Attachment A

Addiction Technology Transfer Centers
Initial Program Announcement

Announcement #: TI-07-001

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Addiction Technology Transfer Centers (Short title: ATTC)

(Initial Announcement)

Announcement #: TI-07-001

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

Key Dates:

Application Deadline	**Applications are due by June 1, 2007.**
Intergovernmental Review (E.O. 12372)	**Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2007 for Addiction Technology Transfer Centers (ATTC) grants. The purpose of this program is to develop and strengthen the workforce that provides addictions treatment services to 23 million Americans age 12 and older who need treatment for alcohol or illicit drug problems (NSDUH, 2005). 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 raising awareness of 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-07-001
Due Date for Applications:	June 1, 2007
Anticipated Total Available Funding:	$7.8 million
Estimated Number of Awards:	15 ATTC awards
Estimated Award Amount:	$500,000 - $550,000 (See Appendix E)
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.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2007 for Addiction Technology Transfer Centers (ATTC) grants. The purpose of this program is to develop and strengthen the workforce that provides addictions treatment services to 23 million Americans age 12 and older who need treatment for alcohol or illicit drug problems (NSDUH, 2005). 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 raising awareness of and improving skills in using evidence-based and promising treatment/recovery practices in recovery-oriented systems of care.

ATTC grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

2. EXPECTATIONS

SAMHSA will make awards to 14 Regional Centers and 1 National Coordinating Center. The applicant must be based in one of the States within the ATTC Region for which they are applying. (See Appendix E for the ATTC regions.)

SAMHSA's ATTC grants will support the following types of activities:

2.1 Regional Sites

Required Activities

The regional ATTC sites must provide the following services:

- Build and maintain collaborative relationships with key stakeholders in their region (including State and local governments; 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.

- 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.

- 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 Leadership Institutes based on an approved, promising model of leadership development, the CSAT Partners for Recovery/Addiction Technology Transfer Centers Leadership Institute (PFR-ATTC LI), that fosters the growth of emerging leaders in the substance use disorders treatment field using methods such as personal assessments, mentors, intensive training, experiential learning, and continuing education. Note: Applicants must use the approved PRF-ATTC LI model or propose a similarly comprehensive model that incorporates the same or similar components. Appendix F provides a description of the approved model and its components, along with important budgeting information.

- 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, conduct workforce surveys in the States in their region using a uniform, standardized methodology and instrument and, based on survey findings, prepare workforce reports. (The standardized methodology and instrument will be developed by an expert panel convened by the ATTC National Coordinating Center with representation from the Regional Centers.)

- Help prepare the workforce to deliver services in a recovery-oriented system of care. Appendix G provides a working definition of recovery, principles of recovery, and elements of a recovery-oriented system of care.

- 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 Center) 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.

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 ATTC National Office

Applications for the ATTC National Office may be submitted by an ATTC Regional Center or a separate organization eligible to apply for these cooperative agreements (public and domestic private nonprofit entities such as units of State or local government, recovery and other community-based organizations, and State or private, non-profit universities, colleges, and hospitals). An organization may submit an application for an ATTC Regional Center and/or the ATTC National Office; however, a separate application is required for each function. **Although the ATTC National Office may be established by an organization that also has an ATTC site, it must be set up as a separate entity with dedicated staff, a separate and independent project director, a separate budget and audit, and specific responsibilities.**

Required Activities

- 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.

- 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.

- 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.)

- Convene experts (including ATTC Regional Center experts) to design a national workforce survey methodology, develop the survey instrument to be used, provide for the analysis of the data and, based on the findings, prepare workforce reports. Prepare any needed OMB clearance package for the national workforce survey.

- Coordinate the Leadership Institutes across the Network and provide Network-wide information and materials on leadership development.

- 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.

2.3 Other Expectations

Target Audience

Front-line Addictions Counselors in Specialty Settings versus Multidisciplinary Professionals in Other Service Delivery Systems: Awardees should target the majority of their efforts and resources toward enhancing the knowledge and skills of the addictions workforce and promoting the adoption of evidence-based/promising practices in specialty substance use disorders treatment settings. This will involve providing training and technical assistance 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 (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 35% of their resources toward 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. 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. (The National Coordinating Center will focus their activities primarily on nation-wide initiatives involving the entire ATTC Network.)

Special Projects

SAMHSA anticipates that from time to time additional funds may be available to be used as supplements for special projects. Special projects will enhance the basic activities of the ATTC grant program and may include activities such as the following: support the NIDA-SAMHSA Blending Science and Service Initiative ("Blending Initiative"); develop a Center of Excellence on a specific issue, population, or topic; design a curriculum on a topic of importance to the field; carry out some other special initiative related to workforce development, the needs of specific populations, or some other priority need identified by SAMHSA. SAMHSA is also planning one or more special projects in FY 2008 and beyond to provide technical assistance to Tribes and tribal organizations on treatment-related issues through partnerships with Regional Indian Health Boards.

