Developing A Competitive SAMHSA Grant Application

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Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

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Agenda

I.   SAMHSA Funding Opportunities

II. Preparing to Apply for a SAMHSA Grant

III. Applying for a Grant

IV. Responding to the Evaluation Criteria

V.   Preparing a Budget

VI. Technical Assistance and Resources

I. SAMHSA Funding Opportunities

FY 2021 Grant Announcements

Overview of SAMHSA Discretionary Grant Programs

- **<u>Mental Health</u>**
Suicide prevention, integrated care, children's mental health, peer support services, treatment for children with Serious Emotional Disturbances (SED), adults with Serious Mental Illness (SMI), homelessness, supported employment, services addressing trauma, and training/technical assistance
- **<u>Substance Abuse Prevention</u>**
Prevention of underage drinking, substance use, and HIV, harm reduction
- **<u>Substance Abuse Treatment</u>**
Drug courts (adult, family, tribal), offender re-entry, recovery support services, homelessness, treatment for substance use (SUD) and/or co-occurring disorders (COD), including residential treatment for pregnant/postpartum women, treatment for opioid overdose and opioid abuse, and training/technical assistance

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The Notice of Funding Opportunity

- SAMHSA announces grants through Notice of Funding Opportunities (NOFOs). A listing of all fiscal year 2021 NOFOs can be found at: https://www.samhsa.gov/grants/grant-announcements-2021

- Sign up to receive SAMHSA NOFOs directly - click on this link on the FY 2021 Grant Announcements webpage
  Sign Up for Email Updates about Grant Funding Announcements

- Except in cases where grants addressing urgent issues are announced, all grants are open for 60 days.

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Grants.gov Forecast

On the grants.gov website, SAMHSA posts information about grants that will be announced in upcoming months. Click on the tab for *Search Grants* at the top of the main grants.gov webpage. Put a check in the Forecasted box and enter Keyword of *SAMHSA*.

Factors to Consider in Applying for Grants

Eligibility:

- Domestic public and private <u>non-profit</u> entities

- States/tribes/territories

- States/tribes/territories/local governments

- Limited eligibility, such as:
  - Institutes of higher education
  - Professional organizations
  - Nonprofit hospitals or emergency departments

Factors to Consider in Applying for Grants (cont.)

Take note of the Required Activities and evaluate whether your organization has the capacity to implement the activities.

Required Activities: National Child Traumatic Stress Initiative- Category III (SM-20-005)

Service delivery must begin by the fourth month of the project.

Recipients must use SAMHSA's services grant funds primarily to support direct services. This includes the following activities:

- Provide outreach and other engagement strategies to increase participation in, and access to, trauma treatment and services; and prevention services for children and adolescents, and their families who have experienced traumatic events.

- Provide direct evidence-based mental disorder treatment and services (including screening, assessment, care management, therapy, and prevention) for diverse and at-risk children and adolescents. Treatment must be provided in outpatient, day treatment (including outreach-based services) or intensive outpatient, home-based or residential programs.

- Provide services to populations of child-serving service systems, such as child welfare, child protective services, law enforcement and courts, and the juvenile justice system, on trauma-informed practices using the grantee's own expertise or Network resources at the local, regional, or state levels.

- Collaborate with NCTSI - Category II Treatment and Service Adaptation (TSA) centers to develop, advance, or adapt interventions to improve engagement and outcomes for traumatized youth.

- Implement a project evaluation including process and outcomes evaluation to be submitted to SAMHSA by the end of the project period.

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II. Preparing to Apply for a SAMHSA Grant

Manual on Developing a Competitive SAMHSA Grant Application

A valuable resources is available on the SAMHSA website - Developing a Competitive Grant Application - which can be found at:

https://www.samhsa.gov/grants/grants-training-materials

Gathering Information/Data

- In general, have organizational materials, such as job descriptions, policies and procedures (P&P) up-to-date (such as P&P related to financial management): https://www.samhsa.gov/grants/grants-management/policies-regulations)

- Seek out data on substance use and/or mental health issues impacting your community

- If your community does not have data on behavioral health issues available, reach out to other sources, such as the state agency responsible for behavioral health services or visit the SAMHSA website - https://www.samhsa.gov/data/

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Gathering Information/Data (cont'd)

- Identify opportunities for gathering information on the extent of need/service gaps in your community

- Engage community leaders, network with other agencies in the community, and/or form a consortia with other communities who share similar behavioral health concerns

III. Applying for a SAMHSA Grant

Basic Application Requirements

- Completing four registration processes
- Responding to the evaluation criteria (Project Narrative – 10-page limit)
- Completing a budget and budget narrative
- Completing specific forms (SF-424, SF-424A, HHS Form 690)
- Submitting required attachments (job descriptions, resumes, Letters of Commitment, data collection instruments, consent forms, documentation of non-profit status)

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Registration Processes

Get started immediately to complete the four parts of the registration process:

1. Dun and Bradstreet Number (DUNS)*

2. Grants.gov

3. System for Award Management (SAM)

   (make sure your SAM registration is up-to-date – it must be renewed every year)

4. eRA Commons

*DUNS numbers will be phased out by April 2022 and replaced by a Unique Identifier ID.

