



**Attachment J-1**

**CSAT's 2008 Request for Application (RFA)**

## Department of Health and Human Services

### Substance Abuse and Mental Health Services Administration

#### Services Grant Program for Residential Treatment for Pregnant and Postpartum Women

#### Short Title: Pregnant and Postpartum Women (PPW)

(Initial Announcement)

Request for Applications (RFA) No. TI-08-009

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

#### Key Dates:

<b>Application Deadline</b>	<b>Applications are due by March 18, 2008.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>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.</b>

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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) 2008 for the Residential Treatment for Pregnant and Postpartum Women (PPW) program. The purpose of these grants is to expand the availability of comprehensive, high quality residential treatment, recovery support, and family services for pregnant and postpartum women (postpartum refers to the period after childbirth up to 12 months) who suffer from alcohol and other drug problems, and their minor children impacted by perinatal and environmental effects of maternal substance use and abuse. In addition, grantees are encouraged to include fathers of the children, partners of the women, and other extended family members of the women and children in treatment in the target population when their inclusion in non-residential treatment services is deemed appropriate and beneficial.

<b>Funding Opportunity Title:</b>	Pregnant and Postpartum Women (PPW)
<b>Funding Opportunity Number:</b>	TI-08-009
<b>Due Date for Applications:</b>	March 18, 2008
<b>Anticipated Total Available Funding:</b>	\$7.87 million
<b>Estimated Number of Awards:</b>	16
<b>Estimated Award Amount:</b>	Up to \$500,000
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	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) 2008 for the Residential Treatment for Pregnant and Postpartum Women (PPW) program. The purpose of these grants is to expand the availability of comprehensive, high quality residential treatment, recovery support, and family services for pregnant and postpartum women (postpartum refers to the period after childbirth up to 12 months) who suffer from alcohol and other drug problems, and their minor children impacted by perinatal and environmental effects of maternal substance use and abuse. In addition, grantees are encouraged to include fathers of the children, partners of the women, and other extended family members of the women and children in treatment in the target population when their inclusion in non-residential treatment services is deemed appropriate and beneficial.

PPW is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address gaps in substance abuse services and/or to increase the ability of States, units of local government, American Indian/Alaska Native tribes and tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, emerging substance abuse problems. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4<sup>th</sup> month of the project at the latest.

PPW grants are authorized under Section 508 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

## 2. EXPECTATIONS

### 2.1 Background

In 1992, in accordance with the statutory authority, section 508 of the Public Health Service Act, SAMHSA developed a gender and culturally specific residential treatment program for pregnant and postpartum women. Providing comprehensive services to women during pregnancy significantly improves the lives of women, children, and their families. Such services are also important after birth, since the effects of alcohol and drug use continue to have negative consequences for women, their children, and the entire family.

Over the years, the conceptualization of the program has evolved. While keeping the needs of the women and their minor children at the core, the concept is more inclusive of the treatment needs of the family as a whole. This family-centered treatment approach builds on the strength and resources of the entire family, supports sustained recovery for individual family members, and improves overall family functioning.

For purposes of this grant announcement, residential treatment programs are programs that offer organized substance abuse treatment services for women and their minor children that feature a planned regimen of care in a safe 24-hour residential setting with staff supervision. If any

treatment services are provided off-site, they must be well-coordinated and integrated to ensure that specific aspects of the individual treatment plan and services for the children can be addressed in both facilities. Such services must be coupled with access to primary health, mental health and social services for pregnant and postpartum women who suffer from alcohol and drug use problems, and for their minor children impacted by perinatal and environmental effects of maternal substance use and abuse. These systems of care must be designed to improve the overall treatment outcomes for the woman, her children, and the family unit as a whole. When minor children cannot reside in the treatment facility with their mother, and there are no other current living arrangements available, alternative safe and appropriate accommodations for the children must be arranged in consultation with the mother. For those minor children who do not reside in the treatment facility, it is important that they receive required interventions and services and are actively engaged in the treatment process with their mothers.

Applicants must also screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders. For more information on the process of selecting screening instruments to identify co-occurring substance use and mental disorders, go to [http://www.coce.samhsa.gov/products/cod\\_presentations.aspx](http://www.coce.samhsa.gov/products/cod_presentations.aspx).

As of fall 2007, approximately 1.4 million men and women have been deployed to serve in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in support of the Global War on Terror. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

## **2.2 Target Population**

Low-income (as defined by federal poverty definitions) women, age 18 and over, who are pregnant, postpartum (the period after childbirth up to 12 months), and their minor children, age 17 and under, who have limited access to quality health services are the target population for the PPW program. SAMHSA/CSAT has identified traditionally underserved populations, especially racial and ethnic minority women, as an important subpopulation. SAMHSA/CSAT is especially concerned about the high morbidity and mortality rates of pregnant women and their infants among African Americans. In addition, grantees are encouraged to include fathers of the children, partners of the women, and other extended family members of the women and children in treatment in the target population when their inclusion in non-residential treatment services is deemed to be appropriate and beneficial.

## 2.3 Program Goals

The PPW program is intended to provide cost effective, comprehensive residential substance abuse treatment services for women and their minor children and services for other family members that can be sustained over time. The service system must address the individual needs of the target population, preserve and support the family unit, and provide a safe and healthy environment for family members. The PPW program is designed to:

- Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (e.g., inhalants) among pregnant and postpartum women;
- Increase safe and healthy pregnancies; improve birth outcomes; and reduce related effects of maternal drug abuse on infants and children;
- Improve the mental and physical health of the women and children;
- Improve family functioning, economic stability, and quality of life; and
- Decrease involvement in and exposure to crime, violence, sexual and physical abuse, and child abuse and neglect.

## 2.4 Minimum Qualifications

In accordance with Section 508 of the Public Health Service Act, the Single State Agency (SSA) for substance abuse must send a letter certifying that:

- The applicant has the capacity to carry out the program described in this Request for Applications (RFA);
- The plans of the applicant for such a program (i.e., the application) are consistent with the policies of the SSA regarding the treatment of substance abuse; and
- The applicant, or any entity through which the applicant will provide required services, meets all applicable local, city, county and State licensure or certification requirements regarding the provision of the services involved. [NOTE: If the applicant provides services in a State or community where licensure, accreditation, or certification is not required, the SSA must attest to this.]

The letter from the SSA providing these certifications must be included as **Appendix 1**. Applications that do not include the certifications letter will not be considered for an award.

## 2.5 Program Requirements

### General Agreements for Providing Services

Section 508 of the Public Health Service Act mandates that the required services are available to the women entering the program. SAMHSA requires that services also be made available for the minor children and family members of both the women and their minor children, as appropriate. Therefore, in Section C: Proposed Implementation Approach, of the applicant's Project Narrative (see Section V of this RFA) applicants must provide a statement agreeing to meet the following three requirements, and demonstrate their capacity to do so:

1. Services will be provided in a residential setting, in the language and cultural context that is most appropriate, and the program will be operated at a location that is accessible to the population served;
2. The minor children will reside with the mother in such facilities, if the mother so requests. Efforts will be made to include as many children of the mother as is possible in the residential facility; and
3. The grantee will provide the services directly or through formal agreements with other public or non-profit private entities.

The applicant is required to develop comprehensive individualized and family service plans to meet the needs of each family member and the family unit as a whole. These plans must be developed in consultation with the woman and her family, as appropriate. Service plans must include individual, group, and family counseling, as appropriate, as well as follow-up relapse prevention, and supplemental treatment and recovery support services, as required.

To demonstrate that a comprehensive service system is in place to meet the complex needs of families, applicants must have Memoranda of Understanding (MOUs) or Memoranda of Agreements (MOAs) with key agencies and organizations, such as local public housing authorities (for permanent housing for families), child welfare, health, mental health, and child serving agencies, family court, criminal justice, employment and education programs.