The Project Narrative of your application must include "**Section E: Special Projects."** In this section you are required to identify areas of expertise you expect to develop during the entire project period and describe how you will prepare for and implement special projects. **All applicants must respond to this section.** As CSAT identifies special projects, supplemental awards will be made based on the area of expertise you identify, the score you receive for this section, and other factors CSAT identifies as relevant to the project. The points awarded for Section E will not be factored into the priority score for the basic ATTC award.

Only grantees funded under this announcement are eligible for supplements for special projects. Applicants should be aware that all grantees may not receive supplements for special projects.

Advisory Board

Each ATTC Regional Center and the National Coordinating Center 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. 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. 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. 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 reside in one of the States in the region in order to apply as a Regional Center.

Promotion of CSAT Products and Collaboration with SAMHSA Health Information Network (SHIN)

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

2.4 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (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. Hard copies are available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

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

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

2.5 Performance Assessment

Grantees must assess their projects, addressing the performance measures described in Section I-2.4. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

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

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned intervention and performance assessment?

An independent evaluation of the ATTC program is being designed through a CSAT contract and will be implemented in FY 2008. Grantees are expected to participate in the evaluation. It is expected that approximately .25 FTE will be required to carry out some data collection as part of the independent evaluation. Applicants should budget for this as well as consider the percentage of FTE they estimate will be required for GPRA and process questions. CSAT expects the independent evaluation to be completed at the end of the third year of this grant cycle. Findings will be shared with grantees for the purpose of facilitating quality improvement in the program.

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.4 and 2.5.

2.4 Grantee Meetings

ATTC awardees may be required to attend up to 6 meetings per year. There will be 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 **ATTC Network Meeting**, held in conjunction with one of the Steering Committee Meetings. The Network Meeting will include not only the ATTC Directors, but also other staff of the Regional 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 staffs 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 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 Center may propose to bring additional staff to the meetings for the purposes of handling logistics, recording proceedings, etc., and should budget accordingly.

II. AWARD INFORMATION

Funding Mechanism:	Cooperative Agreement
Anticipated Total Available Funding:	$7.8 million
Estimated Number of Awards:	15 ATTC awards
Estimated Award Amount:	$500,000 - $550,000 (See Appendix E)
Length of Project Period:	Up to 5 years

Proposed budgets cannot exceed the amount specified in the table in Appendix E in total costs (direct and indirect) in any year of the proposed project for ATTC grants. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, and timely submission of required data and reports.

SAMHSA anticipates that from time to time additional funds for the ATTC grant program may be available for supplements for special projects. As CSAT identifies special projects, supplemental awards will be made based on the area of expertise you identify in Section E of your Project Narrative, the score you receive for this section, and other factors CSAT identifies as relevant to the project. The points awarded for Section E will not be factored into the priority score for the basic ATTC award.

Only grantees funded under this announcement are eligible for supplements for special projects. Applicants should be aware that all grantees may not receive supplements for special projects.

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 ATTC Regional Centers and National Coordinating Center (Grantees)

Grantees, including the ATTC Regional Centers and National Coordinating Center, 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 ATTC Regional Centers and National Coordinating Center. Staff involvement will include, but is not limited to, the following: providing guidance on evidence-based and promising treatment/recovery practices; providing technical assistance on technology transfer and to enhance potential replication of activities and services across Regional Centers; planning meetings designed to support activities of the Regional 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.

ATTC Steering Committee

Comprised of 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 tribes and tribal organizations, urban Indian organizations, public or private universities and colleges, and community- and faith-based organizations may apply. The statutory authority for this program prohibits grants to for-profit agencies.

2. COST SHARING

Cost sharing is not required in this program.

3. OTHER

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

You also may download the required documents from the SAMHSA Web site at www.samhsa.gov/grants/index.aspx

Additional materials available on this Web site include:

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

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

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

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

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

2.2 Required Application Components

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

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

- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, target population, proposed catchment area, proposed strategies/methods, project goals and measurable objectives to achieve infrastructure development and capacity expansion. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

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

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

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-D together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) Section E is limited to 2 pages. More detailed instructions for completing each section of the Project Narrative are provided in "Section V—Application Review Information" of this document.

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

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

  - *Appendix 1*: Letters of Support
  - *Appendix 2*: Data Collection Instruments/Interview Protocols
  - *Appendix 3*: Sample Consent Forms
  - *Appendix 4*: Letter to the SSA (if applicable; see Section IV-4 of this document)
  - *Appendix 5*: A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority.

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

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

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

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

2.3 Application Formatting Requirements

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

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **June 1, 2007**. **Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

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

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

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

You will be notified by postal mail that your application has been received.

Applications not meeting the timely submission requirements above will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. Allow sufficient time for your package to be delivered.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it will cause the application to be considered late and ineligible for review.

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

SAMHSA is collaborating with www.Grants.gov to accept electronic submission of applications. Please refer to Appendix B for "Guidance for Electronic Submission of Applications."

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

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

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

- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.

- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville MD **20857**. ATTN: SPOC – Funding Announcement No. **TI-07-001**. Change the zip code to **20850** if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)[1] to the head(s) of appropriate State or local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

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

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served, 2) a summary of the services to be provided, and 3) a description of the coordination planned with appropriate State or local health agencies.