Develop a Work Plan

- Develop a work plan and identify staff who will be responsible for different tasks (see Appendix D in manual)

- Identify who will be served in your community by the grant (i.e., youth and young adults)

- Outline goals and <u>measurable</u> objectives

IV. Responding to the Evaluation Criteria

Project Narrative: Evaluation Criteria

There are generally five sections in the Project Narrative:

- Section A: Population of Focus and Statement of Need
- Section B: Proposed Implementation Approach
- Section C: Evidence-Based Service/Practice
- Section D: Staff and Organizational Experience
- Section E: Data Collection and Performance Measurement

Project Narrative: Evaluation Criteria

Most NOFOs HAVE A LIMIT OF <u>10 PAGES</u> for the PROJECT NARRATIVE

<u>**Key Points to Consider:**</u>

- Make sure you put letter and number before each response (e.g., A.1, A.2, B.1, etc.)

- Pay attention to the points for each section and recommended page limit for each section [e.g., Section A (10 points – approximately 1 page)]

- Provide necessary <u>**detail**</u> and precise language in responses

- Do not direct reviewer to information in another section or in an attachment

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Example: Criterion with Multiple Components

Respond to <u>all</u> components of each criterion

For example, the criterion below potentially has five components that must be addressed:

(1) Describe the experience of your organization with similar projects and/or (2) providing services to the population(s) of focus for this NOFO. (3) Identify other organization(s) that you will partner with in the proposed project. (4) Describe their experience providing services to the population(s) of focus, and their (5) specific roles and responsibilities for this project.

Example: Criterion with Multiple Components

This criterion has six components that must be addressed:

(1) *Provide a complete list of staff positions for the project, including the Key Personnel (Project Director) and other significant personnel.* (2) *Describe the role of each,* (3) *their level of effort, and* (4) *qualifications, to include their* (5) *experience providing services to the population(s) of focus and* (6) *familiarity with the culture(s) and language(s) of the population(s) of focus.*

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Section A: Population of Focus and Statement of Need (10 points – approximately 1 page)

1. Identify and describe your population(s) of focus and the geographic catchment area where services will be delivered. Provide a demographic profile of the population of focus in the catchment area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2. Describe the extent of the problem in the catchment area, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in your response to A.1.

    Identify the source of the data.

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A.1: Population of Focus

- Clearly identify the population(s) of focus (POF) and the geographic catchment area for your project.
- Provide demographic information about the POF.
- If you indicate that there is a high percentage of specific groups in the POF, such as racial and ethnic minorities or LGBTQ populations, make sure you address how the needs of these individuals will be met in the project (Sections B, C, and/or D).
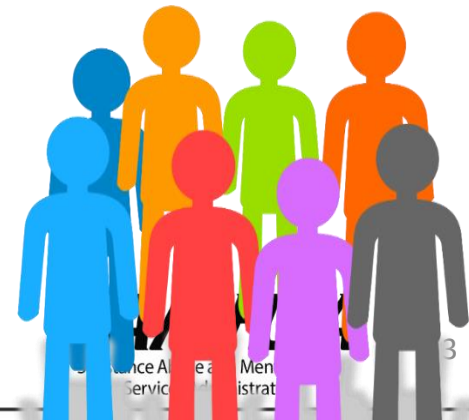
How to Address the POF in Sections B - D

Section B – outline goals and measurable objectives to address problems/ service gaps existing in the catchment area for the POF.

Section C – identify evidence-based practices that will be implemented in the project - you must discuss the population(s) for which the practices have been shown to be effective and show that they are appropriate for your population(s) of focus.

Section D – in describing the qualifications of staff for the project, specifically address the experience of staff providing services to the POF and the familiarity of the staff with the cultures and languages of the POF.   Identify other organizations you will partner with to address the needs of this population.