In **Appendix 8**, you must provide MOUs or MOAs with key agencies and organizations in the applicant's network of providers.

### Required Supplemental/Recovery Support Services

The following services are either required under Section 508, or are services that SAMHSA believes are necessary for comprehensive substance abuse treatment for women, their children, and family members.

These services must be provided either by the grantee or through MOUs/MOAs with providers in the network.

### *Women*

- Outreach, engagement, pre-treatment, screening, and assessment;
- Detoxification;
- Substance abuse education, treatment, and relapse prevention;
- Medical, dental, other physical health care services, including diabetes, hypertension, prenatal and postpartum health care; and referrals for necessary hospital services;
- Training in parenting and life skills;
- Education, screening, counseling, and treatment of hepatitis, HIV/AIDS, other STDs, and related issues;
- Mental health assessment and treatment;
- Trauma-informed services, including assessment and interventions for emotional, sexual, and physical abuse;
- Employment readiness, training, and placement;
- Education and tutoring assistance for obtaining a GED and higher education;
- Childcare during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities;
- Transportation and other wraparound services; and
- Peer-to-peer recovery support activities such as groups, mentoring, and coaching.

### *Children*

- Screenings and developmental diagnostic assessments regarding the social, emotional, cognitive, and physical status of the infants and children;
- Therapeutic interventions, including child care, counseling, play and art therapy, occupational, speech and physical therapies;
- Pediatric health care, including immunizations, and treatment for asthma, diabetes, hypertension, and any perinatal effects of maternal substance abuse, e.g., HIV;
- Social services and financial supports;
- Education and recreational services;
- Mental health and trauma services; and
- Substance abuse education and prevention.

### *Family*

- Engagement of the family in the treatment process including individual and family counseling/therapy;
- Alcohol and drug education;
- Parenting training;
- Family strengthening and reunification; and
- Referral services for substance abuse, social, psychological, vocational and medical services.

### *Case Management*

- Coordination of services;
- Assessment and monitoring of the extent to which required services are appropriate for women and children;
- Assistance with community reintegration, before and after discharge, including referrals to appropriate resources; and
- Assistance in accessing resources from Federal, State, and local programs that provide a range of treatment services, including substance abuse, health, mental health, housing, employment, education and training.

### Residential Treatment Phase and Length of Stay

The project may propose a residential phase for a specific time frame, e.g., 3, 6, 9, or 12 months. The selected treatment phase should be consistent with the applicant's experience with, and knowledge of, the target population and what is reflected in the literature for women who have previously used such services. Applicants should use information about length of stay for this target population to more accurately estimate the number of women to be served by the project.

Ultimately, a woman's length of stay in the residential treatment phase should be guided by her individual service plan. While there may be some exceptions, SAMHSA/CSAT recommends that the residential treatment phase not exceed 12 months.

### Phase-in Plan

In **Appendix 2**, you are required to include a detailed phase-in plan with timelines and a reasonable budget for the phase-in period. The phase-in time may not exceed 3 months after the award.

### Reimbursement for Services

In **Appendix 3**, you must state whether or not you will seek reimbursements from the client and/or from Medicaid. If you intend to receive such reimbursements, you must attest to your willingness to meet the requirements noted below under Status as a Medicaid Provider and Imposition of Charges.

*Status as a Medicaid Provider:* Except for institutions for mental diseases as defined in section 1905(i) of the Social Security Act, applicants must show, in the case of any authorized treatment service available pursuant to the State plan approved under title XIX of the Social Security Act, that:

- The services will be provided directly, the applicant has entered into a participation agreement under the State plan, and the applicant is qualified to receive payments under this plan; or

- The applicant has or will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, the entity has entered into a participation agreement under the State plan and the entity is qualified to receive payments under the plan. This participation agreement shall be waived if the entity does not, in providing health care services, impose a charge or accept reimbursement from any third-party payor, including reimbursement under an insurance policy or under any Federal or State health benefits plan. (For further details see Section 508(e)(2) (A), (B), and (C) of the Public Health Services Act.)

*Imposition of Charges.* If a charge is imposed for the provision of authorized services to an eligible woman, such charge—

- Will be made according to a schedule of charges that is made available to the public;
- Will be adjusted to reflect the income of the woman involved; and
- Will not be imposed on any such woman with an income of less than 185 percent of the official poverty line, as established by the Director of Management and Budget (OMB) and revised by the Secretary in accordance with section 673 (2) of the Omnibus Budget Reconciliation Act of 1981.

#### Other Award Requirements

*Technical Assistance:* SAMHSA/CSAT will provide post award support to grantees through technical assistance on administrative, programmatic, and evaluation issues; data collection, analysis and interpretation; and development of reports, products, and publications.

*Facility Licensing:* The residential treatment facility must meet all State and local building, housing, health, safety and fire code regulations, as well as other applicable State and local child-care and residential facility licensing requirements. **Residential facility licensure requirements differ from those of treatment provider licensure discussed in this RFA in Section I-2.4 Minimum Qualifications.** Licensing requirements for facilities offering group residential care for infants and children are sometimes stringent, and may extend to staffing patterns with implications for the number and characteristics of the project staff. If the applicant does not have control of a currently operating facility and plans to lease a space/facility, then the applicant must have a written agreement with the owner of the space/facility to lease this space to the applicant upon award (**Letter of Agreement must be provided in Appendix 4**). If the applicant intends to lease a space/facility upon award, the space/facility must already have been inspected and meet the requirements for a residential program as certified by the appropriate State agency.

In identifying a facility, the applicant must be particularly sensitive to the public health needs of the target population, including vulnerability for TB, hepatitis, asthma, and environmental issues related to lead, asbestos, and mold.

Documentation of compliance with residential facility licensure requirements must be provided in the application in **Appendix 4**.

*Notification:* Within 30 days of receipt of an award, the grantee must notify the Single State Agency (SSA) and local governmental unit responsible for administering substance abuse treatment services. This notification assists State and local authorities in coordinating substance abuse treatment activities within their communities.

*Collaboration:* Accessing housing suitable for project activities may be facilitated by advance collaborations, memoranda of understanding (MOUs)/agreements (MOAs) with local Public Housing Authorities (PHAs). The Housing and Urban Development (HUD) Handbook 7465.1 REV 2, dated August 1987 (CH. 6) permits a PHA to designate select units for occupancy by members of a specific target population, and/or contract with a social service provider to manage certain dwelling units, if it so chooses. A PHA may also submit a request for authorization from HUD to lease/modify dwelling space for non-dwelling purposes such as a substance abuse treatment center. PHAs and providers considering such approaches should discuss their proposals with the local HUD Field Office prior to the development of an application, and obtain any relevant assurances.

*Continued Funding Considerations:* Grantees will be responsible for ensuring that all direct providers of services involved in the proposed continuum of care are in compliance with local, city, county, and State licensing, certification and accreditation requirements, and that all MOUs/MOAs and subcontracts within the system of care remain current and active.

## **2.6 Infrastructure Development (maximum 15% of total grant award)**

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use up to 15% of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

- Developing partnerships with other service providers for service delivery.
- Enhancing your computer system, management information system (MIS), electronic health records, etc.
- Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.

## **2.7 Using Evidence-Based Practices**

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the target population. An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented scientific evidence. In your application, you will need to:

- Identify the evidence-based practice you propose to implement.

- Identify and discuss the evidence that shows that the practice is effective. [See note below.]
- Discuss the population(s) for which this practice has been shown to be effective and show that it is appropriate for your target population(s). [See note below.]