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

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in Appendix 4, "Letter to the SSA." The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville MD **20857**. ATTN: SSA – Funding Announcement No. TI-07-001. Change the zip code to **20850** if you are using another delivery service.

In addition:

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

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

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at http://www.hhs.gov/grantsnet/ (Grants Policies and Regulations):

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

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

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

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

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

- SAMHSA reimburses indirect costs at a fixed rate of 8 percent of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and subawards and contracts in excess of $25,000.

- Applicants should propose to spend no more than $40,000 per year of SAMHSA ATTC grant funds for the Leadership Institute. IMPORTANT NOTE: If the applicant proposes to use the approved PFR-ATTC model, additional resources will be provided by CSAT through a separate mechanism to cover the following costs: the participant assessments and interpretation; the curriculum for 3.5 days of the Immersion Training, as well as the trainer to deliver the curriculum; and the optional Blackboard e-learning site. These additional resources will be provided only to grantees who use the approved model. Applicants who propose to use an alternative model must include components comparable to those in the approved model, without exceeding the $40,000 per year limit. (See Appendix F for further description of the PRF-ATTC Leadership Institute model and its components.)

6. OTHER SUBMISSION REQUIREMENTS

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

Submission of Electronic Applications

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

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

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

Submission of Paper Applications

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

For United States Postal Service:

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

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "ATTC - TI-07-001**"** in item number 12 on the face page of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions which have been tailored to this program. **These are to be used instead of the "Program Narrative" instructions found in the PHS 5161-1**.

- The Project Narrative (Sections A-E) together may be no longer than 32 pages. Sections A-D may not exceed 30 pages and Section E may not exceed 2 pages.

- You must use the five sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not**

be considered. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

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

- The Supporting Documentation you provide in Sections F-I and Appendices 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within the criterion.

Section A: Statement of Need (10 points)

ATTC Regional Centers

- Document familiarity with the CSAT mission and with 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 E for a listing of the ATTC regions) and describe the addictions treatment workforce and key issues of regional significance facing the workforce.

- Define the target population 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.

National Coordinating Center

- Demonstrate familiarity with the CSAT mission and with state-of-the-art strategies and practices in substance use disorders treatment; workforce development; and technology transfer principles, strategies, and activities.

- Describe the potential significance of the proposed activities as a comprehensive, multidisciplinary, collaborative effort consisting of Regional Centers that function as a coordinated Network.

Section B: Project Plan (40 points)

ATTC Regional Centers

- 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 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; 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 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 conduct 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 emerging leaders in the substance use disorders treatment/recovery field using the Partners for Recovery/Addiction Technology Transfer Center (PFR/ATTC) Leadership Institute model or a similar approach. If you propose to use an approach other than the PFR/ATTC Leadership Institute, be sure to explain the proposed approach and specify the components and their comparability to the PFR/ATTC model. (See Appendix F for a description of the model and its components.)

- 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 www.ncadi.samhsa.gov. 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 Center.

- Discuss how you will support the work of the ATTC Network and work with the ATTC National Coordinating Center 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.

National Office

- Clearly explain the goals and objectives of the ATTC National Coordinating Center 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 Center'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.]

- 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 your efforts coordinating 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.

- 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 Centers.

- Describe how you will 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 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 Regional 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 Centers.

- Discuss how you will coordinate the Leadership 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.

- Explain how you will consolidate the current ATTC Regional Centers' Websites into a National ATTC Network site with links to region-specific activities and providing easy access to Network-wide activities focused on specific topics and populations.

- Explain how you will go about convening an expert work group to develop the methodology and standardized instruments for the Regional and national workforce surveys, as well as how you will analyze the data and prepare national workforce reports.

- 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 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 (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 2.4 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.

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.

Section E: Special Projects (25 points)

This section is to be answered by all applicants. The score will be used only for supplemental awards for Special Projects.

- Identify the areas in which you expect to develop expertise during the course of the project.

- Explain the organizational and logistical steps you will take to prepare for and implement special projects, such as implementing the NIDA-SAMHSA Blending Initiative (see Appendix H for a description of the Blending Initiative), becoming a Center of Excellence on a specific population or topic, developing a curriculum on a particular topic, or convening a meeting or preparing a report on a special topic.

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 and performance assessment. An illustration of a budget and narrative justification is included in Appendix D of this document. Applicants should propose to spend no more than $40,000 per year of SAMHSA ATTC grant funds for the Leadership Institute.

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 letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available at www.hhs.gov/forms/PHS-5161-1.doc.

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

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the eight bullets below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these eight bullets, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application may result in the delay of funding.

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

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

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

- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven to be effective by consulting with existing local programs, reviewing the relevant literature. In no case may the value of an incentive exceed $20.

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

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

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

- Discuss why the risks are reasonable compared to expected benefits from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria of research involving human subjects. Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling clients in the project. General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Substance Abuse Treatment's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size.

VI. AWARD ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

If you are approved for funding, you will receive an **additional** notice, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project.

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at www.samhsa.gov/grants/management.aspx.

If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (www.samhsa.gov/grants/generalinfo/grant_reqs.aspx).