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A.1 Example of Inadequate Response

A-1: The geographic catchment area where the project will be implemented:
Rockdale County, Georgia, located approximately 25 miles east of Atlanta on Interstate 20, rests within the Metropolitan Atlanta Region, which is the 9th largest "metropolitan statistical area" in the USA. Considered to be "the urban fringe of a large city," Rockdale County is uniquely comprised of 34% suburban, 35% rural and 16% urban class/land structures and is equally represented by both blacks and whites, including significant identification with Hispanic, Asian and East Indian cultures. As of 2019, the total Rockdale county population is 90,312, which has grown 22% since 2000 (city-data.com). ==Despite being the second smallest county in Georgia in terms of land mass, Rockdale County ranks 10th in population density and 28th in overall population (2010 US Census). The county operates under a full-time chairperson with two part-time commissioners who are elected at large. The city of Conyers is governed by a city council, a part-time mayor, and a full-time city manager. The population growth rate is higher than the state average rate of 18.34%== and is much higher than the national average rate of 9.71%. The median household income in Rockdale was $55,779 in 2018 and has grown by 4.07% since 2000. ==The income growth rate is more than 50% lower than the state.==

Information highlighted is not relevant to the project.

Critique of Applicant's Response: While the applicant organization provides demographics for the geographic catchment area, it does not identify or describe the population of focus for the proposed project.

A.1 Response with *Sufficient* Detail

A.1. The Clinic is an experienced Community Mental Health Center with **51 years of experience** serving the population of focus. It proposes to implement the grant program to support and restore the delivery of clinical services that were impacted by the COVID-19 pandemic and effectively address the needs of 600 unduplicated individuals with Serious Emotional Disturbances (SED), Serious Mental Illness (SMI), and individuals with SMI or SED and Substance Use Disorders (SUD), referred to as Co-occurring Disorders (COD) during the two-year project. Region 2 Mental Health is the **proposed geographic catchment area** comprising 6 rural counties in the north central part of the state. Region 2 counties are designated by HRSA as medically underserved areas[1] with a high concentration of behavioral health disparities and unmet behavioral health needs, including overdose deaths and suicide fatalities. Social determinants of health include high rates of poverty and unemployment; severe housing instability (17%); uninsured families (20%-twice the national rate of 9.9%). Based on 2021 Annual Road Map Health Outcomes Rankings,[2] Panola (52) and Yalobusha (49) rank below average compared to all counties in the state. MS Overdose Response Strategy Reports (March 2021) identified Yalobusha and Tate among the top 10 MS counties for drug related overdose deaths per 100,000 capita, noting the need for additional SUD/COD services in the catchment area.[3] **Populations of focus:** adults, children/youth with SED, SMI, and/or SUD/COD who reside in Region 2 with mental health needs that were impacted due to limited clinical services during the COVID-19 pandemic. Census data, aligned with behavioral health equity needs informed by the clinic's experience serving the population of focus, prioritize access for the following: Adults will comprise 75% of unduplicated 2-year enrollments (N = 450): 48% male; 51% female; 1% transgender; 40% African American; 3% Hispanic/Latino; 2% Veterans and 2% Multi-racial. Children, adolescents will comprise 25% of project enrollments (N= 150) during 2-years: 48% male, 51% female, 1% transgender; 42% African American; 2% Hispanic/Latino and 2% Multi-racial.

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A.2: Statement of Need

- In your description of the statement of need, make sure you reference the most <u>current</u> data you have access to and provide citations in an Attachment.

- If your catchment area is a local community, it is not sufficient to just cite national or state data, provide data specific to your community.

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If your project will provide services to a specific population, such as youth and young adults up to and including age 24, make sure the statement of need provides data specific to this population. For example, if your project will focus on suicide prevention, provide documentation of suicide rates for youth and young adults in your geographic catchment area.

A GROWING PROBLEM

The number of suicides in Harris County increased by 18.1% from 2010-18, while the county's population has increased by 14.81% in the same time period.

HARRIS COUNTY

■ Population ■ Number of suicides

2010: 4.09 million
2018: 4.69 million
+14.8%

2010: 436
2018: 515
+18.1%

Harris County Precinct 4 Constable's Office received

234 suicide-related calls between 2015-18

The office averaged **58** calls per year

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The *treatment needs* for participants experiencing substance use disorders and/or co-occurring substance use and mental health disorders *are increasing,* and community *resources are often unable to meet the demand*. Using community funded substance abuse and mental health services often results in *long waiting lists.* Funding for Medication Assisted Treatment (MAT) is *limited.* Funding for recovery support services that enhance long-term recovery is *rarely available*. Therefore, the *need to increase access and availability* of services to a larger number of clients, increase the number of clients served and address the *gaps* in the continuum of care of treatment is imperative.

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A.2: Example of Response with *Sufficient* Detail

The treatment needs for participants in the drug court with SUD and/or COD disorders are increasing, and community resources are often unable to meet the demand. A Needs Assessment was conducted by the organization's Advisory Board in December 2020. Service gaps identified included: (1) Insufficient number of providers - clients in the county who need psychotropic medication must wait two months for an appt. with a psychiatrist; (2) Long waiting lists for residential treatment - the only residential treatment program in the county (100 beds) has a waiting list of 60 individuals on an ongoing basis which results in a significant delay in individuals being admitted; (3) funding for Medication Assisted Treatment (MAT) is limited – there are only three county-funded MAT treatment programs in the catchment area. Each program has 20-30 clients waiting for admission at any time. (4) Lack of availability of recovery support services – only two of the ten community-based treatment programs where drug court clients receive outpatient treatment employ recovery support staff.

