet site (to be developed and maintained by the ATTC National Coordinating Office) with Region-specific information and resources.

Allowable Activities

- Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for addictions workers, including working with academic institutions that train and educate addiction counseling students.

- Develop strategies and materials to enhance recruitment and retention of substance use disorders treatment practitioners.

Note: Many focus areas are covered by existing CSAT grant programs; ATTCs must ensure that funds under this announcement are used to supplement and not supplant funds from other programs.

2.3 ATTC National Coordinating Office

Required Activities

The ATTC National Coordinating Office must provide the following services:

- Serve as focal point for the ATTC Network in identifying and promoting evidence-based and promising practices in organizational change and technology transfer to promote the dissemination and adoption of evidence-based and promising treatment and recovery practices and recovery-oriented systems of care.
- Collaborate with CSAT and the Regional Centers in identifying and facilitating cross-regional and/or Network-wide activities to promote the adoption of evidence-based and promising practices, recovery-oriented systems of care, and other topics of importance to the substance use disorders treatment/recovery field.
- Assist in the analysis and preparation of findings from the workforce survey and utilize results to prioritize issues for the Network.
- Work with educators and academic institutions to encourage the development of educational standards for preparing students to enter the addictions treatment field, and to promote the development of curricula based on evidence-based and promising practices.
- Provide conceptual and logistical support for the ATTC Steering Committee, annual Network Meeting, and other meetings as required, including developing agendas, meeting materials, and meeting summaries; securing hotel sleeping rooms and meeting space; arranging for speakers/presenters; and coordinating and facilitating meeting follow-up activities. (Meals may not be supported as part of meeting activities).
- Help ensure a coordinated, Network-wide approach to meeting the training and technology transfer needs of the field, and develop methods to minimize duplication of efforts by the Regional Centers.

- Maintain an inventory of and serve as a clearinghouse for ATTC products (curricula, trainings, distance learning programs, etc.), and disseminate ATTC products throughout the ATTC Network and to other stakeholders in the field.
- Facilitate communication and collaboration between and among ATTC Regional Centers by maintaining a Network-wide intranet and other communication resources, such as electronic discussion lists, electronic magazines, and information/data collection instruments.
- Consolidate the ATTC Regional Centers' Websites into one ATTC Network Website that provides the Network with a high-quality, user-friendly presence on the World Wide Web, including portals to region-specific information. Ensure that the ATTC Network Website provides quick and easy access to subjects and resources across the entire Network. (Refer to www.nattc.org for current topics and organization of the ATTC National Office's Website.)
- Establish an E-learning environment to promote and facilitate the use of technology throughout the network.
- Convene national task forces and/or focus groups as requested by CSAT or SAMHSA.
- Prepare clearance packages for review by SAMHSA for ATTC products CSAT deems appropriate for national distribution.
- Coordinate ATTC linkages with national professional organizations to provide presentations, workshops, etc., and/or have exhibits at national meetings, as well as presentations on behalf of the ATTC Network at meetings with a national audience or with an audience from multiple Regional Centers.
- Collect, collate, and synthesize information from the ATTC Regional Centers for reports, briefs, and presentation on ATTC Network activities.

Allowable Activities

- Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for addictions workers.
- Develop strategies and materials to enhance recruitment and retention of substance abuse treatment practitioners.

2.4 Other Expectations

Target Audience

Addictions Workforce: Awardees should target the majority of their efforts and resources toward enhancing the knowledge and skills of the addictions workforce (including peer service providers) and promoting the adoption of evidence-based/promising practices in specialty substance use disorders treatment settings and primary healthcare settings. This will involve providing training and TA for front-line addictions counselors, and/or clinical supervisors of front-line addictions counselors, and/or other key treatment organization personnel, as well as students (e.g., Associate, Baccalaureate, and Masters level) preparing for roles in the substance use disorders treatment field in their regions. SAMHSA also recognizes that professionals working in other settings (e.g., criminal justice, child welfare, primary health care), as well as nonprofessionals (e.g., faith community members, peer recovery community leaders), also play an important role in the recovery process. Awardees may devote a maximum of **40%** of their grant award to training non-specialty professionals and nonprofessional providers of recovery support services.

Regional versus National Focus

The majority of funds awarded under the program should be directed toward the development and implementation of training and technology transfer activities in the regions served by the ATTC Regional Center. However, awardees will also participate in Network-wide activities aimed at a nation-wide audience or focusing on outcomes of national scope. Regional site applicants may devote up to **15%** of their SAMHSA award toward Network-wide activities, including travel to meetings. Additionally, applicants may budget up to **10%** of their SAMHSA award toward broad organizational and institutional systems change efforts to be identified by the Regional Centers and National Coordinating Center in collaboration with SAMHSA/CSAT. **(NOTE: The National Focus Area ATTCs and the National Coordinating Office will focus their activities primarily on nation-wide initiatives involving the entire ATTC Network.)**

Advisory Board

Each ATTC Regional Center, National Focus Area ATTC and the National Coordinating Office must establish an Advisory Board comprised of relevant stakeholders including, at a minimum, representatives of the Single State Authorities from the States served and from provider associations, the provider community, and the recovery community in the region. Advisory Board membership must also include at least one member from a peer-run Recovery Community Organization (RCO). There must be equitable geographic and cultural diversity coverage on the Advisory Boards. The Advisory Boards must be convened at least once per year for the purpose of advising the ATTCs on the workforce interests, needs, and capacities in the region and nation. They will also

provide guidance on strategic directions for the upcoming year and review progress and accomplishments of the past year.