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

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

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

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

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

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.4, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

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

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

3.2 Government Performance and Results Act

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., "GPRA data") from grantees. The performance requirements for SAMHSA's ATTC program are described in Section I-2.4 of this document under "Data Collection and Performance Measurement."

3.3 Publications

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

In addition, SAMHSA requests that grantees:

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

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

VII. AGENCY CONTACTS

For questions about program issues contact:

Catherine Nugent
Center for Substance Abuse Treatment, Division of Services Improvement
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1079
Rockville, Maryland 20857
(240) 276-1577
cathy.nugent@samhsa.hhs.gov

For questions on grants management issues, contact:

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

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

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

- ❑ Use the PHS 5161-1 application.

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

- ❑ Information provided must be sufficient for review.

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

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

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

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

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

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

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

- ❑ Applications should comply with the following requirements:

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

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

- ❑ Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- ❑ The page limits for Appendices stated in the specific funding announcement should not be exceeded.

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

Appendix B – Guidance for Electronic Submission of Applications

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

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

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

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

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

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- *Text legibility*: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.

- *Amount of space allowed for Project Narrative*: The Project Narrative for an electronic submission may not exceed 15,450 words for Sections A-D and 1,030 words for Section E. If the Project Narrative for an electronic submission exceeds the word limit and

exceeds the allowed space as defined in Appendix A, then **any part of the Project Narrative in excess of these limits will not be submitted to review**. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics. To count the number of words in part of your document, select the text in Microsoft Word and select tools/word count.

While keeping the Project Narrative as a separate document, please consolidate all other materials in your application to ensure the fewest possible number of attachments. Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. Please name and number your attachments, indicating the order in which they should be assembled. Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **"Back-up for electronic submission."** The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Include the Grants.gov tracking number in the top right corner of the face page for any paper submission. Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

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

For United States Postal Service:

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

Rockville, MD **20857**
ATTN: Electronic Applications

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

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

Appendix C – Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

   - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

   - Describe the procedures you will follow to minimize or protect participants against potential risks, **including risks to confidentiality**.

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

   - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

   - Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.

   - Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

   - Explain the reasons for including or excluding participants.

   - Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

   - Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

   - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and evaluation goals of the grant. Applicants should determine the minimum amount that is proven to be effective by

consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive exceed $20.

- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in Appendix 2, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:

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

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

6. Adequate Consent Procedures

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

- State:

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

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

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

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

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in Appendix 3, "Sample Consent Forms," of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

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

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

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

Appendix D – Sample Budget and Justification

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

OBJECT CLASS CATEGORIES

Personnel

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

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

Fringe Benefits (24%) $15,360

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

Travel

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

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

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

Equipment (List Individually)

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

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

Supplies

Office Supplies	$500
Computer Software - 1 WordPerfect	500

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

Contractual Costs

Evaluation

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort
Evaluator	J. Wilson	$48,000	$24,000	0.5
Other Staff		$18,000	$18,000	1.0

Fringe Benefits (25%)	$10,500		
Travel			
2 trips x 1 Evaluator ($600 x 2)		$ 1,200	
per diem @ $120 x 6		720	
Supplies (General Office)		500	
Evaluation Direct			$54,920
Evaluation Indirect Costs (19%)			$10,435
Evaluation Subtotal			$65,355

Training

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

Travel		
2 Trips for Training		
Airfare @ $600 x 2	$ 1,200	
Per Diem $120 x 2 x 2 days	480	
Local (500 miles x .24/mile)	120	
Supplies		
Office Supplies	$ 500	
Software (WordPerfect)	500	
Other		
Rent (500 Sq. Ft. x $9.95)	$ 4,975	
Telephone	500	
Maintenance (e.g., van)	$ 2,500	
Audit	$ 3,000	
Training Direct		$ 40,025
Training Indirect		$ -0-

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

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

Other

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

Enter Other subtotal on 424A, Section B, 6.h.	**$ 1,500**
Total Direct Charges (sum of 6.a-6.h) **Enter Total Direct on 424A, Section B, 6.i.**	**$192,640**

Indirect Costs

15% of Salary and Wages (copy of negotiated indirect cost rate agreement attached)	
Enter Indirect subtotal of 424A, Section B, 6.j.	**$ 9,600**

TOTALS

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

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

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

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

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

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

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

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

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

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

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of $186,600 is effective for all FY 2007 awards.) *

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

*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-447.
**Increased from 50% to 100% effort in 02 through 05 budget periods.