**Note: SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are encouraged to provide other forms of evidence that the practice(s) they propose is appropriate for the target population. Evidence may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the target population or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the people reviewing your application.**

- Document the evidence that the practice you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA’s goals for this grant program.
- Describe any modifications/adaptations you will need to make to this practice to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service/practice in a way that is as close as possible to the original service/practice. However, SAMHSA understands that you may need to make minor changes to the service/practice to meet the needs of your target population or your program, or to allow you to use resources more efficiently. You must describe any changes to your proposed service/practice that you believe are necessary for these purposes. You may describe your own experience either with the target population or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose this evidence-based practice over other evidence-based practices.

*Resources for Evidence-Based Practices:*

You will find information on evidence-based practices in SAMHSA’s *Guide to Evidence-Based Practices on the Web* at [www.samhsa.gov/ebpwebguide](http://www.samhsa.gov/ebpwebguide). SAMHSA has developed this Web site to provide a simple and direct connection to Web sites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of Web sites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA’s Guide to Evidence-Based Practices also references another SAMHSA Web site, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is “recommended” or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific target population and purposes of your project.

In addition to the Web site noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

## **2.8 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). Grantees will be required to report performance in several areas relating to the client’s substance use, family and living condition, employment status, social connectedness, access to treatment, retention in treatment and criminal justice status. This information will be gathered using the data collection tool referenced below. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs) which have been defined by SAMHSA as key priority areas relating to substance use.

Applicants must document their ability to collect and report the required data in “Section E: Performance Assessment and Data” of their applications. Grantees must collect and report data using the Discretionary Services Client Level GPRA tool, which can be found at [www.samhsa-gpra.samhsa.gov](http://www.samhsa-gpra.samhsa.gov) (click on ‘Data Collection Tools/Instructions’), along with instructions for completing it. Hard copies are also available in the application kits, which you can request from the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889.]

GPRA data must be collected in a face-to-face interview at baseline (i.e., the client’s entry into the project), discharge, and 6 months post the baseline. GPRA data must be entered into the GPRA Web system within 7 business days of the forms being completed. In addition, 80% of the participants must be followed up. GPRA data are to be collected and then entered into CSAT’s GPRA Data Entry and Reporting System ([www.samhsa-gpra.samhsa.gov](http://www.samhsa-gpra.samhsa.gov)).

Training and technical assistance on data collecting, tracking, and follow-up, as well as data entry, will be provided by CSAT.

## **2.9 Performance Assessment**

Grantees are required to conduct a process evaluation and participate in a cross-site evaluation, conducted by CSAT, using a common protocol that has been approved by OMB. You must consider your process evaluation plan and participation in the cross-site when preparing the

project budget. Grantees are required to participate in all technical assistance and training activities designed to support the cross-site activity.

The process evaluation should be designed to provide regular feedback to the project to improve services. Process evaluation must measure change relating to project goals and objectives over time compared to baseline information. Control or comparison groups are not required. Process components should address issues such as:

- 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 evaluation?
- Who provided (program, staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

The cross-site evaluation will measure the outcomes of treatment at each grantee site on women and their minor children. SAMHSA/CSAT will use this information to document and report the extent to which the goals of the RFA were achieved, as mandated by Congress. Grantees must collect data on the women and their minor children who participate in treatment over the three-year life of the project. Data on women and their minor children will be collected for up to twelve months following intake and at discharge. Much of the data required for the assessment are routinely collected by the projects as part of their own program management efforts. However, common data collection tools need to be used in order to ensure comparability of data gathered across projects. In addition, data will be gathered periodically from project staff to document any changes that might have occurred in the interventions.

This cross-site evaluation seeks to show that from treatment intake to treatment discharge:

- There was a decrease in the use and/or abuse of prescription drugs, alcohol, tobacco, and illicit drugs among pregnant and postpartum women across the projects.
- Women and minor children in these projects experienced improvement in their mental and physical health, and family functioning.
- There was decreased involvement and intent for involvement, in crime, violence, and abuse of all kinds, both as victims and perpetrators.
- There was improvement in quality of life from the client's perspective related to health, social functioning, and environmental support.
- There was a decrease in barriers to accessing treatment resulting in early entry into treatment in the first trimester of their pregnancy and a decrease in barriers to accessing project-related services.

Data collection tools approved for the PPW program are listed below. You may download them from the SAMHSA Web site at [www.samhsa-gpra.samhsa.gov](http://www.samhsa-gpra.samhsa.gov).

- Child Data Collection Tool
- Allen Barriers to Treatment

- Ferrans and Powers Quality of Life Index
- BASIS 24 Survey
- Denver Developmental Screening Inventory II
- Child Well Being Scales
- CRAFFT
- Middle Childhood Developmental Assessment Guide
- Adolescent Developmental Assessment Guide
- Women’s Discharge Tool
- Children’s Discharge Tool
- Family Recovery Support Services Tool

**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-2.8 and 2.9.**

### **3.0 Grantee Meetings**

You must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in each year of the grant, and you must include funding for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## **II. AWARD INFORMATION**

<b>Funding Mechanism:</b>	Grants
<b>Anticipated Total Available Funding:</b>	\$7.87 million
<b>Estimated Number of Awards:</b>	16
<b>Estimated Award Amount:</b>	Up to \$500,000
<b>Length of Project Period:</b>	Up to 3 years

**Proposed budgets cannot exceed \$500,000 in total costs (direct and indirect) in any year of the proposed project. Applicants should be aware that Congress funded this program in the FY 2008 appropriation for SAMHSA even though funding for the program was not requested in the FY 2008 President’s budget. Funding beyond FY 2008 is not guaranteed. SAMHSA is allowing applicants to submit proposals for 2 additional budget years for planning purposes and for technical assistance in sustainability activities.**

### 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. PPW grantees funded September 29, 2006 (FY 2006) are ineligible to apply under this grant announcement.

#### 2. COST SHARING

Non-Federal Matching Funds are required under the statutory authority (Section 508 of the Public Health Service Act) for the PPW program. Non-Federal contributions are required and may be in cash or in-kind, fairly evaluated. The matching funds must not be less than \$1 for each \$9 of Federal funds provided in years one and two, and not less than \$1 for each \$3 of Federal funds in any subsequent year. Matching funds must meet the same test of allowability as costs charged to Federal grants. Sources of matching funds are State and local governmental appropriations (non-Federal), foundations, and other private non-profit or for-profit organizations. In-kind contributions may include facilities, equipment, or services used in direct support of the project.

In **Appendix 5** of the application, you must provide a letter from the funding source(s) attesting that the matching funds are available, and are not derived from Federal sources. Applications that do not contain documentation (in **Appendix 5**) that non-Federal matching funds are available will not be considered for an award.

#### 3. OTHER

##### 3.1 Additional Eligibility Requirements

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

##### 3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client substance abuse treatment services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each direct service provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and
- Each direct service provider organization must comply with all applicable local (city, county) and State/tribal licensing, accreditation, and certification requirements, as of the due date of the application.

**[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license.]**

In **Appendix 6** of your application, you must: (1) identify at least one experienced, licensed service provider organization; (2) include a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a treatment or prevention service provider organization; and (3) include the Statement of Assurance (provided in Appendix C of this announcement), signed by the authorized representative of the applicant organization identified on the face-page (SF 424 v2) of the application, attesting that all participating service provider organizations:

- meet the 2-year experience requirement;
- meet applicable licensing, accreditation, and certification requirements; and
- if the application is within the funding range for grant award, the applicant will provide the Government Project Officer (GPO) with the required documentation within the time specified.

In addition, if, following application review, your application's score is within the funding range, the GPO will call you and request that the following documentation be sent by overnight mail:

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization that has agreed to participate in the project;
- official documentation that all participating organizations have been providing relevant services for a minimum of 2 years before the date of the application in the area(s) in which the services are to be provided; and

- official documentation that all participating service provider organizations comply with all applicable local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.