Organizational Models for Serving Multiple States in a Region

ATTC Regional Centers will be serving several States (**See Appendix H**). It is not necessary to have staff in each State, but applicants must explain how they will maintain ongoing and effective communication with key stakeholders such as the SSA, provider associations, provider community, and recovery community, in each State, and how they will respond to needs equitably throughout the region. An applicant must be located in one of the States in the region in order to apply as a Regional ATTC.

Promotion of SAMHSA Products and Collaboration with SAMHSA's Public Engagement Platform (PEP)

To maximize distribution of SAMHSA products, the Regional ATTCs, Focus Area ATTCs and the National Coordinating Office will promote and distribute SAMHSA publications related to the topic of trainings and courses delivered by the Centers. In addition, each ATTC site will be required to provide periodic updates to SAMHSA's PEP of products and services, including training events, that the ATTC is making available within their region. The National Coordinating Center will update the PEP on Network-wide products and services.

2.5 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 Act (GPRA). This information will be gathered using the data collection tool referenced below. You must document your ability to collect and report the required data in "**Section D: Performance Assessment and Data**" of your application.

Grantees must collect and report data using the **ATTC Customer Satisfaction GPRA form**, which can be found at www.samhsa-gpra.samhsa.gov, along with instructions for completing it.

The following GPRA measures have been established for this program:

- number of events per year
- number of participants per year
- participants' level of satisfaction with events
- usefulness of information presented at events
- application of information from each event

GPRA data must be collected at the end of each event and 30 days following the event. Data are to be collected using the ATTC CSAT Customer Satisfaction forms and submitted using the Web-based CSAT GPRA data collection system (SAIS) within 7 days after data is collected. It is expected that grantees will obtain an 80% follow up rate

at 30 days post event. GPRA data will be reported to the public, the Office of Management and Budget (OMB), and Congress as part of SAMHSA's budget request.

2.6 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually. This information may be submitted as part of regular progress reports submitted. At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of training and technical assistance on participants?
- Did training events lead to better, more effective practice?
- What individual factors were associated with outcomes, including race/ethnicity?
- How durable were the effects?
- Were SSAs and state systems engaged in the training efforts?

Process Questions:

- How closely did implementation match the plan for delivery of training and technical assistance?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned training and technical assistance and performance assessment?

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections 2.5 and 2.6.

2.7 Grantee Meetings

Grantees may be required to attend up to 6 meetings per year. There will be **three (3) Steering Committee Meetings** each year, which will be policy and planning meetings limited to ATTC Directors and Co-Directors. The Steering Committee Meetings will be convened to establish Network-wide strategic priorities, set direction and policy for the ATTC Network and Regional Centers, share common challenges and lessons learned,

and exchange information on new and emerging evidence-based clinical and technology transfer practices.

Each year, there will also be **one (1) ATTC Network Meeting**, held in conjunction with one of the Steering Committee Meetings. The ATTC Network Meeting will include not only the ATTC Directors, but also other staff of the Centers and National Coordinating Center (e.g., Training Director, Curriculum Designers, Exhibit Managers) for the purpose of promoting cross-site collaboration and learning among the staff of the various ATTC Centers.

In addition, ATTC Directors will participate in **Topical Work Groups** that may meet **up to twice per year** to develop products affecting multiple regions, the entire Network, and/or those that are expected to have a nation-wide impact. Examples of previous Network initiatives developed by Topical Work Groups include the development of *The Change Book* (handbook on organization change) and the identification of core competencies for addictions counselors and clinical supervisors. Subjects for topical work groups will be selected by the Steering Committee.

CSAT-required meetings will usually be held in the Washington, DC, area. Applicants should budget for CSAT-required travel as follows:

- **Steering Committee Meetings (3 per year)** — 1-2 individuals for a 2-day meeting.
- **ATTC Network Meeting (1 per year)** — 4-7 individuals (including Directors and Co-Directors) for a 2-day meeting.
- **Topical Work Group Meetings (2 per year)** — 1 individual for each 2-day meeting.

NOTE: Applicants for the National Coordinating Office may propose to bring additional staff to the meetings for the purpose of handling logistics, recording proceedings, etc., and should budget accordingly. Also, please note that meals are not an allowable expense for the ATTC program (see [Appendix D](#) - Funding Restrictions).

II. AWARD INFORMATION

Proposed budgets cannot exceed \$665,000- \$765,000 (depending on the type of ATTC grant for which you are applying) in total costs (direct and indirect) in any year of the proposed project (see [Appendix H](#) for specific award amounts).

Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award. NIDA funds will be awarded annually, pending availability of funds. These awards will be made as cooperative agreements.

Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award Federal programmatic participation in the conduct of the project. CSAT staff will work closely with grantees to facilitate coordination of a national network of geographically dispersed ATTCs linked collaboratively with diverse entities, including State and local governments; provider associations; representatives of professional, faith-based, and recovery community organizations; academic institutions; managed care organizations; counselor credentialing bodies; personnel of related service delivery systems such as criminal justice, primary health care, child welfare; and others. CSAT staff will also provide guidance to help ensure that the necessary specialized expertise is available to assist projects and facilitate coordination of these projects with other CSAT and SAMHSA initiatives. CSAT staff will also direct the overall coordination of the Network to avoid duplication of effort, help ensure replication of promising approaches across Regional Centers, and provide guidance to Network-wide activities. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee (i.e., Regional ATTCs, Focus Area ATTCs and the National Coordinating Office)

Grantees are expected to participate and cooperate fully with CSAT staff and each other in the implementation of the program. Activities must include: (1) compliance with all terms and conditions of the cooperative agreement; (2) cooperation with CSAT staff in accepting guidance and responding to requests for information and data; (3) participation on the ATTC Steering Committee, as well as topical work groups established to facilitate accomplishment of Network-wide activities; and authorship or co-authorship of publications to make results of the program available to the field.

Role of Federal Staff

CSAT staff will actively participate in these cooperative agreements, serving as collaborators with project directors from the Regional ATTCs, Focus Area ATTCs and the National Coordinating Office. Staff involvement will include, but is not limited to, the following: providing guidance on evidence-based and promising treatment/recovery practices; assisting in the coordination with SAMHSA's Regional Administrators; providing technical assistance on technology transfer and to enhance potential replication of activities and services across Centers; planning meetings designed to support activities of the Centers and Network as a whole; participating on the ATTC Steering Committee and participating on ATTC topical work groups established to facilitate accomplishment of Network-wide activities; conducting periodic site visits; providing guidance regarding any CSAT modification in program direction and priorities; providing guidance on Network-wide initiatives; and authoring or co-authoring publications to make the results of this program available to the field. Federal staff will

also be responsible for providing direct guidance on the requirements of the Hepatitis education efforts to be taken by each Regional Center.

Role of ATTC Steering Committee

Comprising the Directors of the 15 ATTC awardees and the CSAT Project Officer, the ATTC Steering Committee will provide policy and strategic direction for the ATTC Network consistent with all applicable Department of Health and Human Services and SAMHSA policy guidance statements. The Project Director of the National Coordinating Center will be the Chair of the Steering Committee. The Steering Committee will identify subjects for the topical (Network-wide) work groups. The first meeting of the Steering Committee will be convened at the request of the CSAT Project Officer. The Steering Committee will follow the guidelines specified in 45 CRF 74.36 on data sharing, access to data and materials, and publication. Publications will be written and authorship decided using procedures adopted by the Steering Committee. The quality of publications will be the responsibility of the authors, although a draft must be provided to CSAT prior to publication. No additional SAMHSA/CSAT clearance will be required, except that publications for which SAMHSA staff is included as an author or coauthor must receive internal agency clearance prior to publication.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example:

- State and local governments;
- Federally recognized American Indian/Alaska Native (AI/AN) Tribes and tribal organizations;
- Urban Indian organizations;
- Public or private universities and colleges; and
- Community- and faith-based organizations.

Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives 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 organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of Tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

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

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

You must comply with the following three requirements, or your application will be screened out and will not be reviewed: 1) use of the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. 2) application submission requirements in [Section IV-3](#) of this document; and 3) formatting requirements provided in [Appendix A](#) of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

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

Additional materials available on this Web site include:

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

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Package

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

- The Face Page (SF 424); Budget Information form (SF-424A); Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. **Applications that do not include the required forms will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (<http://www.samhsa.gov/grants/index.aspx>) and a synopsis of the RFA is available on the Federal grants Web site (<http://www.Grants.gov>).

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

2.2 Required Application Components

Applications must include the following 12 required application components:

- **Face Page** – SF 424 is the face page. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application. In addition, you must be registered in the Central Contractor Registration (CCR) prior to submitting an application and maintain an active CCR registration during the grant funding period. **REMINDER: CCR registration expires each year and must be updated annually. It can take 24 hours or more for updates to take effect, so check for active registration well before your grant deadline. Grants.gov will not accept your application if you do not have current CCR registration. If you do not have an active CCR registration prior to submitting your paper application, it will be screened out and returned to you without review. The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at <http://www.bpn.gov/CCRSearch/Search.aspx> and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at <https://www.bpn.gov/ccr/default.aspx>].**
- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, the type of ATTC for which you are applying, population to receive training/technical assistance (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Information Form** – Use SF 424A. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in [Appendix F](#) of this document.

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

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

- **Attachments 1 through 5**– Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - **Attachment 1:** Letters of Commitment/Coordination/Support
 - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a Web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - **Attachment 3:** Sample Consent Forms
 - **Attachment 4:** Letter to the SSA (if applicable; see Section IV-4 of this document)
 - **Attachment 5:** A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application package.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF 424) of the application.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF 424) of the application.
- **Disclosure of Lobbying Activities** – 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. You must sign and submit this form, if applicable.
- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.
- **Documentation of nonprofit status** as required in the Checklist.

2.3 Application Formatting Requirements

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

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **June 28, 2012**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, **or** 2) paper submission. You are encouraged to submit your application electronically. Hard copy applications are due by **5:00 PM** (Eastern Time). Electronic applications are due by **11:59 PM** (Eastern Time). **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS)**. You will be notified by postal mail that your application has been received. **Note: If you use the USPS, you must use Express Mail.**

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

Submission of Electronic Applications

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

Submission of Paper Applications

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

Send applications to the address below:

For United States Postal Service:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**ATTC and TI-12-008, and indicate whether you are applying for a Regional, Focus Area, or National Office ATTC**” in item number 12 on the face page (SF 424) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time. If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

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

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part

100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. See [Appendix C](#) for additional information on these requirements as well as requirements for the Public Health Impact Statement.