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

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

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

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

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

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

Appendix E - Grant Award Structure for ATTC Regions

Region	States	Award Amount
1 New England	ME, NH , VT, MA, CT, RI	$500,000
2 Northeast	NY, PA	$525,000
3 Central East	DC, DE , MD, NJ	$500,000
4 Mid-Atlantic	VA, KY, TN, WV	$500,000
5 Southeast	GA, SC, NC	$500,000
6 Southern Coast	AL, FL, MS	$525,000
7 Gulf Coast	TX, LA, NM	$500,000
8 Caribbean/Hispanic	PR, VI	$500,000
9 Mid-America	NE, MO, KS, OK, AR	$500,000
10 Prairielands	IA, ND, SD, MN, WI	$500,000
11 Great Lakes	IL, OH, IN, MI	$550,000
12 Mountain West	NV, MT, WY, UT, CO, ID	$550,000
13 Northwest Frontier	AK, WA, OR, HI, Pac. Isl.	$550,000
14 Pacific Southwest	CA, AZ	$550,000
15 National Center		$550,000

Appendix F - Partners for Recovery-Addiction Technology Transfer Centers Leadership Institute (PFR-ATTC LI)

Description

The Partners for Recovery-Addiction Technology Transfer Centers Leadership Institute (PFR-ATTC LI) is a collaborative effort among the ATTC Network, United States Department of Agricultural Graduate School, and SAMHSA/CSAT Partners for Recovery. The program was originally conceived and implemented by the Southern Coast ATTC in 2003 and has since been adopted by the ATTC Network, with approximately 415 participants as of January 2007.

Although the PFR-ATTC LI model has not been formally evaluated, participants' ratings on satisfaction questionnaires and anecdotal evidence suggest this is a well-received, promising model of leadership training in the addiction services field. Of note is the fact that the program provides training and development opportunities that not only increase leadership knowledge and skills, but also support critical workforce retention variables such as finding a satisfying role in the workplace, establishing effective relationships with co-workers, and aligning one's professional goals with organizational mission and values.

The PFR-ATTC Leadership Institute is an intensive, six-month leadership program that provides a combination of in-depth assessment, traditional training seminars, distance education, and field experience in conjunction with guidance from a specially selected mentor. The National ATTC office coordinates the program's implementation, and the Institute is offered by the ATTC regional centers. Chosen from nominations by agency directors and supervisors, participants are individuals recognized as emerging leaders who demonstrate a commitment to their agencies and to the addictions services field in general. The Institute utilizes a four-phase design:

- Phase 1: Assessment - Trainees undergo a series of assessments and receive the results in a one-on-one feedback session. The instruments used for the PFR-ATTC LI include the following:

  Leadership Effectiveness Inventory (LEI). The LEI is a 360-degree instrument based on the 27 leadership competencies identified by the Office of Personnel Management's research for success in Federal management and executive positions. The instrument provides input from the participant, the participant's supervisor, peers, and direct reports. Responses are integrated into a report that profiles a gap analysis comparing the individual's job strengths and tasks proficiencies with what is required in the current or target job. The report provides data in graphic and narrative form highlighting job strengths and development needs. This LEI is proprietary to the United States Department of Agriculture Graduate School.

  Myers-Briggs Type Indicator (MBTI). The MBTI assessment is the most widely used personality indicator in the world. It is used to help individuals, teams, and organizations meet today's challenges.

Thomas-Kilman Conflict Mode Instrument (TKI). The TKI is a forced-choice, self-scorable inventory that identifies a person's preferred conflict style or mode, and provides detailed information about how he or she can use the five conflict-handling modes effectively.

- Phase 2: Training Experiences – Trainees participate in a five-day Immersion Training session that provides the conceptual framework and a body of knowledge for understanding the theory and practice of leadership. Trainees are then paired with a mentor, a recognized leader in the addiction field, who guides their protégé in the development of an Individual Leadership Development Plan (ILDP) to address competencies identified from the assessments and individual leadership development objectives. Trainees take additional continuing education based on their ILDP. Training events beyond the initial immersion training continue to emphasize leadership competency areas with special educational sessions, distance learning, and readings. In addition, a booster session, offered between the five-day Immersion Training and graduation reinforces learning from the Immersion Training, enhances networking among emerging leaders, and provides support for the protégés' IDLPs.

- Phase 3: Experiential Learning - This phase moves the trainees from the classroom into their own organizations to implement their leadership skills. Trainees must complete an individualized leadership project (ILP) under the guidance of their mentor and agency supervisor.

- Phase 4: Recognition - The Leadership Institute culminates with trainees/protégés' presentation of their individual projects and graduation ceremony. A certificate of proficiency is awarded.

Additional Guidance to Applicants

CSAT will provide, through the Partners for Recovery Initiative, the following components of the Immersion Training to any ATTC that uses the approved PFR-ATTC model:

- the LEI, MBTI, and TKI, including interpretation and one-on-one feedback session for participants; and
- the curriculum and trainer for the first 3.5 days of the Immersion Training.

CSAT will also provide to any ATTC using the approved model an optional Blackboard (Internet-based communication) site for each LI that chooses to use this technology for communicating with protégés.

In addition, ATTC grantees using the approved model will be able to request additional support from PFR, as follows:

- Up to $10,000 to support additional costs of the Immersion Training; and
- Up to $5,000 to support additional costs of the booster session.

Do not request these additional PFR funds at this time. Successful applicants using the approved model will be given the opportunity to submit a letter of application and a budget and budget justification for these additional funds after award of the grant.

If proposing to use the approved PFR-ATTC LI model, applicants should not allocate funds in their proposed budget for the assessments and their interpretation, the curriculum and trainer for the first 3.5 days of the Immersion Training, or for the Blackboard site (if the applicant proposes to use Blackboard) because CSAT will provide them. If proposing to use an alternative model, applicants must allocate funds in their budget for the comparable components they propose in their alternative model because CSAT will provide these elements only to applicants who use the approved PFR-ATTC LI model.