**If the GPO does not receive this documentation within the time specified, the application will not be considered for an award.**

## **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/apply.aspx](http://www.samhsa.gov/grants/apply.aspx)

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF 424 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 (SF 424 v2), 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 a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site ([www.samhsa.gov/grants/index.aspx](http://www.samhsa.gov/grants/index.aspx)) and a synopsis of the RFA is available on the Federal grants Web site ([www.Grants.gov](http://www.Grants.gov)).

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

## 2.2 Required Application Components

Applications must include the 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** – SF 424 v2 is the face page. This form 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](http://www.dunandbradstreet.com) or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- ❑ **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- ❑ **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix H of this document.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

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

- ❑ **Appendices 1 through 10** – 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 1-7, and 10 combined. There are no page limitations for Appendices 8 and 9. 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:** A letter signed by the SSA certifying that the three requirements listed in Section I-2.4 of this RFA, Minimum Qualifications section, have been met.
- **Appendix 2: Phase-in Plan.** Include a detailed phase-in plan with timelines and a reasonable budget for the phase-in period. The phase-in time may not exceed 3 months after the award.
- **Appendix 3:** Certifications of the applicant’s intent to comply with Section 508 requirements regarding Status as a Medicaid Provider and Imposition of Charges. See Section I-2.5, Program Requirements, Reimbursement for Services section.
- **Appendix 4: Facility.** Provide documentation that the facility meets all State and local building, housing, health, safety and fire code regulations, as well as other applicable State and local child care and residential facility licensing. If applicable, i.e., you are going to lease space/facility upon award, provide a letter of agreement with the owner of the facility to be leased.
- **Appendix 5:** Letter from the funding source attesting that the matching funds are available and are not derived from Federal sources.
- **Appendix 6:** (1) Identification of at least one experienced, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment service provider organization; (3) the Statement of Assurance (provided in Appendix C of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support.
- **Appendix 7:** Letter to the SSA
- **Appendix 8: Memoranda of Understanding or Agreements (MOUs and MOAs)** with key agencies and organizations in the network of providers.
- **Appendix 9: Copies of all Data Collection Instruments/Interview Protocols** that you propose to use.
- **Appendix 10: Copies of Consent Forms.** If consent forms are not in English, provide English translations.

- ❑ **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kits.
- ❑ **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- ❑ **Disclosure of Lobbying Activities** – You must submit 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. If no lobbying is to be disclosed, mark N/A on the form.
- ❑ **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

### 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 **March 18, 2008**. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **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).**

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

**Your application must be received by the application deadline or it will not be considered for review.** Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

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

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

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. 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](http://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-08-009**. 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)<sup>1</sup> to the head(s) of appropriate State or local health agencies in the area(s) to

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

be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

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

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs can be found on SAMHSA's Web site at [www.samhsa.gov](http://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 7, "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-08-009**. 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 [www.samhsa.gov/grants/management.aspx](http://www.samhsa.gov/grants/management.aspx):

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

- No more than 15% of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than 20% of the total grant award may be used for data collection and performance assessment, including incentives for participating in the required data collection follow-up.

**SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix G.**

## **6. OTHER SUBMISSION REQUIREMENTS**

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

### **Submission of Electronic Applications**

SAMHSA accepts electronic submission of applications through [www.Grants.gov](http://www.Grants.gov). 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](http://www.Grants.gov) apply site. You will be able to download a copy of the application package from [www.Grants.gov](http://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 “**PPW – TI-08-009**” in item number 12 on the face page (SF 424 v2) 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 30 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](http://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 1-10 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, applicants are encouraged to respond to each bulleted statement.

### **Section A: Statement of Need (10 points)**

- Describe the target population and the geographic area to be served, and justify the selection of both. Include the numbers to be served annually and through the lifetime of the project, as well as demographic information.
- Describe the nature of the problem and extent of the need (e.g., current prevalence rates or incidence data) for the target population based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Non-tribal applicants must show that identified needs are consistent with priorities of the State or county that has primary responsibility for the service delivery system.
- Fully describe existing services, including the number and type of current treatment services/slots/beds available and the number of people currently being served in the target area and in the applicant organization. Include the number of people on a waiting list, if there is one.

### **Section B: Proposed Evidence-Based Service/Practice (30 points)**

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's goals for the program.
- Identify the evidence-based service/practice that you propose to implement for the women, children, fathers of children, partners of women and extended family members, and the source of your information. (See Section I-2.7, Using Evidence-Based Practices.) Discuss the evidence that shows that this practice is effective with the target population. If the evidence is limited or non-existent for the target population, provide other information to support your selection of the intervention for the target population.
- Document the evidence that the practice you have chosen is appropriate for the outcomes you want to achieve.
- Identify and justify any modifications or adaptations you will need to make to the proposed practice to meet the goals of your project and why you believe the changes will improve the outcomes.

- Explain why you chose this evidence-based practice over other evidence-based practices. If this is not an evidence-based practice, explain why you chose this intervention over other interventions.
- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population, while retaining fidelity to the chosen practice.
- Demonstrate how the proposed service/practice will meet your goals and objectives. Provide a logic model that links need, the services or practice to be implemented, and outcomes. (See Appendix D for a sample logic model.)

**Section C: Proposed Implementation Approach (25 points)**

- Describe your strategies to preserve and reunite families, including specific family interventions and approaches that will stabilize and strengthen family relationships.
- Describe how the proposed services or practices, including your strategies to preserve and reunite families, will be implemented for the women, their minor children, fathers of the children, partners of the women, and the extended family members of the women and children.
- Describe the proposed service/practice for the children and demonstrate that it addresses gender, age, culture and developmentally appropriate services for the following age groups: 1) birth to three; 2) four to six; 3) seven to ten; and 4) eleven to seventeen.
- Discuss the target population's language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering programs to this population, and how the proposed approach addresses these issues.
- State your agreement to comply with Section 508 of the Public Health Service Act. Demonstrate your capacity to meet the three requirements listed in this RFA in Section I-2.5 Program Requirements, under General Agreements for Providing Services.
- Describe your plans for providing the required supplemental/recovery support services listed in Section I-2.5 Program Requirements, in this RFA. Identify the services that will be provided at the residential treatment site, and those that will be provided in the community by partners in the network. In **Appendix 6**, include a list of the service provider organizations.
- Describe how you will screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

- State your agreement to coordinate and integrate services to accomplish your comprehensive service system. Describe the process used to achieve service coordination and integration among the network of providers, including how off-site providers will participate in treatment planning, service delivery, quality assurance, monitoring, and evaluating effectiveness. Include MOUs and MOAs in **Appendix 8**.
- Show that the necessary groundwork (e.g., planning, consensus development, development of MOUs/MOAs, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.
- Provide a realistic time line for the project (chart or graph) showing key activities, milestones, and responsible staff. Timelines must include phase-in activities that will be implemented no later than 3 months after award. Phase-in activities may include alterations and renovations, hiring and training staff, purchasing equipment, cross-training the network of providers, and admissions of first clients. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]
- Clearly state: 1) the unduplicated number of women; 2) the estimated number of children; and 3) the estimated number of other family members you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.
- Describe the strategies for identifying and engaging women early in their pregnancies for maximum benefit of the mothers and infants (e.g., the first trimester), and retaining them in treatment. Discuss your plans to engage other family members when appropriate and beneficial, including fathers of the children, partners of the women, and extended family members in the treatment process.
- Describe how project planning, implementation and assessment will include client input. If an advisory board is proposed, identify the role and responsibilities of the board.
- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Appendix 6**.
- Describe your treatment planning process for developing comprehensive individualized and family service plans to meet the needs of each family member, and the family unit as a whole. Describe your strategies for including the women and appropriate family members in the treatment planning process while ensuring a safe and healthy environment. Service plans must include individual, group, and family counseling, as appropriate, as well as follow-up relapse prevention, and supplemental treatment and recovery support services, as required.