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A.2 Studies show (http://www.anthctoday.org/epicenter/publications/injury_atlas/index.html) the effects of these traumas upon our people and how substance use and depression have sprung up within the culture. The Alaska Native Injury Atlas indicates that during 1992–2011, the catchment area overall experienced **19 completed suicides** and 107 attempted suicides and the region experienced **eight completed suicides** and 30 attempted suicides. Data on attempted suicides were from the Alaska Trauma Registry and include only attempts where the individual was hospitalized. Our own *2017 Regional Survey Project* conducted by Survey Research bears out these numbers with **roughly half** of our population self-reporting as smokers (**47.6%**) with even larger numbers considering alcohol and/or illicit drugs use as major threats to their communities (**62.9% and 49.7% respectively**). Our people report starting the path into addiction early in life—childhood—due to anxiety and depression. According to the Alaska Injury Prevention Center, "Smoking should be viewed as an important risk factor or marker for increased suicide risk. In Alaska, **25%** of the population smoked; **but 60% of the suicide cases** for which we had interviews, smoked." Our rate of use for our region is **twice** that of the rest of the state. And, "**(1)** Alaska Native people statewide were **2.4 times** more likely to die from intentional injuries than non- Native people. **(2)** During 2002-2011, the leading cause of intentional injury death was **suicide (79.3%)**, followed by homicide (20.7%). And **(3)** Alaska Native people aged 20-29 years had the highest intentional injury death rate of any age group (133.4 per 100,000). The rate for this age group was 2.6 times the age-adjusted rate for all ages (51.6 per 100,000, $p<0.05$). (*Numbers and emphasis added*. Alaska Native Epidemiology Center, 2015).

1   Describe the goals and <u>measurable</u> objectives (see Appendix F) of the proposed project and align them with the Statement of Need described in A.2. State the <u>unduplicated</u> number of individuals you propose to serve (annually and over the entire project period) with grant funds.

2.   Describe how you will implement the Required Activities as stated in Section I.

3.   Provide a chart or graph depicting a realistic timeline for the entire *four* years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I: [NOTE: Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than four months after grant award. The timeline must be part of the Project Narrative. It must not be placed in an attachment.]

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B.1: Goals and Measurable Objectives

- Develop <u>realistic</u> goals and **measurable** objectives (guidance is in an appendix in the NOFO)
- The goals and measurable objectives <u>must</u> align with the statement of need outlined in Section A.
- Objectives must be linked to specific goals
- Reference how you will collect data for the identified objectives in the section on data collection and performance measurement.

B.1: Example of SMART Objectives

Goal	Objectives	Needs indicated by A.2 to be addressed
2. Individuals served will experience improved behavioral and physical health and functioning.	2a) By August 29, 2022, the percent of clients with 6 or more months of treatment services who report improvement in Quality of Life scale as measured by the NOMS survey items will increase by 20%. 2b) By August 29, 2022, 70% of individuals who score positive for depression on the PHQ-9, will show an average decrease of 5 in PHQ-9 score six months post entering services. 2c) By August 29, 2022, individuals with primary care provider (PCP) identified in the clinical file will increase by 30%. 2d) By August 29, 2022, PCP care coordination contacts noted in the file, for individuals with a PCP, will increase by 50%. 2e) By August 29, 2022, there will be 10% fewer clients that report daily tobacco use as measured by the NOMS survey.	2a. Significant number of residents with SMI, SED, SUD, and COD will have increased behavioral health functioning as a result of increased access to care. 2b. Significant number of residents struggling with depression will have a reduction in depressive symptoms as a result of access to care. 2c. & 2d. CCHBC statewide data shows gap in primary care connection for target population. 2e. Need to better promote the care of both physical and mental health conditions and increase management of chronic conditions.

B.1: Example of non-SMART Objectives

Goal 2. Increase access to comprehensive, coordinated integrated and trauma-informed approach in BH and primary care settings to SMI, SUD, SED, and COD population of focus within 4 months of Year 1 and ongoing in Year 2.

Objective 2.1: Increase medical and BH service systems capacity to engage and retain SMI, SUD/COD individuals, whole health, and recovery services within 6 months of Year 1 and ongoing in Year 2.

Objective 2.2: Expand identification of untreated individuals and their access to medical and BH services and evidence-based MAT treatment services within 6 months of funding award and ongoing in Year 2.

Objective 2.3: Increase specialized care coordination between behavioral and physical health care to enhance the health outcomes of the whole person for the uninsured and underserved BH individuals and families in Sarasota County within 6 months of Year 1 and ongoing in Year 2.