Regardless of whether or not the applicant plans to use the approved PFR-ATTC LI model, the ATTC regional centers will provide the following components:

- management of nominations/selection process, including protégé selection criteria
- selection and recruitment of mentors
- selection and on-site management of training site, including all logistics
- preparation of agenda (in collaboration with USDA, if using PFR-ATTC model)
- development and delivery of program for final 1.5 days of the immersion training, which focuses on orienting the mentors and helping mentors and protégés begin their work together
- collection and entry of GPRA data
- management of post-immersion training period, including: maintaining communication with protégés and mentors; administering the Blackboard site (optional); tracking and supporting protégés in development and completion of their projects; tracking and supporting protégés continuing education efforts; offering a booster session; organizing and hosting a closing ceremony ("graduation") during which protégés present their IDLPs.

Each applicant – whether using the approved or an alternative model – may allocate no more than $40,000 per year of its ATTC budget toward the Leadership Institute.

Appendix G - Recovery-Oriented Systems of Care

Background

In 2005 the Center for Substance Abuse Treatment (CSAT) convened a series of meetings with stakeholders to help identify key ideas that could help the field move toward a recovery orientation. CSAT convened a Summit Planning Meeting in June 2005, a National Summit in September 2005, and a Follow-Up/Synthesis Meeting in December 2005. CSAT's primary goals for this meeting were to move toward consensus on principles of recovery and elements of recovery-oriented systems of care that could help inform policy and practice, ultimately leading to increases in access, retention, and quality of care for those with substance use disorders.

A brief summary of the Summit discussions appears below. A complete copy of the report from the CSAT National Summit on Recovery is available at http://pfr.samhsa.gov/report_notice.html as a reference document to assist individuals and organizations submitting applications under this RFA.

Definition of Recovery

Participants at the September 28-29, 2005, National Summit on Recovery recommended that CSAT develop a definition of recovery that could be used across systems, programs, and stakeholder groups. CSAT, in turn, asked participants at the Summit Follow-up/Synthesis meeting to submit, for consideration by the field, a working definition that reflected the tenor of the Summit deliberations. The Summit Follow-Up/Synthesis group developed the following definition:

> *Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.*

Principles of Recovery

Participants in the National Summit on Recovery reached agreement on the following principles of recovery. These principles can be used to conceptualize and guide the development of recovery-oriented policies, programs, and practices at various systems levels.

- **There are many pathways to recovery.** Individuals are unique with specific needs, strengths, goals, health attitudes, behaviors, and expectations for recovery. Pathways to recovery are highly personal, and generally involve a redefinition of identity in the face of crisis or a process of progressive change. Further, pathways are often social, grounded in cultural beliefs or traditions, and involve informal community resources, which provide support for sobriety. The pathway to recovery may include one or more episodes of psychosocial and/or pharmacological treatment. For some, recovery involves neither treatment nor involvement with mutual aid groups. Recovery is a process of change that permits an individual to make healthy choices and improve the quality of his or her life.

- **Recovery is self-directed and empowering.** Although the pathway to recovery may involve one or more periods of time when activities are directed or guided to a substantial degree by others, recovery is fundamentally a self-directed process. The person in recovery is the

"agent of recovery" and has the authority to exercise choices and make decisions based on his or her recovery goals that have an impact on the process. The process of recovery leads individuals toward the highest level of autonomy of which they are capable. Through self-empowerment, individuals become optimistic about life goals.

- **Recovery involves a personal recognition of the need for change and transformation.** Individuals must accept that a problem exists and be willing to take steps to address it; these steps usually involve seeking help. The process of change can involve physical, emotional, intellectual, and spiritual aspects of the person's life.

- **Recovery is holistic.** Recovery is a process through which one gradually achieves greater balance of mind, body, and spirit in relation to other aspects of one's life, including family, work, and community.

- **Recovery has cultural dimensions.** Each person's recovery process is unique and informed by cultural beliefs and traditions. A person's cultural experience often shapes the recovery path that is right for him or her.

- **Recovery exists on a continuum of improved health and wellness.** Recovery is not a linear process. It is based on continual growth and improved functioning. It may involve relapse and other setbacks, which are a natural part of the continuum but not inevitable outcomes. Wellness is the result of improved care and balance of mind, body, and spirit. It is a product of the recovery process.

- **Recovery emerges from hope and gratitude.** Individuals in or seeking recovery often gain hope from those who share their search for or experience of recovery. They see that people can and do overcome the obstacles that confront them and they cultivate gratitude for the opportunities that each day of recovery offers.

- **Recovery is a process of healing and self-redefinition.** Recovery is a holistic healing process in which one develops a positive and meaningful sense of identity.

- **Recovery involves addressing discrimination and transcending shame and stigma.** Recovery is a process by which persons confront and strive to overcome stigma.