5. FUNDING LIMITATIONS/RESTRICTIONS

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

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

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

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

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in [Appendix D](#).

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E. **Please note that there are specific evaluation criteria for each type of ATTC (i.e., Regional Sites, National Focus Area Sites, and the National Office). You must respond to the evaluation criteria for the type of ATTC for which you are applying.**

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-E) together may be no longer than 25 pages. Sections A-E may not exceed 25 pages.
- **You must use the five sections/headings listed below, in the specific category of ATTC for which you are applying, in developing your Project Narrative. You must place the required information in the correct section, or it will not be considered.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx> at the bottom of the page under “Resources for Grant Writing.”
- The Supporting Documentation you provide in Sections F-I and Attachments 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Evaluation Criteria for Regional ATTCs

Section A: Statement of Need (10 points)

- Document how you will incorporate SAMHSA’s Strategic Initiatives into your training/TA and use state-of-the-art strategies and practices in substance use disorders treatment and recovery; workforce development; and technology transfer principles, strategies and activities.
- Identify the region you propose to serve (see Appendix H for a listing of the ATTC regions) and describe the addictions treatment workforce and key issues of regional significance facing the workforce.
- Define the population of focus for your activities and services.
- Discuss the potential significance of the proposed project as a comprehensive, multidisciplinary, collaborative effort, both regionally and nationally. Be sure to discuss the role of the Regional Center as part of the national ATTC Network.
- Discuss the current state of knowledge regarding culturally competent services in the area of addictions treatment and recovery, and describe how this knowledge will be disseminated and applied.

Section B: Proposed Approach (30 points)

- Clearly state the purpose of the proposed project, with goals and objectives. Discuss how these goals and objectives relate to the needs in the region you propose to serve.
- Clearly identify the total number of participants you propose to serve through Regional ATTC activities each year, as well as the total number of events you plan to offer. In addition, provide a break-down of the:

- number of training events (i.e., short-term learning events designed primarily to raise awareness or impart limited information), as well as the number of participants who will be involved in training; and
 - number of academic programming and technical assistance events (i.e., ongoing courses or learning interventions designed to develop or enhance skills, provide in-depth knowledge, or affect organizational processes related to the adoption of evidence-based or promising practices in agencies or systems), as well as the number of participants in academic programming and technical assistance events. [Note: For purposes of this program, academic programming and technical assistance are combined into a single service category.]
- Describe your collaborative relationships with the relevant organizations (State and local governments; provider associations; academic institutions; professional, recovery community, and faith-based organizations; related systems of care, such as criminal justice, child welfare, primary health care; counselor credentialing bodies; Regional Indian Health Boards) or how you plan to develop these relationships in order to formulate knowledge needs assessments and design technology transfer initiatives to respond to the needs of the region to be served in an equitable manner. (Letters of Coordination/Support should be included in Appendix 1.)
 - Explain how you will coordinate with other training and technology transfer programs and services in the region (e.g., NIATx, CAPTs, other HHS training centers) to avoid duplication of services and maximize the impact of Federal funds.
 - Discuss how you will proactively seek input and guidance from the Single State Authorities and how you will use this input to develop and design training and technical assistance plans and implementation.
 - Discuss how you will perform ongoing regional needs assessments and how you will focus on those needs most critical to the effectiveness of addiction clinical treatment and recovery support services within the ATTC region.
 - Discuss how you will coordinate and collaborate with SAMHSA's Regional Administrator and how this coordination will be used in planning, design and priority-setting in the region.
 - Discuss how you will administer the required workforce surveys, using the standardized methodology and instrument to be developed by the National Coordinating Center, as well as how you will analyze the data and prepare reports that are useful to the States and region.
 - Describe how you will promote the adoption of evidence-based/promising practices and state-of-the-art addictions research, including findings from NIDA,

NIAAA, and SAMHSA, including SAMHSA's knowledge application (KAP) products and National Registry of Effective Prevention Programs (NREPP).

- Describe and give examples of how you will develop and revise innovative, research-based curricula and other products and materials that you expect to enhance the clinical and cultural competencies of substance use disorders treatment practitioners in your region.
- Explain how you will develop and conduct training and technical assistance for clinical supervisors based on the CSAT Technical Assistance Publication (TAP 21-A), *Competencies for Substance Abuse Treatment Clinical Supervisors* (2007) DHHS Publication No. (SMA) 07-4243, as well as on evidence-based and promising practices, for the purpose of enabling clinical supervisors to foster the adoption of evidence-based and promising practices by front-line addictions counselors. (TAP 21-A may be accessed electronically through <http://store.samhsa.gov/home>. Copies may be obtained by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889]).
- Describe how you will serve as a resource on recovery from substance use disorders, including medication-assisted treatment and recovery-oriented systems of care, to community-based and faith-based organizations, recovery community organizations, consumers and family members, and other stakeholders.
- Discuss how the project plan will use culturally appropriate approaches and methods, taking into account age, race/ethnicity, cultural, language, disability, and gender and sexual orientation issues, and be responsive to regional technology transfer needs and opportunities.
- Describe how the ATTC will actively promote and market its services in the region, including providing updated information to the regional section of the ATTC Network Website to be developed by the ATTC National Coordinating Office.
- Discuss how you will support the work of the ATTC Network and work with the ATTC National Coordinating Office and Focus Area ATTCs to promote the adoption of evidence-based and promising practices, recovery-oriented systems of care, and other topics of importance to the substance use disorders treatment/recovery field.
- Discuss how you will work with relevant stakeholders in the region to help prepare the workforce to function in a recovery-oriented system of care.