- Describe the plan to address stigma associated with substance abuse and health related issues such as HIV/AIDS to facilitate successful reintegration into the community.
- Describe the continuing care component, including relapse prevention and strategies to access meaningful employment and permanent, safe, drug-free and affordable housing. Address special issues related to women who have been involved with the criminal justice system. Identify continuing care services you will provide to minor children, and other family members.
- Discuss your plan to encourage participation of fathers of the children and partners of the women as well as extended family members of the women and the children in treatment when deemed to be appropriate and beneficial.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

**Section D: Staff and Organizational Experience (20 points)**

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the target population and ties to grassroots/community-based organizations that are rooted in the culture and language of the target population.
- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as treatment/prevention personnel.
- Discuss how key staff have demonstrated experience in serving the target population and are familiar with the culture and language of the target population. If the target population is multicultural and multilingual, describe how the staff are qualified to serve this population.
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population. If the ADA does not apply to your organization, please explain why.

### Section E: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.8 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement.
- Document your ability to collect and report data in accordance with all the required cross-site evaluation requirements as specified in Section I-2.9 of this RFA.
- Provide a per-person or unit cost of the project to be implemented, based on the applicant's actual costs and projected costs over the life of the project. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Applicants must state whether or not the per person costs are within the following reasonable ranges by treatment modality. Applicants must also discuss the reasonableness of the per person costs. If proposed costs exceed reasonable ranges, a detailed justification must be provided.

Program Costs. The following are considered reasonable ranges by treatment modality:

- Residential: \$3,000 to \$10,000
- Outpatient (Non-Methadone): \$1,000 to \$5,000
- Outpatient (Methadone): \$1,500 to \$8,000
- Intensive Outpatient: \$1,000 to \$7,500
- Screening/Brief Intervention/Brief Treatment/Outreach/Pretreatment Services: \$200 to \$1,200
- Drug Court Programs (regardless of client treatment modality): \$3,000 to \$5,000
- Peer Recovery Support Services: \$1,000 to \$2,500

The outreach and pretreatment services cost band applies only to outreach and pretreatment programs that do not offer treatment services but operate with a network of substance abuse treatment facilities. Treatment programs that add outreach and pretreatment services to a treatment modality or modalities are expected to fall within the cost band for that treatment modality.

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

## SUPPORTING DOCUMENTATION

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

**Section G:** Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 15% of the total grant award will be used for infrastructure development, if necessary, and 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 H of this document.

**Section H:** Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

**Section I:** Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application, using the guidelines provided below.

### **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 seven bullets below. Appendix F of this RFA provides a more detailed discussion of issues applicants should consider in addressing these seven bullets. 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 seven 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 must be resolved prior to 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 and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20. (See Appendix F: Confidentiality and Participant Protection.)
- ❑ 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 9** of your application, “Data Collection Instruments/Interview Protocols.” State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.
- ❑ 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 10** 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. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

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](mailto:ohrp@osophs.dhhs.gov), or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

## 2. REVIEW AND SELECTION PROCESS

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

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;
- a letter (in **Appendix 1**) from the SSA certifying that the three requirements listed in Section I-2.4, Minimum Qualifications, have been met;
- a letter (in **Appendix 5**) from the funding source(s) attesting that the matching funds are available and are not derived from federal sources;
- 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.

SAMHSA/CSAT will make no more than one award per applicant per geographic community.

## VI. ADMINISTRATION INFORMATION

### 1. AWARD NOTICES

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

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

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

### 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
  - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation; 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-2.8, you must comply with the following reporting requirements:

#### **3.1 Progress and Financial Reports**

- You will be required to submit annual and final progress reports, as well as annual and final financial status reports.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

#### **3.2 Government Performance and Results Act (GPRA)**

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s PPW grant program are described in Section I-2.7 of this document under “Data Collection and Performance Measurement.”

#### **3.3 Publications**

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

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.

- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

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:

Linda White Young  
Public Health Advisor  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 5-1081  
Rockville, Maryland 20857  
(240) 276-1581  
[linda.white-young@samhsa.hhs.gov](mailto:linda.white-young@samhsa.hhs.gov)

For questions on grants management issues contact:

Kathleen Sample  
Office of Program Services, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1089  
Rockville, Maryland 20857  
(240) 276-1407  
[kathleen.sample@samhsa.hhs.gov](mailto:kathleen.sample@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 form.
- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Section IV-6 of this announcement under “Submission of Electronic Applications.”)
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

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

- The 10 application components required for SAMHSA applications should be included and submitted in the following order:
  - § Face Page (Standard Form 424 v2, which is in PHS 5161-1)
  - § Abstract
  - § Table of Contents
  - § Budget Form (Standard Form 424A, which is in PHS 5161-1)
  - § Project Narrative and Supporting Documentation
  - § Appendices
  - § Assurances (Standard Form 424B, which is in PHS 5161-1)
  - § Certifications
  - § Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
  - § Checklist (a form in PHS 5161-1)

- Applications should comply with the following requirements:
  - § Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
  - § Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
  - § Documentation of nonprofit status as required in the PHS 5161-1.
- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. 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 Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-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](http://www.Grants.gov) for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

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

- By e-mail: [support@Grants.gov](mailto: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 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.).** The new Microsoft Vista operating system and Microsoft Office 2007 products are not currently accepted by Grants.gov. 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 at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed **15,450** words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

**Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., “Appendices 1-3”, “Appendices 4-5.”**

Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. 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 (SF 424 v2) 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 - Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]

\_\_\_\_\_, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project;
- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## Appendix D – Sample Logic Model

A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A Logic Model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among what resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Based on both your planning and evaluating activities, you can then make a “logical” chain of “if-then” relationships.

Look at the graphic on the following page to see the chain of events that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

The framework you set up to build your model is based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. Then you look at the **Inputs**, which are the resources, contributions, time, staff, materials, and equipment you will invest to change these conditions. These inputs then are organized into the **Program Components**, which are the activities, services, interventions and tasks that will reach the target population. These outputs then are intended to create **Outputs** such as changes or benefits for the consumer, families, groups, communities, organizations and SAMHSA. The understanding and further evidence of what works and what does not work will be shown in the **Outcomes**, which include achievements that occur along the path of project operation.

\*The logic model presented is not a required format and SAMHSA does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.

**Sample Logic Model\***

<b>Resources (Inputs)</b>	<b>Program Components (Activities)</b>	<b>Outputs (Objectives)</b>	<b>Outcomes (Goals)</b>
<b>Examples</b>	<b>Examples</b>	<b>Examples</b>	<b>Examples</b>
<p>People                      Staff – hours                      Volunteer – hours</p> <p>Funds</p> <p>Other resources                      Facilities                      Equipment                      Community services</p>	<p>Outreach                      Intake/Assessment                      Client Interview</p> <p>Treatment Planning                      Treatment by type:                      Methadone maintenance                      Weekly 12-step meetings                      Detoxification                      Counseling sessions                      Relapse prevention                      Crisis intervention</p> <p>Special Training                      Vocational skills                      Social skills                      Nutrition                      Child care                      Literacy                      Tutoring                      Safer sex practices</p> <p>Other Services                      Placement in employment                      Prenatal care                      Child care                      Aftercare</p> <p>Program Support                      Fundraising                      Long-range planning                      Administration                      Public Relations</p>	<p>Waiting list length                      Waiting list change                      Client attendance                      Client participation</p> <p>Number of Clients:                      Admitted                      Terminated                      Inprogram                      Graduated                      Placed</p> <p>Number of Sessions:                      Per month                      Per client/month</p> <p>Funds raised                      Number of volunteer hours/month</p> <p>Other resources required</p>	<p>Inprogram:                      Client satisfaction                      Client retention</p> <p>In or postprogram:                      Reduced drug use – self reports, urine, hair                      Employment/school progress                      Psychological status                      Vocational skills                      Social skills                      Safer sexual practices                      Nutritional practices                      Child care practices                      Reduced delinquency/crime</p>

## Appendix E – Logic Model Resources

- Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, 18(4), 449-458.
- Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, 13(2), 43-62.
- Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. <http://cfs.fmhi.usf.edu> or phone (813) 974-4651
- Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.
- Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.
- Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, 18(4), 333-341.
- Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3<sup>rd</sup> Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.
- Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation*. San Francisco, CA: Jossey-Bass Inc.