Objective 2.4: Expand individualized BH recovery services that support sustained recovery, choices about medication, and multiple BH recovery paths within 6 months of Year 1 and ongoing in Year 2.

B.2: Implementing the Required Activities

- Address <u>all</u> of the required activities – clearly delineate your response to each of the activities (you do not need to type in the full text of the activity)

- Include sufficient detail (how, where, why, when, what, who)

B.2: Implementing the Required Activities

For example, for the following activity:

Provide outreach services to inform college students about available mental and substance use disorder services

Information that may be included in response:

- Who will conduct outreach?

- Who will oversee outreach efforts?

- Where will the outreach be conducted?

- What specific outreach strategies will be implemented?

- Why were these strategies chosen?

- Are the strategies appropriate for the characteristics of the population of focus?

- How will you evaluate whether the outreach efforts are successful?

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B.2: Implementing Required Activities

Required Activities for SM-18-003:

- Create a <u>network</u> infrastructure to link the institution of higher education with appropriately trained behavioral healthcare providers who treat mental and substance use disorders, including a plan to seek input from relevant stakeholders in the community, and other appropriate public and private entities to carry out the program. The network shall include knowledge of local behavioral health crisis response services (mobile outreach, crisis services, crisis lifeline call centers, and others) as well as traditional outpatient providers and emergency departments.

- <u>Train</u> college students, faculty, and staff to respond effectively to college students with mental and substance use disorders.

- Administer voluntary mental and substance use disorder <u>screenings and assessments</u>.

- Provide <u>outreach</u> services to inform and notify college students about available mental and substance use disorder services.

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Example: Response with *Sufficient* Detail

B-2. **Network infrastructure**: The program will identify and build relationships to expand the network infrastructure of appropriately trained behavioral healthcare providers linked to the college to add capacity and expertise not currently available through on-campus counseling or through the university clinic. The program currently provides Crisis Walk-in and other clinics, as well as to 24/7/365 Crisis Services, however additional capacity is needed in terms of mobile outreach, crisis services, crisis lifeline call centers, and traditional outpatient providers that are available outside of normal business hours and more geographically dispersed. The college will expand the network infrastructure by adding five new partners annually with the goal of establishing a network of fifteen additional service providers, in addition to the network, by the end of year three. Potential partners will include: County Behavioral Health and the Psychiatric Services Outpatient Center at the University.

Student Training: The program will use flyers, the college website, and the program's central online course portal, to highlight available mental health resources on-campus as well as through community partners, and to promote the new online training modules. Three 30-minute online training modules on suicide warning signs, what to do when someone has attempted suicide and what to do when someone is actively suicidal will be developed and made available to students. 200 students are expected to complete these training modules in year one, 250 in year two and 300 in year three of the project.

CARE Team members, Human Resources staff training: The CARE Team provides a point of contact for faculty, staff and students seeking to refer students exhibiting behaviors of concern. The program's Human Resources, who both support the CARE Team and deal directly with student and staff crises, will be trained on the Zero Suicide screening and assessment tool to extend the reach of the campus therapists. The program will be contracted to develop/deliver initial training and then transition training delivery to the on-campus therapists for long-term sustainability.

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Example: Response with *Insufficient* Detail

Administer voluntary mental and substance use disorder screenings and assessments.

The College will offer voluntary mental and substance use disorder screenings to students. Screenings will be administered through a partnership with community organizations such as the Guidance Care Center. The College will focus on offering screenings conducted by healthcare professionals that allow for wrap around services for those who may be at-risk.

Example: Response *with* Sufficient Detail

Administer voluntary mental and substance use disorder screenings and assessments. Staff will be embedded at following project partner locations on Main Campus to provide voluntary screenings, assessments, and educational trainings to students: the Wellness Center (2 staff, 8 hrs/wk); the Collegiate Recovery Community (one staff, 8 hrs/wk) and the Counseling Center (one staff, 8 hrs/wk). The following screening/assessments will be used: Data collection instruments will include: (a) a researcher-developed *Demographic Questionnaire;* (b) the *Global Appraisal of Individual Needs-Short Screener,* a 3-5 minute, evidence-based tool for identifying mental health, suicidal ideation, substance use and crime/violence concerns; (c) the *Stigma of Suicide Scale, Short-Form* measures stigmatizing attitudes toward individuals who suicide (Batterham, Calear, & Christensen, 2013; 2012); (d) the *Literacy of Suicide Scale* (Calear et al., unpublished) assesses four areas of suicide literacy, signs, and symptoms; causes of the nature of suicidality; risk factors; and treatment and prevention; and (e) the *Attitudes Toward Seeking Professional Psychological Help Scale* (Fischer & Farina, 1995) which measures general attitudes toward seeking help for mental health issues. Collection of GPRA data will be conducted at baseline (i.e., first point of contact, whether screening, assessment, or intake at Navigate or CCSD); upon completion of an educational training/activity/event; or at discharge from counseling services. For those who engage in counseling services, a six-months post-baseline follow-up contact will occur. To ensure required collection and reporting of GPRA data, staff will use the Epic EHR.