Section C: Staff and Organizational Experience (30 points)

- Provide a detailed time line, chart or graph for Year 1 of the project showing key activities and responsible staff. Provide an outline of key milestones for Years 2-5. (Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.)
- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience providing culturally appropriate, state-of-the-art, research-based training and technology transfer activities.
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel.
- Discuss how key staff members have demonstrated experience in serving the target population and are familiar with the workforce development needs of the target population.
- Describe the resources available for the proposed project (e.g., facilities, equipment).

Section D: Performance Assessment and Data (20 points)

- Document your ability to collect and report on the required performance measures as specified in Section 2.5 of this document, including data required by SAMHSA to meet GPRA requirements. Specify and justify any additional measures you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement.

Section E: NIDA Blending Initiative (10 points)

- Demonstrate your ability to synthesize and distill research findings in a meaningful and relevant way for use in daily practice.
- Discuss your proposed strategy to use technology transfer techniques to train and provide technical assistance to States and organizations on the practical application of research.
- Describe how you will work with members of the Blending Team to ensure that the needs of the addictions workforce are fully represented.

- Discuss how you will work to market the Blending Project to a variety of stakeholders and how these marketing strategies will lead to increased utilization of these products.

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.

Evaluation Criteria for National Focus Area ATTCs

Section A: Statement of Need (15 points)

- Document how you will incorporate SAMHSA's Strategic Initiatives into your training/TA and use state-of-the-art strategies and practices in substance use disorders treatment and recovery; workforce development; and technology transfer principles, strategies and activities.
- Identify the **one** area on which you intend to focus and describe the addictions treatment workforce and key issues of significance facing the workforce with respect to the chosen areas.
- Define the population of focus for your activities and services.
- Discuss the need for priority being given to the selected focus area. Describe this need as it relates to addictions treatment and recovery support systems, State systems and future systems transformation under Health Reform
- Discuss the current state of knowledge regarding culturally competent services in your focus area with respect to addictions treatment and recovery, and describe how this knowledge will be disseminated and applied.

Section B: Proposed Approach (35 points)

- Clearly state the purpose of the proposed project, with goals and objectives. Discuss how these goals and objectives relate to the needs in the region you propose to serve.
- Clearly identify the total number of participants you propose to serve through Center activities each year, as well as the total number of events you plan to offer. In addition, provide a break-down of the:
 - number of training events (i.e., short-term learning events designed primarily to raise awareness or impart limited information), as well as the number of participants who will be involved in training; and
 - number of academic programming and technical assistance events (i.e., ongoing courses or learning interventions designed to develop or enhance

skills, provide in-depth knowledge, or affect organizational processes related to the adoption of evidence-based or promising practices in agencies or systems), as well as the number of participants in academic programming and technical assistance events. [Note: For purposes of this program, academic programming and technical assistance are combined into a single service category.]

- Describe your collaborative relationships with the relevant organizations (State and local governments; provider associations; academic institutions; professional, recovery community, and faith-based organizations; related systems of care, such as criminal justice, child welfare, primary health care; counselor credentialing bodies; Indian Health Boards) or how you plan to develop these relationships in order to formulate knowledge needs assessments and design technology transfer initiatives to respond to needs around the selected focus areas. **(Letters of Coordination/Support should be included in Appendix 1.)**
- Discuss your experience and expertise with the selected focus area. Demonstrate how this knowledge illustrates a solid and distinct understanding of the selected focus area.
- Discuss how you will perform ongoing needs assessments around the selected focus area and how you will focus on those needs most critical to the effectiveness of addiction clinical treatment and recovery support services within each of the 10 ATTC regions.
- Discuss how you will maintain up-to-date and relevant resources and information on the focus area chosen. Describe your plan to ensure that your subject matter expertise increases over time as the system transforms and changes.
- Discuss how you will ensure the selected focus area is given priority among relevant stakeholders. Discuss how you will promote the focus area as key to the delivery of effective and efficient substance use disorder treatment and recovery support services.
- Describe how you will promote the adoption of evidence-based/promising practices and state-of-the-art addictions research, including findings from NIDA, NIAAA, and SAMHSA, including SAMHSA's knowledge application (KAP) products and National Registry of Effective Prevention Programs (NREPP).
- Describe and give examples of how you will develop and revise innovative, research-based curricula and other products and materials that you expect to enhance the clinical and cultural competencies of substance use disorders treatment practitioners with respect to the selected focus area.

- Describe clearly the use of varying training and technical assistance models to ensure that the knowledge, skills and abilities of the workforce are enhanced on a national level.
- Discuss how the project plan will use culturally appropriate approaches and methods, taking into account age, race/ethnicity, cultural, language, disability, and gender and sexual orientation issues, and be responsive to regional technology transfer needs and opportunities.
- Discuss how you will support the work of the ATTC Network and work with the ATTC National Coordinating Center and Regional Centers to promote the adoption of evidence-based and promising practices, recovery-oriented systems of care, and other topics of importance to the substance use disorders treatment/recovery field.