- **Recovery is supported by peers and allies.** A common denominator in the recovery process is the presence and involvement of people who contribute hope and support and suggest strategies and resources for change. Peers, as well as family members and other allies, form vital support networks for people in recovery. Providing service to others and experiencing mutual healing help create a community of support among those in recovery.

- **Recovery is (re)joining and (re)building a life in the community.** Recovery is a process of building or rebuilding what one has lost or never had due to one's condition and its consequences. Recovery involves creating a life within the limitation imposed by that condition. Recovery is building or rebuilding healthy family, social, and personal relationships. Those in recovery often achieve improvements in the quality of their life, such

as obtaining education, employment, and housing. They also increasingly become involved in constructive roles in the community through helping others, productive acts, and other contributions.

- **Recovery is a reality.** It can, will, and does happen.

Systems of Care Elements

Participants at CSAT's National Summit on Recovery agreed that recovery-oriented systems of care will support persons seeking to overcome substance use disorders across the lifespan. Moreover, they will be comprehensive, flexible, outcomes-driven and uniquely individualized, offering a fully coordinated menu of services and supports to maximize choice at every point in the recovery process. Summit participants identified the following elements of a recovery-oriented system of care for individuals with substance use disorders.

- **Person-centered:** Recovery-oriented systems of care will be person-centered. Individuals will have a menu of choices that fit their needs throughout the recovery process. Choices can include spiritual supports that fit with the individuals' recovery needs.

- **Family and other ally involvement:** Recovery-oriented systems of care will acknowledge the important role that families and other allies can play. The family and other allies will be incorporated, when appropriate, in the recovery planning and support processes. They can constitute a source of support to assist one in entering and maintaining recovery. Additionally, systems need to address the treatment, recovery, and other support needs of families and other allies.

- **Individualized and comprehensive services across the lifespan:** Recovery-oriented systems of care will be individualized, comprehensive, and flexible. Systems will adapt to the needs of individuals, rather than requiring the individuals to adapt to them. They will be designed to support recovery across the lifespan. The approach to substance use disorders will change from an acute episode-based model to one that manages chronic disorders over a lifetime.

- **Systems anchored in the community:** Recovery-oriented systems of care will be nested in the community for the purpose of enhancing the availability and support capacities of families, intimate social networks, community-based institutions, and other persons in recovery.

- **Continuity of care:** Recovery-oriented systems of care will offer a continuum of care, including pretreatment, treatment, continuing care, and recovery support throughout recovery. Individuals will have a full range of services from which to choose at any point in the recovery process.

- **Partnership-consultant relationships:** Recovery-oriented systems of care will be patterned after a partnership-consultant model that focuses more on collaboration and less on

hierarchy. Systems will be designed so that individuals feel empowered to direct their own recovery.

- **Strength-based:** Recovery-oriented systems of care will emphasize individual strengths, assets, and resiliencies.

- **Culturally responsive:** Recovery-oriented systems of care will be culturally sensitive, competent, and responsive. There will be recognition that beliefs and customs are diverse and can impact the outcomes of recovery efforts. In addition, the cultures of those who support the recovering individual affect the recovery process.

- **Responsiveness to personal belief systems:** Recovery-oriented systems of care will respect the spiritual, religious, and/or secular beliefs of those they serve and provide linkages to an array of recovery options that are consistent with these beliefs.

- **Commitment to peer recovery support services:** Recovery-oriented systems of care will include peer recovery support services. Individuals with personal experience of recovery will provide these valuable services.

- **Inclusion of the voices and experiences of recovering individuals and their families:** The voices and experiences of people in recovery and their family members will contribute to the design and implementation of recovery-oriented systems of care. People in recovery and their family members will be included among decision-makers and have oversight responsibilities for service provision. Recovering individuals and family members will be prominently and authentically represented on advisory councils, boards, task forces, and committees at the Federal, State and local levels.

- **Integrated services:** Recovery-oriented systems of care will coordinate and/or integrate efforts across service systems to achieve an integrated process that responds effectively to the individual's unique constellation of strengths, desires, and needs.

- **System-wide education and training:** Recovery-oriented systems of care will ensure that concepts of recovery and wellness are foundational elements of curricula, certification, licensure, accreditation, and testing mechanisms. The workforce also requires continual training, at every level, to reinforce the tenets of recovery-oriented systems of care.

- **Ongoing monitoring and outreach:** Recovery-oriented systems of care will provide ongoing monitoring and feedback with assertive outreach efforts to promote continual participation, re-motivation and reengagement.

- **Outcomes driven:** Recovery-oriented systems of care will be guided by recovery-based process and outcome measures. These measures will be developed in collaboration with individuals in recovery. Outcome measures will reflect the long-term global effects of the recovery process on the individual, family, and community, not just remission of biomedical symptoms. Outcomes will be measurable and include benchmarks of quality-of-life changes.

- **Research Based:** Recovery-oriented systems of care will be informed by research. Additional research on individuals in recovery, recovery venues, and the processes of recovery, including cultural and spiritual aspects, is essential. Research will be informed by the experiences of people in recovery.

