



SAMHSA, Division of Grant Review  
5600 Fishers Lane  
Rockville, Maryland  
USA  
20857

# Reviewer Contact Information

**Date:**

**First Name:**

**Last Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Contact Phone:**

**Alternate Phone:**

**Contact Email:**

## Past or Current Affiliation:

- Community Based Organization
- Consultant
- Direct Treatment for Mental Health or SUD
- Faith Based Organization
- Federal, State, and County Government
- SUD Prevention
- Tribal Government
- Research
- Federally Qualified Health Centers
- Technical Training Centers
- Certified Community Behavioral Health Clinics
- University, Colleges, and Other Higher Education Systems
- Other:

## Gender:

- Male
- Female
- Transgender
- Prefer not to Answer

## Education:

- High School
- Certificate
- Associates' Degree
- Bachelor's Degree
- Master's Degree
- Ph.D
- M.D.

## Other:

Degree Concentration:

## Ethnicity:

- Hispanic or Latino?
- Yes
- No

## Race: (Mark all that Apply)

- African American
- American Indian/Alaskan Native Tribal Affiliation:
- Asian
- White
- Native Hawaiian/Pacific Islander
- Mixed Race

**Primary Expertise:**

Drug-Free Communities Reviewer  
SUD Prevention  
SUD Treatment  
Mental Health

**License (Enter type of License):**

Professional License in Mental Health or  
Substance Use Disorders:

License #:

License State:

License Expiration Date:

No License

**Secondary Expertise (Choose a maximum of 5 boxes from Sections A through C):**

**A. Target Population:**

Adolescents/High-Risk Youth  
Consumer/Consumer Supporter  
Family Member of Consumer  
Disabled  
Families  
Homeless  
Infants and Children  
LGBTQ  
Military and Veterans  
Minorities (African American,  
Hispanic or Latino, etc.)  
Seriously Mentally Ill Adults  
Tribes or Tribal Organizations  
Tribal Health System  
Women  
Other:

**B. SUD and Clinical Issues:**

Alcohol  
Antisocial Behavior  
**Crack/Cocaine**  
Children's Mental Health  
Co-Occurring SUD and  
Mental Health  
Eating Disorders  
Emergency Treatment  
Heroin  
HIV/AIDS  
Inhalants  
Marijuana  
Medical Treatment Medication  
Assisted Treatment  
Methamphetamine  
Methadone Treatment  
Opioid Use Disorders  
Post-Traumatic Stress  
Prescription Drugs  
Psychotic Disorders  
Suicide Prevention  
Screening/Prevention/  
Emergency Preparedness

**C. Other Expertise:**

Counseling  
Criminal Justice Programs Behavioral  
Health  
Workplace Programs Coalition  
Building/Collaboration Health  
Information Technology Program  
Planning Management Recovery  
Support Services Research/  
Evaluation Residency Training  
(Medical) Rural Communities  
Training/Technical Assistance  
State Systems  
Integrated Care  
Peer Experience/Lived Experience  
Other:

**Grant Review Experience**

**Provide specific information about your review history in the checkbox(es) below:**

Experienced SAMHSA Grant Reviewer  
Reviewer Training Completed, Date:

No SAMHSA Grant Review Experience  
Reviewer Training Completed if applicable, Date:

Experienced Federal Grant Reviewer

Experienced Non-Federal Grant Reviewer

Junior Reviewers

Community Reviewers

*Include a brief paragraph summarizing your general expertise in relation to prevention and/or treatment of mental and substance use disorders.*

## **Burden Statement**

This information is being collected to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) in the planning of the SAMHSA Peer Grant Reviewers Program. This voluntary information collected will be used at an aggregate level to determine the reach, consistency, and quality of the Program. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 Office of Management and Budget (OMB) control number. The OMB control number for this project is 0930-0255. Public reporting burden for this collection of information is estimated to average 1.5 hours per encounter, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Ln, Room 15E57B, Rockville, MD 20857.

## **SAMHSA Values That Promote Positive Behavioral Health**

SAMHSA expects applicants to use grant funds to implement high quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based as a means of improving behavioral health.

Recovery is “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” Recovery oriented systems of care promote partnering with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster: Health—managing one’s illnesses or symptoms and making informed healthy choices that support physical and emotional wellbeing; Home—a stable and safe place to live; Purpose—meaningful daily activities such as a job or school; and Community—supportive relationships with families, friends and peers.

Trauma-informed care recognizes and intentionally responds to the lasting adverse effects of experiencing traumatic events (e.g., domestic violence, war, sexual abuse, generational trauma, etc.). Principles of recovery and trauma-informed care include: Hope—emphasizing that change, growth and healing are real and possible; Person-Driven—optimizing autonomy and independence; Many Pathways—adopting individualized approaches; Respect—treating all with dignity and respect and protecting rights; Safety—assuring all are physically and psychologically safe; Trustworthiness and Transparency—conducting transparent operations and decisions to build trust; Collaboration and Mutuality—leveling power differences to facilitate healing relationships; and Cultural, Historical, & Gender Issues—actively moving beyond stereotypes/biases while offering culture and gender-responsive services including traditional cultural practices and addressing historical trauma. A key element of recovery and trauma-informed care is the full inclusion of people with lived experience and their family members in the design, delivery, and evaluation of behavioral health services and policies.

Behavioral health equity is the right to access high quality and affordable health care services and supports for all populations regardless of the individual’s race, age, ethnicity, gender, disability, socioeconomic status, sexual orientation, or geographical location. Advancing behavioral health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with quality services, this involves addressing social determinants of health, such as employment and housing stability, insurance status, proximity to services, and culturally responsive care – all of which have an impact on behavioral health outcomes.

1“Behavioral health” means the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.