Section C: Staff and Organizational Experience (20 points)

- Provide a detailed time line, chart or graph for Year 1 of the project showing key activities and responsible staff. Provide an outline of key milestones for Years 2-5. (Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.)
- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience providing culturally appropriate, state-of-the-art, research-based training and technology transfer activities.
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel.
- Discuss how key staff members have demonstrated experience in serving the target population and are familiar with the workforce development needs of the target population.
- Describe the resources available for the proposed project (e.g., facilities, equipment).

Section D: Performance Assessment and Data (20 points)

- Document your ability to collect and report on the required performance measures as specified in Section 2.5 of this document, including data required by SAMHSA to meet GPRA requirements. Specify and justify any additional measures you plan to use for your grant project.

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

Section E: National Coverage (10 points)

- Explain how you will coordinate with other training and technology transfer programs and services (e.g., NIATx, CAPTs, Regional ATTCs, other HHS training centers) to avoid duplication of services and maximize the impact of Federal funds.
- Discuss how you will assess need across the Nation for the specific focus area services you intend to provide. Describe clearly the method you will use to assess the need on a national scale.
- Discuss how you will implement a strategic plan to ensure that training is provided on a national level in order to widely disseminate expertise around the specific focus area chosen.
- Describe how the Focus Area ATTC will actively promote and market its services across the Nation, including providing updated information to the relevant section of the ATTC Network Website to be developed by the ATTC National Coordinating Office.

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.

Evaluation Criteria for the ATTC National Coordinating Office

Section A: Statement of Need (15 points)

- Demonstrate your familiarity with the SAMHSA's Strategic Initiatives and with state-of-the-art strategies and practices in substance use disorders treatment; workforce development; and technology transfer principles, strategies, and activities.
- Describe your proposed activities and their potential significance as a comprehensive, multidisciplinary, collaborative effort consisting of Regional and Focus Area Centers that function as a coordinated Network.
- Discuss the current state of knowledge regarding culturally competent services in the area of addictions treatment and recovery, and describe how this knowledge will be disseminated and applied.

Section B: Proposed Approach (35 points)

- Clearly explain the goals and objectives of the ATTC National Coordinating Office and how achievement of those objectives will support meaningful and relevant activities.
- Clearly identify the total number of participants you propose to serve through the National Coordinating Office's activities each year, as well as the total number of events you plan to offer. In addition, provide a break-down of the:
 - number of training events (i.e., short-term learning events designed primarily to raise awareness or impart limited information), as well as the number of participants who will be involved in training; and
 - number of academic programming and technical assistance events (i.e., ongoing courses or learning interventions designed to develop or enhance skills, provide in-depth knowledge, or affect organizational processes related to the adoption of evidence-based or promising practices in agencies or systems), as well as the number of participants in academic programming and technical assistance events. [Note: For purposes of this program, academic programming and technical assistance are combined into a single service category.]
- Explain how you will serve as the focal point for cutting-edge technology transfer activities for the ATTC Network, providing leadership and support to the Regional and Focus Area Centers.
- Describe how you will collaborate with CSAT and the Regional and Focus Area Centers in identifying and facilitating cross-regional and/or Network-wide activities to promote the adoption of evidence-based and promising practices, recovery-oriented systems of care, and other topics of importance to the substance use disorders treatment and recovery field.
- Explain how you will work with educators and academic institutions to develop standards for academic programs preparing students to work in the addictions field, and how you will encourage the development of curricula based on evidence-based and promising practices.
- Explain how you will maintain a Network-wide perspective in order to present a cohesive and consistent message for the ATTC at the national level. Discuss how you will promote and market CSAT's products and publications and serve as a clearinghouse for ATTC products and services, to promote a coordinated technology transfer approach to issues of importance in the substance use disorders treatment and recovery field.
- Explain how you will facilitate communication between and among the ATTC Centers using communications such as the ATTC Website, intranet, and other

electronic and print media, as well as any other plans to avoid duplication of efforts among Regional and Focus Area ATTCs.

- Discuss how you will coordinate the National Institutes across the Network and provide Network-wide information and materials on leadership development.
- Describe how you will provide conceptual and logistical support for the ATTC Steering Committee, topical work groups, the annual ATTC Network meeting, and national task forces and focus groups requested by CSAT.
- Describe how you will coordinate the preparation and timely submission of reports on Network-wide activities required by CSAT.
- Discuss how the project plan will use culturally appropriate approaches and methods taking into account age, race/ethnicity, culture, language, disability and gender, and be responsive to the ATTC Network, as well as national technology transfer needs and opportunities.

Section C: Staff and Organizational Experience (20 points)

- Provide a detailed time line, chart or graph for Year 1 of the project showing key activities and responsible staff. Provide an outline of key milestones for Years 2-5. (Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.)
- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience providing culturally appropriate, state-of-the-art, research-based training and technology transfer activities.
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel.
- Discuss how key staff members have demonstrated experience in serving the target population and are familiar with the workforce development needs of the target population.
- Describe the resources available for the proposed project (e.g., facilities, equipment).

Section D: Performance Assessment and Data (20 points)

- Document your ability to collect and report on the required performance measures as specified in Section 2.5 of this document, including data required by

SAMHSA to meet GPRA requirements. Specify and justify any additional measures you plan to use for your grant project.