B.3: Project Timeline

- Develop a <u>realistic</u> timeline for the <u>entire</u> project period (not just the first year)

- Keep it <u>simple</u>

- Identify responsible <u>staff</u>, not the overall organization

- Include requirements outlined in NOFO (starting services w/in 4 months, required activities, Disparities Impact Statement, needs assessment, data collection, submission of progress reports)

- Look at examples in manual

Example of Project Timeline

Key Activity & Responsible Staff	Year 1 (in Months) 1	2	3	4	5	6	7	8	9	10	11	12	Year 2 13-18 mo	Year 2 19-24 mo	Year 3 25-30 mo	Year 3 31-36 mo	Year 4 37-42 mo	Year 4 43-48 mo
START-UP																		
Recruit new staff (PD)	X																	
Hire staff (PD)		X																
Organize Steering Committee (PD)	X																	
Finalize MOUs with partner organizations (PD)			X															
Train staff on EBPs (PC)			X						X				X					
Develop policies & procedures (PD)		X																
IMPLEMENTATION																		
Conduct community outreach (PC)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Screen referrals and conduct psychosocial assessments (PC)				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
EVALUATION/REPORTS																		
Develop data collection plan (E)	X	X																
Collect project data (DM)				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Develop Disparities Impact Statement (SC)					X													

Key: PD – Project Director, PC – Project Coordinator, SC – Steering Committee, E – Evaluator, DM – Data Manager

Section C: Proposed Evidence-Based Service/Practice

Section C: Proposed Evidence-Based Service/Practice (25 points approximately 2 pages)

1. Identify the Evidence-Based Practice(s) (EBPs) that will be used. Discuss how each EBP chosen is appropriate for your population(s) of focus and the outcomes you want to achieve. Describe any modifications that will be made to the EBP(s) and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.

Evidence-Based Practices (EBPs)

- Clearly identify the EBPs you plan to implement and <u>justify</u> their use with the population(s) of focus and the goals of the project.

- Make sure it is realistic to implement all of the EBPs in the project

Evidence-Based Practices Resource Center

SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders.

The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

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EBP – Example with *Insufficient* Detail

Trauma-Informed Care (TIC) shifts the client intervention from "What's wrong with you?" to "What happened to you?" Trauma-informed approaches convey respect and empathy, honoring the impact of traumatic events. TIC also takes great care to avoid re-traumatizing clients through invoking relational dynamics that trigger memories and reactions to past traumatic experiences TIC builds rapport, prevent re-traumatization, and reduce the harms associated with vicarious trauma. Service environments must also be trauma-informed and consider clients' sensitivity to trauma. No modifications or adaptations will be made to this EBP.

Housing First/Critical Time Intervention (CTI) is a four-phase, four-month intervention to orient and establish newly housed individuals so that they may "thrive in communities" through self-determined independence with community support. CTI has proven effective for individuals who demonstrate readiness to transfer to less intensive levels of care. This EBP may be modified by extending CTI timeframes based on participant needs.

Solution-Focused Brief Therapy (SFBT) is an evidence-based practice that concentrates on the here and now, exploring goal(s) and identifying solutions to support forward movement. SFBT integrates MI approaches to help individuals identify and consider immediate next steps in their healing journey. SFBT targets crises (i.e., risk of eviction, overdose, incarceration). No modifications or adaptations will be made to this EBP.

Specific information is not provided addressing how the EBPs are appropriate for the population of focus or the outcomes the applicant wants to achieve.

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EBP – Example with *Sufficient* Detail

Appropriateness of EBPs for Population of Focus (POF) and Outcomes to be achieved.

The ACT framework, coupled with the integrative EBPs identified above, have been demonstrated as effective strategies for promoting long-term recovery. A primary goal for this project is to facilitate stable housing placement for all participants. Tsemberis (2010) emphasized that "access to affordable housing and treatment is an almost universal barrier for [homeless populations] worldwide".[25] As described in TIP 55,[30] offering housing services can substantially improve retention in substance abuse and mental health services as well as housing stability.[26] A recent systematic review identified ACT as a promising approach for treating substance use disorders, including those with CODs; the authors specifically noted that ACT approach was frequently associated with improved treatment engagement and that positive outcomes appeared to be best in programs with higher fidelity to the ACT model.[21] The authors further posited that those with a high need for inpatient services would likely benefit most from ACT-informed programs.[21] Using ACT in conjunction with other SAMHSA-approved EBPs is highly appropriate for this POF. In particular, TIP 55[30] notes that, in addition to ACT, several of the EBPs identified above have been evaluated specifically with homeless populations. For example, several studies have demonstrated the efficacy of motivational interviewing (MI) for enhancing treatment engagement[40] and improving substance use behaviors (and other risk behaviors) among homeless populations.[41–43] Similar trends have been identified within more general populations pertaining to SUD and COD, in general[44–46] and SUD/COD, in particular.[47,48]