- **Adequately and flexibly financed:** Recovery-oriented systems of care will be adequately financed to permit access to a full continuum of services, ranging from detoxification and treatment to continuing care and recovery support. In addition, funding will be sufficiently flexible to permit unbundling of services, enabling the establishment of a customized array of services that can evolve

Appendix H – 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 years 2005 and 2006, NIDA transferred $1.5 million each year 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/Blending/.

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 I - Definitions of Key Terms

Technology Transfer: Technology transfer is the systematic process through which skills, techniques, models, and approaches emanating from research are delivered to and applied by practitioners. Technology transfer also involves organizational change processes directed toward the diffusion of innovation using interpersonal strategies and the assessment and enhancement of motivation for change.

Training: For purposes of this RFA, training is defined as a short-term learning event designed primarily to raise awareness or impart limited information. Conferences should be included in this category.

Academic Programming: For purposes of this RFA, academic programming is defined as an ongoing course designed to develop or enhance skills and provide in-depth knowledge. Academic programming may be face-to-face or using technology.

Technical Assistance: For purposes of this RFA, technical assistance is defined as an ongoing learning intervention involving intensive skills development and/or interventions to help organizations or systems adopt evidence-based or promising practices in an agency or system.

By definition, academic programming and technical assistance are more intensive than training.

Academic programming and technical assistance are combined as a single category of service for purposes of CSAT's GPRA measures.

Attachment O

Comment Received from the 60-day Federal Register Notice

NORTHEAST attc
The Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

February 8, 2008

Summer King
SAMHSA Reports Clearance Officer
Room 7-1044
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King,

We at the Northeast ATTC are grateful to have the opportunity to respond to the notice published on December 19, 2007 in the Federal Register Vol.72 No. 243. Below you will find our responses to several of the items in the proposal for the National Evaluation of the Addiction Technology Transfer Centers. Our goal in this response is to provide suggestions to the proposal to ensure that it is as relevant to both SAMHSA as it is to the ATTC network.

- Participatory evaluation implies a process of collective knowledge production, cooperative action in which the identified stakeholders, such as ATTCs' staff, partner organizations, and customers, would participate in the identification of the evaluation issues, the evaluation design, and the collection and analysis of data. According to the Federal Register, specific measures and data collection instruments have already been constructed. That the measures were not shared with ATTCs for input beforehand seems to contradict the proposal's claim that this evaluation will, indeed, be a participatory process. We would like to have the opportunity to review the surveys for The Customer Satisfaction and Benefit Study prior to their distribution.

- It is certainly worthwhile to measure the dissemination of NIDA Blending Products but the proposed evaluation plan may not capture the other important ways ATTCs impact their regions. ATTCs are charged with upgrading the skills of existing practitioners and other health professionals and disseminating the latest science to the treatment community. Conceptually, implementation always occurs within a sphere of influence, factors that impinge directly or indirectly on people, organizations and systems.[1] Current research informs us that organizational climate and readiness for change are important for technology transfer.[2] The ATTCs play a key role in preparing states for adoption of evidence-based practices such as the

[1] Fixsen, D.L., Naoom, S.F., Blasé, K.A., Friedman, R.M. and Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
[2] Simpson, D. D., & Flynn, P. M. (2007). Moving innovations into treatment: A stage-based approach to program change. Journal of Substance Abuse Treatment, 33(2), 111-120.

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NIDA Blending Products. For example, the NeATTC played a central role in facilitating a recent statewide policy change by the Pennsylvania Dept of Health, finally (01/08) enabling Buprenorphine to be made more widely available. As a result of these efforts, there will be a growing need for the Buprenorphine blending products in Pennsylvania. Yet, the evaluation plan does not appear to capture ATTC contributions to these technology transfer processes. We encourage the evaluators to formally assess ATTC processes such as this.

- Regional variations are of concern with this evaluation proposal. The validity of the national evaluation will necessarily be skewed to those regional ATTCs who have received external requests or whose regions have been receptive to the three EBPs about which the Evidence-Based Practices Critical Action Surveys inquires. For example, we have become aware that, for a variety of specific reasons, few clinicians in Pennsylvania and New York receive regular supervision. Therefore, there is very little motivation throughout these states to receive training related to clinical supervision (MIA-STEP, for example). Consequently, NeATTC receives very few external requests and has little opportunity to disseminate materials and provide trainings related to clinical supervision. We both encourage and offer our assistance to the evaluators to formally assess the regional differences in disseminating NIDA Blending Products.

- During the last teleconference with the evaluators, the network was assured that the information gathered will not be used to compare one ATTC against another. Goal 3 of the evaluation plan is to 'identify region-specific and cross-regional processes and outcomes'. Evaluation results can be reported as measures of impact based on real needs and meeting them through dissemination efforts, adoption and implementation. These results should be reported as processes and not processes by region.

We feel that these critiques are not unique to our ATTC. They reflect concerns of the entire ATTC network to design a fair measure of our true impact. We thank you for giving us the opportunity to respond.

Sincerely,



Wayne Shipley, MA, CAC	Michael Flaherty, PhD	Eric Hulsey, MA, DrPH (cand)
Director	Principal Investigator	Scientific Coordinator
NeATTC	NeATTC	IRETA

CC: Catherine D. Nugent
SAMHSA/CSAT Project Officer