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

Section E: External Coordination (10 points)

- Describe your collaborative relationships with relevant national organizations or how you plan to develop these relationships in order to work cooperatively with such organizations in efforts to coordinate a multi-site Network focused on promoting adoption of evidence-based and promising clinical treatment/recovery practices and recovery-oriented systems of care. **Letters of Coordination/Support should be included in Appendix 1.**
- Describe your plan to market ATTC services outside the network and discuss how this marketing plan will assist in the ATTCs being seen as having a key role in the development of the addictions workforce.
- Discuss how you will coordinate ATTC linkages with national organizations to present at meetings, offer workshops, and/or have an exhibit at membership meetings. Letters of Coordination/Support should be included in Appendix 1.
- Describe your plan to ensure the ATTC Network is introduced to a variety of stakeholders, including those not in the traditional delivery system, i.e., primary care providers/networks.

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

SUPPORTING DOCUMENTATION

Section F: Literature Citations

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

Section G: Budget Justification, Existing Resources, Other Support

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than **20%** of the total grant award will be used for data collection, performance measurement, and performance assessment and **specifically identify the items associated with these costs in your budget**. If you are applying to be a Regional ATTC, you must include a separate budget for the use of NIDA funding of \$150,000. An illustration of a budget and narrative justification is included in [Appendix F](#) of this document.

Section H: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what you should include in your biographical sketches and job descriptions can be found on in [Appendix E](#) of this document.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects

You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application. See [Appendix G](#) for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Substance Abuse Treatment National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings); balance among populations to receive training/technical assistance and program size; and diversity within National Focus Area ATTCs.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive Federal funding for work on the grant project. If you are not funded, you will receive notification from SAMHSA.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

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

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.5](#), grantees must comply with the reporting requirements listed on the SAMHSA Web site at <http://www.samhsa.gov/Grants/apply.aspx>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Donna Doolin, LSCSW
Division of Services Improvement
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1126
Rockville, Maryland 20857
(240) 276-2965
donna.doolin@samhsa.hhs.gov

-or-

Deepa Avula, Branch Chief, Quality Improvement and Workforce Development
Division of Services Improvement
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1095
Rockville, Maryland 20857
(240) 276-2961
deepa.avula@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1095
Rockville, Maryland 20857
(240) 276-1412
eileen.bermudez@samhsa.hhs.gov

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

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

- Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.
- You must be registered in the Central Contractor Registration (CCR) prior to submitting your application. The DUNS number used on your application must be registered and active in the CCR prior to submitting your application.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Appendix B, "Guidance for Electronic Submission of Applications.")
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

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

- If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:
 - Face Page (Standard Form 424)
 - Abstract

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

Appendix B – Guidance for Electronic Submission of Applications

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

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

By e-mail: support@Grants.gov

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

If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). **REMINDER: CCR registration expires each year and must be updated annually. It can take 24 hours or more for updates to take effect, so check for active registration well before your grant deadline. Grants.gov will not accept your application if you do not have active CCR registration. The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at <https://www.bpn.gov/CCRSearch/Search.aspx> and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at <https://www.bpn.gov/ccr/default.aspx>.** Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

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

Grants.gov. **If your application is not successfully validated by Grants.gov it will not be forwarded to SAMHSA as the receiving institution.**

It is strongly recommended that you prepare your Project Narrative and other attached documents using Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). If you do not have access to Microsoft Office 2007 products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office 2007 or PDF may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, the electronic application will not convey properly to SAMHSA.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-E) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections F - I) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-5) in this order and numbered consecutively. Scanned images must be scanned at 75 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in a rejection of application.

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

Text legibility: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.

Amount of space allowed for Project Narrative: The Project Narrative for an electronic submission may not exceed **12,875** words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed.** To determine the number of words in your Project Narrative

document in Microsoft Word, select file/properties/statistics. Be sure to scan all images at 75 dpi and save as a jpeg or pdf file. Also, be sure to label each file according to its contents, e.g., "Project Narrative", "Budget Narrative", "Other Attachment 1", and "Other Attachment 2". **If the number of files exceeds the 4 allowable files, the electronic application will not convey properly to SAMHSA.**

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

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

Appendix C – Intergovernmental Review (E.O. 12372) Requirements

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

- Check the list to determine whether your State participates in this program. You do not need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. **TI-12-008**. Change the zip code to 20850 if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)¹ to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS

¹ Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

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

The PHSIS consists of the following information:

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

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

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **TI-12-008**. Change the zip code to **20850** if you are using another delivery service.

In addition:

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

Appendix D – Funding Restrictions

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

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

- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.
- SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

Appendix E – Biographical Sketches and Job Descriptions

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether Federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **\$52,765**

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A) **\$10,896**

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

FEDERAL REQUEST

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

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

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **\$2,444**

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

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **\$ 0**

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

FEDERAL REQUEST

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

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

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

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) \$ 3,796

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

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

FEDERAL REQUEST

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

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

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

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

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **\$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

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

FEDERAL REQUEST

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

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

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

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

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

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) \$15,815

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to:

<http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

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

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TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) \$172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) \$5,093

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A) \$177,806

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

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

Proposed Project Period

a. Start Date:	09/30/2012	b. End Date:	09/29/2017
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BUDGET SUMMARY (should include future years and projected total)

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) **\$889,030**

***FOR REQUESTED FUTURE YEARS:**

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

Appendix G – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the two elements below. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality and participant protection identified during peer review of the application must be resolved prior to funding.