Section D: Staff and Organizational Experience

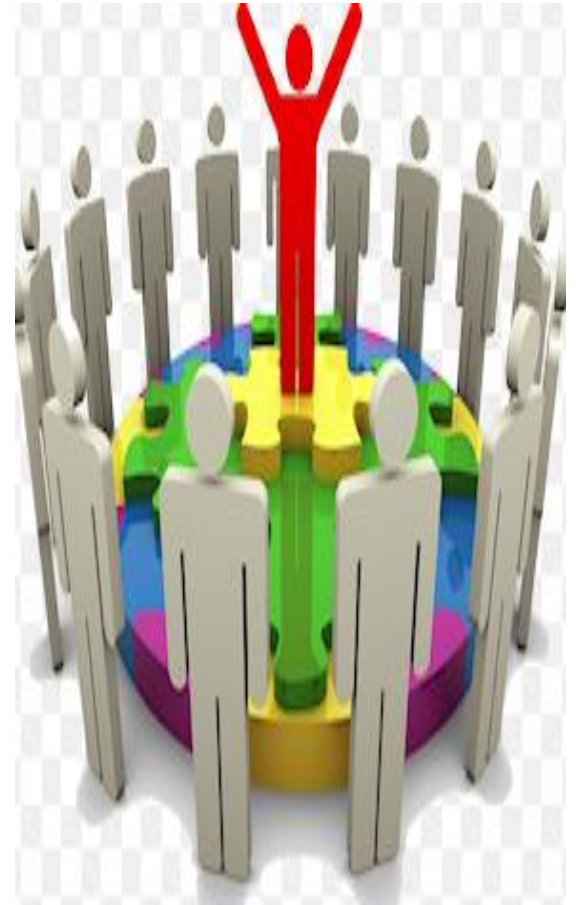**Section D: Staff and Organizational Experience (15 points – approximately 1 page)**

1. Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this NOFO. Identify other organization(s) that you will partner with in the proposed project. Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. If applicable, Letters of Commitment from each partner must be included **Attachment 1** of your application. If you are not partnering with any other organization(s), indicate so in your response.

2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director) and other significant personnel. Describe the role of each, their level of effort, and qualifications, to include their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s).

Level of Effort Specifications

Key Personnel:

Key personnel are staff members who must be part of the project regardless of whether or not they receive a salary or compensation from the project. These staff members must make a substantial contribution to the execution of the project.

The Key Personnel for this program will be the Project Director at 1.0 FTE level of effort.

D.1: Organizational Experience

- Provide specific information about your experience managing other grants and/or providing services to the population of focus.

- Make sure you include Letters of Commitment in an Attachment from all organizations that are identified as partners.

- It is not sufficient to just describe the services the partner currently provides, you must specify their role <u>in the project</u> and document their experience providing services to the population of focus.

Organizational Experience – *Sufficient* Detail

Capability and Experience of Applicant Organization – The Circuit Court is the court of general jurisdiction for the county. The County Recovery Court, under the Circuit Court, was started in January 2005, has accepted over 325 participants, has a 65% graduation rate, is currently recognized as one of nine national mentor adult drug courts for 2017-2019, and has been re-selected as a national mentor court for 2020-2022 by the NADCP. The Circuit Court, the County Recovery Court, and the partnering agencies have received past federal and state grant awards for expansion and service enhancements (State Court Administrative Office, Bureau of Justice Assistance, and SAMHSA). These projects have been successfully implemented, monitored, and carried through to completion. A 2018 site-visit by SAMHSA and 2019 site-visit by the NADCP noted our fidelity to the drug court model, successful project implementation, rigorous data collection and evaluation protocols, and encouraged us to continue to expand our program and enhance services.

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Project Partners – *Insufficient* Detail

The partners for this project are the City Mental Health Clinic and Eastside Behavioral HealthCare. These treatment providers will be responsible for the provision of substance use and mental disorder clinical services, identification and recruitment of peer mentors, application of ancillary and recovery support services, and administration of medication assisted treatment. A Letter of Commitment from City Mental Health Resource Clinic and Eastside Behavioral HealthCare is provided in Attachment 1.

Information is not provided about the experience of the two partners providing services to the population of focus.