## **Appendix F – 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 performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by

consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds 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 9, “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 10, “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 performance assessment design proposed by the applicant may require compliance with these regulations. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

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](mailto: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 G – Funding Restrictions

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

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

- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

## Appendix H – 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	SAMHSA Funded	Non-Federal Sources	TOTAL
Project Director	J. Doe	\$30,000	1.0	\$30,000	\$-0-	
Clinical Director	J. Doe			\$-0-	In-Kind	
Secretary	Unnamed	\$18,000	0.5	\$-0-	\$ 9,000	
Counselor	R. Down	\$25,000	1.0	\$25,000	\$-0-	
<b>SUBTOTAL</b>				<b>\$55,000</b>	<b>\$9,000</b>	
<b>Enter Personnel subtotal on 424A, Section B, 6.a.</b>						<b>\$64,000</b>
<u>Fringe Benefits</u> (24%)				\$15,360	\$-0-	
<b>SUBTOTAL</b>				<b>\$15,360</b>	<b>\$-0-</b>	
<b>Enter Fringe Benefits subtotal on 424A, Section B, 6.b.</b>						<b>\$15,360</b>
<u>Travel</u>						
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	\$-0-	
Local Travel (500 miles x .24 per mile)				\$-0-	\$120	
[Note: Current Federal Government per diem rates are available at <a href="http://www.gsa.gov">www.gsa.gov</a> .]						
<b>SUBTOTAL</b>				<b>\$5,280</b>	<b>\$120</b>	
<b>Enter Travel subtotal on 424A, Section B, 6.c.</b>						<b>\$ 5,400</b>
<u>Equipment</u> (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.						
<b>SUBTOTAL</b>				<b>\$-0-</b>	<b>\$-0-</b>	
<b>Enter Equipment subtotal on 424A, Section B, 6.d.</b>						<b>\$-0-</b>

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

**Supplies**

Office Supplies	\$500	\$-0-
Computer Software – Microsoft Word	\$-0-	500

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

**CONTRACTUAL COSTS****Evaluation**

<b>Job Title</b>	<b>Name</b>	<b>Annual Salary</b>	<b>Level of Effort</b>	<b>SAMHSA Funded</b>	<b>Non-Federal Sources</b>	<b>TOTAL</b>
Evaluator	J. Wilson	\$48,000	.05	\$24,000	\$-0-	
Other Staff		\$18,000	1.0	\$18,000	\$-0-	

Fringe Benefits (25%) \$10,500 \$-0-

**Travel**

2 trips x 1 Evaluator (\$600 x 2)	\$ 1,200	\$-0-
Per Diem @ \$120 x 6	720	\$-0-
Supplies (General Office)	500	\$-0-

Evaluation Contractual Direct Costs \$54,920 \$-0-

Evaluation Contractual Indirect Costs (19%) \$10,435 \$-0-

Evaluation Contract Subtotal **\$65,355**

**SUBTOTAL \$65,355 \$-0- \$65,355**

**Training**

<b>Job Title</b>	<b>Name</b>	<b>Annual Salary</b>	<b>Level of Effort</b>	<b>SAMHSA Funded</b>	<b>Non-Federal Sources</b>	<b>TOTAL</b>
Coordinator	M. Smith	\$ 12,000	0.5	\$12,000	\$-0-	
Admin. Asst.	N. Jones	9,000	0.5	9,000	\$-0-	

Fringe Benefits (25%) 5,250 \$-0-

**Travel**

2 Trips for Training		
Airfare @ \$600 x 2	\$1,200	\$-0-
Per Diem \$120 x 2 x 2 days	480	\$-0-
Local (500 miles x .24/mile)	120	\$-0-

**Supplies**

Office Supplies	\$500	\$-0-
Software (Microsoft Word)	\$500	\$-0-

Training Contractual Direct Costs Subtotal \$40,025 \$-0- **\$40,025**

Training Contractual Indirect Costs Subtotal \$-0- \$-0- **\$-0-**

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

<b>SUBTOTAL</b>	<b>\$105,380</b>	<b>\$-0-</b>	<b>\$105,380</b>
<b>Enter Contractual subtotal on 424A, Section B, 6.f.</b>			<b>\$105,380</b>
	<b>SAMHSA Funded</b>	<b>Non-Federal Sources</b>	<b>TOTAL</b>
<b><u>OTHER</u></b>			
Rent (500 Sq. Ft. x \$9.95)	\$ 4,975	\$-0-	
Telephone	\$ 500	\$-0-	
Maintenance (e.g., van)	\$-0-	\$ 2,500	
Audit	\$-0-	\$ 3,000	
Consultants = Expert @ \$250/day X 6 day (If expert is known, should list by name)	\$ 1,500	\$-0-	
<b>SUBTOTAL</b>	<b>\$6,957</b>	<b>\$5,500</b>	
<b>Enter Other subtotal on 424A, Section B, 6.h.</b>			<b>\$12,475</b>
<b><u>TOTAL DIRECT CHARGES</u> (sum of 6.a-6.h)</b>			
<b>Enter Total Direct on 424A, Section B, 6.i.</b>			<b>\$192,640</b>
<b><u>INDIRECT CHARGES</u></b>			
15% of Salary and Wages (copy of negotiated Indirect Cost Rate Agreement attached) [\$64,000 X 15% = \$9,600]			
<b>Enter Indirect Costs subtotal of 424A, Section B, 6.j.</b>			<b>\$9,600</b>
<b>Enter TOTALS on 424A, Section B, 6.k. (sum of 6i and 6j)</b>			<b>\$202,240</b>

**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. If rent is requested, provide the name of the owner of the building/facility. If anyone related to the project owns the building which is a less than arms length arrangement, provide cost of ownership/use allowance.

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.

OTHER SOURCES – If other non-Federal sources of funding, including match or cost sharing as a total operating budget is included, provide the name of the source, e.g., in-kind, foundation, program income, Medicaid, State funds, applicant organization, etc., and explain its use.

**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. (NOTE: salary cap of \$186,600 is effective for all FY 2008 awards.)**

	<b>First 12-month Period</b>	<b>Second 12-month Period</b>	<b>Third 12-month Period</b>
<b>Personnel</b>			
Project Director	30,000	30,000	30,000
Secretary*	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
<b>TOTAL PERSONNEL</b>	<b>64,000</b>	<b>73,000</b>	<b>73,000</b>

\*Increased from 50% to 100% effort in 02 through 03 budget periods.

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

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

<b>Contractual</b>			
Evaluation***	65,355	67,969	70,688
Training	40,025	40,025	40,025

\*\*\*Increased amounts in 02 and 03 years reflect the increase in client data collection.