1. 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.

2. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Possible risks from participation in the project.

- Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.
- 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?

Appendix H – Grant Award Structure for ATTC Regions

Region	States	Award Amount
Region 1	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont	TOTAL: \$690,000 (SAMHSA Funding: \$540,000 NIDA Funding: \$150,000)
Region 2	New Jersey, New York, Puerto Rico, and the Virgin Islands	TOTAL: \$765,000 (SAMHSA Funding: \$615,000 NIDA Funding: \$150,000)
Region 3	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia	TOTAL: \$690,000 (SAMHSA Funding: \$540,000 NIDA Funding: \$150,000)
Region 4	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee	TOTAL: \$740,000 (SAMHSA Funding: \$590,000 NIDA Funding: \$150,000)
Region 5	Illinois, Indiana, Michigan, Minnesota,	TOTAL: \$690,000 (SAMHSA

	Ohio, and Wisconsin	Funding: \$540,000 NIDA Funding: \$150,000)
Region 6	Arkansas, Louisiana, New Mexico, Oklahoma, and Texas	TOTAL: \$715,000 (SAMHSA Funding: \$565,000 NIDA Funding: \$150,000)
Region 7	Iowa, Kansas, Missouri, and Nebraska	TOTAL: \$690,000 (SAMHSA Funding: \$540,000 NIDA Funding: \$150,000)
Region 8	Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming	TOTAL: \$715,000 (SAMHSA Funding: \$565,000 NIDA Funding: \$150,000)
Region 9	Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau	TOTAL: \$765,000 (SAMHSA Funding: \$615,000 NIDA Funding: \$150,000)
Region 10	Alaska, Idaho, Oregon, and Washington	TOTAL: \$690,000

		(SAMHSA Funding: \$540,000 NIDA Funding: \$150,000)
National Focus Area Center		\$675,000
National Focus Area Center		\$675,000
National Focus Area Center		\$675,000
National Focus Area Center		\$675,000
National Coordinating Office		\$665,000

Appendix I – Brief Description of the NIDA-SAMHSA Blending Initiative

The Institute of Medicine has reported a 17-year gap (Lamb, et. al., 1998) between the publication of research results and the impact of such findings on treatment delivery. To reduce this gap, the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have created the Blending Initiative. Through an Intra-agency Agreement, SAMHSA's Center for Substance Abuse Treatment (CSAT) works with NIDA to facilitate the timely transfer and implementation of research-based findings from NIDA-conducted research, including findings from NIDA's National Drug Abuse Clinical Trials Network (CTN). In this way, the Blending Initiative makes scientific findings accessible to front-line addictions workers as quickly as possible so those findings can be implemented in treatment settings.

In Federal fiscal year 2012, NIDA transferred \$1.5 million to SAMHSA/CSAT to support CSAT's Addiction Technology Transfer Center (ATTC) cooperative agreement program. ATTCs take the findings from the protocols in NIDA's Clinical Trials Network as well as other NIDA-funded studies and disseminate this research-based knowledge so that addictions treatment practitioners and others, such as public health/mental health personnel, institutional and community corrections professionals, can adopt the research in their settings. Should continued funding from NIDA be available, the ATTCs cooperative agreement awards would be supplemented to develop new Blending products.

Blending products produced by the ATTCs in the past include the following:

- Buprenorphine Treatment: Training for Multidisciplinary Addiction Professionals
- Short-Term Opioid Withdrawal Using Buprenorphine
- Treatment Planning M.A.T.R.S.: Utilizing the Addiction Severity Index to Make Data Collection Useful
- Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency

For further information, consult www.nattc.org (Click on NIDA-SAMHSA/ATTC Blending Products), or visit <http://www.drugabuse.gov/publications/nidasamhsa-blending-initiative>.

Reference cited:

Lamb, S., Greenlick, M.R., & McCarty, D., Eds. (1998). *Bridging the gap between practice and research: Forging partnerships with community-based drug and alcohol treatment*. Institute of Medicine, National Academy Press: Washington, DC.

Appendix J – SAMHSA’s Working Definition of Recovery from Mental Disorders and Substance Use Disorders

The Substance Abuse and Mental Health Services (SAMHSA) recognizes there are many different pathways to recovery and each individual determines his or her own way. SAMHSA engaged in a dialogue with consumers, persons in recovery, family members, advocates, policy-makers, administrators, providers, and others to develop the following definition and guiding principles for recovery. The urgency of health reform compels SAMHSA to define recovery and to promote the availability, quality, and financing of vital services and supports that facilitate recovery for individuals. In addition, the integration mandate in title II of the Americans with Disabilities Act and the Supreme Court’s decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999) provide legal requirements that are consistent with SAMHSA’s mission to promote a high-quality and satisfying life in the community for all Americans.

Recovery from Mental Disorders and Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

- Health: overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way;
- Home: a stable and safe place to live;
- Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- Community: relationships and social networks that provide support, friendship, love, and hope.

Guiding Principles of Recovery

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered

and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds – including trauma experiences – that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence is the safest approach for those with substance use disorders. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a

greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations – including values, traditions, and beliefs – are keys in determining a person’s journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual’s unique needs.

Recovery is supported by addressing trauma: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one’s self are particularly important.