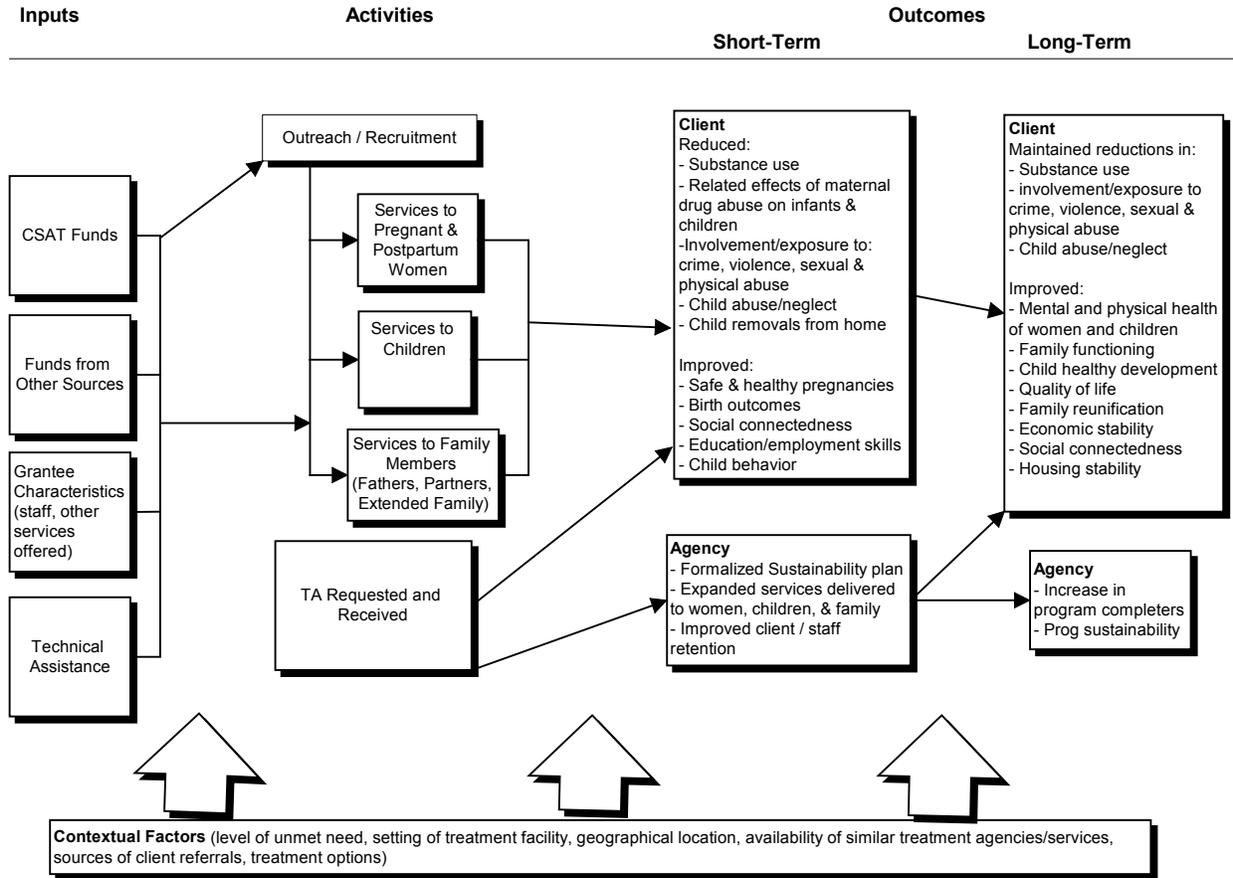
<b>Other</b>	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
<b>TOTAL COSTS</b>	<b>202,240</b>	<b>216,884</b>	<b>219,603</b>

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.

**Attachment J-2**

**PPW Evaluation Logic Model**

# PPW Evaluation Logic Model



## **Attachment J-3**

### **Overview of PPW Evaluation Design**

### Overview of PPW Evaluation Design

Evaluation Question	Data Sources	Constructs Measured	Data Collection Time Points
<b>1. To what extent are PPW grantees meeting the goals and objectives of the RFA?</b>			
Goal 1. Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (e.g., inhalants) among pregnant and postpartum women	GPRAs	Use of alcohol and other drugs Recovery Support from Social Connectedness Scale	Intake 6-months post-intake Discharge 6-months post-discharge
	New item:	Tobacco use	
	New items:	Additional treatment, formal and informal recovery supports	6-months post-discharge
Goal 2. Increase safe and healthy pregnancies; improve birth outcomes; and reduce related effects of maternal drug abuse on infants and children	Women's Discharge Tool	Treatment services received such as prenatal and post-partum care, length of stay, treatment goals achieved (indirect measure of individual treatment needs met)	Discharge
	Children's Discharge Tool	Treatment services received such as play therapy, parent-child bonding, length of stay, treatment goals achieved (indirect measure of individual treatment needs met)	Discharge
	Newborn's Medical Record Audit (0-3 months)	Birth Outcomes: Apgar score at birth, size (length and head circumference), birth weight, gestational age, drug toxicology screens	Birth (and intake for children under 3 months)
	Child Data Collection Tool	HIV/AIDS testing, need for specialty care/services, positive alcohol or drug tests at birth	Intake/Birth
	New items: (0-3 months)	Other birth outcomes: Neonatal length of hospital stay (overall, in newborn nursery, in newborn intensive care unit); reason for hospital stay; presence of and treatment for neonatal abstinence syndrome; possibly Dubowitz score	Birth (and intake for children under 3 months)

Evaluation Question	Data Sources	Constructs Measured	Data Collection Time Points
		Pregnancy outcomes: Live birth, stillbirth, miscarriage	Birth
Goal 3.a Improve the mental and physical health of the women	GPRA	Mental and physical health problems; Treatment received	Intake 6-months post-intake Discharge 6-months post-discharge
	Women's Discharge Tool	Treatment services received, treatment goals achieved	Discharge
	Behavior and Symptom Identification Scale (BASIS) 24®	Overall psychological symptom score; depression/functioning, interpersonal problems, psychosis, alcohol./drug use, self harm, emotional lability	Intake 6-months post-intake Discharge 6-months post-discharge
	Ferrans and Powers Quality of Life Index	Health and functioning subscale	Intake 6-months post-intake Discharge 6-months post-discharge
Goal 3.b Improve the mental and physical health of the children	Children's Discharge Tool	Treatment received, treatment goals achieved	Discharge
	Brief Infant/Toddler Social Emotional Assessment (BITSEA) (12-35-months)	Social emotional problems and competency in infants	Intake 3-months post-intake 6-months post-intake Discharge 6-months post-discharge
	Social Skills Improvement System (SSIS) (3-17 years)	Social emotional development: social skills, problem behaviors, academic competence	Intake 3-months post-intake 6-months post-intake Discharge 6-months post-discharge

Evaluation Question	Data Sources	Constructs Measured	Data Collection Time Points
	CRAFFT (11-17 years)	Adolescent substance abuse screen	Intake 3-months post-intake 6-months post-intake Discharge 6-months post-discharge
	Trauma Symptom Checklist for Young Children (TSCYC)/Trauma Symptom Checklist for Children (TSCC) (3-16 years)	Child mental health: acute and chronic posttraumatic symptoms; anxiety; depression; anger/aggression; intrusion; avoidance; arousal; dissociation; sexual concerns  (also informs Goal 5b)	Intake 3-months post-intake 6-months post-intake Discharge 6-months post-discharge
	Child Data Collection Tool	Child biological and socio-economic background, legal involvement and exposure to violence and trauma, educational background, spiritual background, recreation/leisure background, parental relationships, alcohol/other drug use/interaction, health background	Intake/Birth
Goal 4. Improve family functioning, economic stability, and quality of life	Ferrans and Powers Quality of Life Index	Overall quality of life, health and functioning, social and economic, psychological/spiritual, and family subscales	<u>Women:</u> Intake 6-months post-intake Discharge 6-months post-discharge  <u>Fathers/Partners:</u> Intake Discharge
	BASIS-24®	Overall psychological symptom score	Intake 6-months post-intake Discharge

Evaluation Question	Data Sources	Constructs Measured	Data Collection Time Points
			6-months post-discharge
	GPRA	Housing stability, family living conditions, employment/income	Intake 6-months post-intake Discharge 6-months post-discharge
	Children's Discharge Tool	Child planned living situation after discharge	Discharge
	Family Support Scale (FSS)	Sources of support in raising young children	Intake 6-months post-intake Discharge 6-months post-discharge
	Parenting Stress Index (PSI) (1 month to 12 years)	Family functioning, parenting stress associated with parenting young children (focus is on preschool-age children): parenting stress, parent-child dysfunctional interactions, difficult child	Intake 3-months post-intake 6-months post-intake Discharge 6-months post-discharge
	Parenting Relationship Questionnaire (PRQ) (2-17 years)	Family functioning, parenting: attachment; communication; discipline approaches; involvement; parenting confidence; satisfaction with school; relational frustration	Intake 6-months post-intake Discharge 6-months post-discharge
Goal 5.a Decrease pregnant and postpartum women's involvement	GPRA	Women's criminal justice status, trouble controlling violent behavior  Indirect indicator from GPRA, child removal by court order	Intake 6-months post-intake Discharge 6-months post-discharge

Evaluation Question	Data Sources	Constructs Measured	Data Collection Time Points
in/exposure to crime, violence, sexual and physical abuse	New items:	Violence exposure including physical and sexual abuse	Intake 6-months post-intake Discharge 6-months post-discharge
	Women's Discharge Tool	Experiences assumed from service delivery (e.g., trauma-informed services)	Discharge
Goal 5.b Decrease child abuse/neglect	Child Abuse Potential Inventory (CAP)	Overall risk for physical abuse	Intake 6-months post-intake Discharge 6-months post-discharge
	GPRA	Indirect indicator from GPRA, child removal by court order	Intake 6-months post-intake Discharge 6-months post-discharge
<b>2. How do PPW clients compare to pregnant women in other CSAT programs on GPRA outcomes and national estimates of substance use and birth outcomes?</b>			
Benchmarks based on existing national data and GPRA	NSDUH	Use of illicit drugs, alcohol, and tobacco among pregnant women in the civilian, non-institutionalized population of the United States	Most recently published data
	GPRA	Non-PPW clients	GPRA schedule
	CDC/National Center for Health Statistics National Vital Statistics System	Birth Outcomes	Most recent published data

Evaluation Question	Data Sources	Constructs Measured	Data Collection Time Points
<b>3. Do treatment implementation and contextual factors mediate or moderate PPW client outcomes?</b>			
<p>a. What are the characteristics of the services provided by PPW grantees to clients (e.g., type of services provided, location of services provided, extent to which the services provided match what was proposed, and degree to which services are gender-sensitivity, family-focused, and/or comprehensive)?</p>	<p>Grantee Applications Biannual Progress Reports Project Director Biannual Telephone Interview Site Visit Interviews and Document Review</p>	<p>Proposed EBP/services Modifications of treatment program and services as indicated by biannual progress reports and staff interviews Services delivered/received and their alignment with proposed EBP Number and type of services provided onsite and off-site Percentage of clients receiving services onsite and off-site Clients (sources of referrals, admission patterns, inclusion criteria, outreach strategies, number served) Comprehensive Services matrices - list of services grantees deliver for Women, Children, &amp; Family Services delivered and alignment with gender sensitivity, family-focus, and comprehensiveness Staff and client knowledge of/experience with proposed EBP Facility characteristics (e.g., privacy, living quarters, location of services and clients) Challenges to implementation Level of detail and content of written manuals for treatment process and delivery and/or treatment program policies /procedures</p>	<p>Grantee Applications – once in Yr 1 Biannual Reports &amp; Project Director Interview - Every 6-months (May-July &amp; Nov-Jan) Site Visits - Fall 2010 &amp; Fall 2011</p>
<p>b. What is the quality of the services provided by PPW grantees (e.g., characteristics of staff who deliver services to clients, quantity of services delivered, extent to which the quality of services</p>	<p>Grantee Applications Biannual Report Project Director Biannual Interview Site Visit Online TA system</p>	<p>Proposed EBP/services Comprehensive Services matrices - list of services grantees delivery for Women, Children, &amp; Family Services delivered and alignment with gender sensitivity, trauma-informed, and comprehensiveness Staff experience/background (education, credentials, licensing, years experience in field, years with program/agency) Agency licensing &amp; certifications Staff turnover/vacancies</p>	<p>Grantee Applications - once in Yr 1 Biannual Reports &amp; Project Director Interview - Every 6-months (May-July &amp; Nov-Jan) Site Visits - Fall 2010 &amp;</p>

Evaluation Question	Data Sources	Constructs Measured	Data Collection Time Points
provided match with what was proposed, and the degree to which evidence-based practices (EBP) are implemented)?		Professional development / training activities Staff/client ratio Consistency of staff in delivering services (consistency of case load) Level of detail and content of written manuals for treatment process/delivery and/or treatment program policies /procedures Staff knowledge and implementation of treatment manuals, and treatment program policies/procedures Client knowledge and experience with own service plan (women, children, family) Challenges to implementation TA requested/ received	Fall 2011 TA data - quarterly
c. What is the relationship between client-level outcomes and the characteristics and quality of client services received?	Biannual Report Project Director Biannual Interview Site Visit Data Sources from Question 1	Modifications of treatment program and services as indicated by biannual reports and staff interviews Comprehensive Services matrices - list of services grantees delivery for Women, Children, & Family Services delivered and alignment with gender sensitivity, trauma-informed, and comprehensiveness Facility characteristics (e.g., privacy, living quarters, location of services and clients) Level of detail and content of written manuals for treatment process and delivery and/or treatment program policies /procedures Staff knowledge and implementation of treatment manuals, and treatment program policies/procedures (including service plan development) Staff experience/background (education, credentials, licensing, years experience in field, years with grantee/agency) Agency licensing & certifications Staff turnover/vacancies	Biannual Reports & Project Director Interview - Every 6-months (May-July & Nov-Jan) Site Visits - Fall 2010 & Fall 2011 Data collection time points from Question 1

Evaluation Question	Data Sources	Constructs Measured	Data Collection Time Points
		Staff/client ratio Consistency of staff in delivering services (consistency of case load) Constructs/Indicators from Question 1	
d. What is the relationship between client-level outcomes and the type and amount of technical assistance (TA) requested and received?	Biannual Report Project Director Biannual Interview Site Visit Online TA system Data Sources from Question 1	Professional development/training activities Staff training needs (licensing/credentials, cultural/gender sensitivity, trauma-focused) Number and type of TA requested and received Constructs/Indicators from Question 1	Biannual Reports & Project Director Interview - Every 6-months (May-July & Nov-Jan) Site Visits - Fall 2010 & Fall 2011 TA data – quarterly Data collection time points from Question 1
e. Does the context within which PPW grantees implement services influence client-level outcomes?	Grantee Applications Biannual Report Project Director Biannual Interview Site Visit Data Sources from Question 1	Context of grantee's treatment program (geographical area, extent of need for services, extent of need for services, setting of treatment facility) Changes in local conditions related to grantee services or target population Availability of similar treatment agencies/services Sources of client referrals Challenges to program implementation Facility quality (old/new building, safety of location/building) Constructs/Indicators from Question 1	Grantee Applications - once in Yr 1 Biannual Reports & Project Director Interview - Every 6-months (May-July & Nov-Jan) Site Visits - Fall 2010 & Fall 2011 Data collection time points from Question 1

Evaluation Question	Data Sources	Constructs Measured	Data Collection Time Points
f. To what extent are PPW grantees implementing strategies to ensure the sustainability of their treatment program?	Biannual Report Project Director Biannual Interview Site visit Interviews with '06 Grantees	Changes in funding sources Efforts to expand project's capacity to serve population Strategic development process for sustainability plan Level of detail and content of Sustainability Plan Level of detail and content of written manuals for treatment process and delivery and/or treatment program policies /procedures	Biannual Reports & Project Director Interview - Every 6-months (May-July & Nov-Jan) Site Visits - Fall 2010 & Fall 2011 Interview with 06 grantees – once in Feb-Apr 2011