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D.2: Project Staff

- Make sure the level of effort for Key Personnel will allow them to effectively perform their responsibilities.

- Include **all** of the required information for staff (qualifications, level of effort, role, experience providing services to the POF, and familiarity with the cultures and languages of this population).

- Provide sufficient detail (just noting educational level is not adequate for qualifications).

- If there are specifications about level of effort (LOE) for identified staff members, make sure this LOE is met and that the LOE in Section D matches the LOE in the budget.

- Make sure all of the staff listed in the budget are described in this section, including key contract staff such as an Evaluator.

Example: Response to Staff and Organizational Experience

Key Personnel/ Other Significant Project Staff	Level of Effort	Role	Qualifications
Project Director – Dr. Jane Smith	.75 FTE	• Project oversight • Manage relationships with project partners • Lead trainer and supervisor • Function in a leadership role on the Advisory Board • Oversee the Quality Improvement team	• Ph.D. in Psychology • 20 years of clinical experience, including 15 years of managing programs in children's mental health • Expertise in working with culturally diverse, at-risk populations, bilingual (Spanish)
Clinical Coordinator (to be hired)	1.0 FTE	• Oversee implementation of clinical services • Supervise counselors and case managers • Assist with completing required reports	• Licensed Clinician (minimum - Master's Level) • 15 years of clinical experience working with children and/or families from the POF to include experience providing clinical supervision and provision of training on EBPs
Evaluator – Dr. Elaine Miller	.6 FTE	• Oversee data analysis/performance assessment • Serve as a member of the Quality Improvement team • Prepare required reports	• Ph.D. in Public Health • Evaluator on 3 SAMHSA grants • Faculty, University Health Research Institute for 15 years with emphasis on Mental Health program evaluation, including evaluating programs providing services to the POF

Example of Description of Project Staff with *Sufficient* Detail

Project Director/Clinical Director, Mary Jones, M.A. CRC (50% LOE). A Master's level Certified Rehabilitation Counselor, she specializes in trauma-informed SUD/COD residential, outpatient and IOP treatment and the delivery of evidence-based practices and programs and monitoring adherence to National CLAS. **Role:** Serve as day-to-day point of contact; ensure compliance with SAMHSA requirements. Work with PI and Evaluator to oversee timely GPRA/NOMS data collection and 80% intake/follow up rates, participate in SPARS/TA trainings; distribute project findings to SAMHSA. Provide clinical/staff supervision. Facilitate Drug Court and staff EBP trainings; establish/sustain drug court treatment team planning/partnerships. **Qualifications:** 15 years SUD/COD treatment, federal grant management, clinical supervision and delivery of EBPs with high fidelity; cultural competence through annual CLAS training and ten years of experience providing services to the individuals involved in the criminal justice system.

Program Coordinator, Ann Miller, LMSW (100% LOE) is a Licensed Social Worker with 10 years of experience providing clinical services including 3 years in a SAMHSA Drug Court project; familiar with the culture and languages of Drug Court participants. **Role:** Oversee IOP treatment expansion and enhancement, including recovery services; Experienced in delivery of EBP with high adherence to fidelity. Provides drug court reporting. **Qualifications:** Master's Degree in Social Work; 10 years of experience with drug court participants; trained in EBPs; cultural competence through annual CLAS training

Evaluator, Peter Green, Ph.D. (20% LOE) has 25 years of experience as a professional evaluator with proven expertise in evaluating two SAMHSA Drug Court projects, ensuring CLAS standards and BHDIS. **Role:** Lead all data collection, performance assessment and evaluation activities; SAMHSA reporting. **Qualifications:** Ph.D. in Psychology. Extensive evaluation experience for SAMHSA initiatives that involved rigorous formative/summative evaluation, utilization-focused evaluation, cultural/linguistic competence, performance management/CQI action plans, including client feedback loops.

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Section E: Data Collection and Performance Measurement

Section E: Data Collection and Performance Measurement (20 points – approximately 1 page)

1. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor and enhance the program.

Section E: Data Collection and Performance Measurement

Refer to the Appendix in the NOFO – Developing the Plan for Data Collection and Performance Measurement

Data Collection:

In describing your plan for data collection, consider addressing the following points:

- The electronic data collection software that will be used;
- How often data will be collected;
- The organizational processes that will be implemented to ensure the accurate and timely collection and input of data;
- The staff that will be responsible for collecting and recording the data;
- The data source/data collection instruments that will be used to collect the data;
- How well the data collection methods will take into consideration the language, norms and values of the population(s) of focus;
- How will the data be kept secure;
- If applicable, how will the data collection procedures ensure that confidentiality is protected and that informed consent is obtained; and
- If applicable, how data will be collected from partners, sub-awardees.

Data Collection and Performance Measurement-*Insufficient* Detail

Data Reporting & Performance Assessment – The annual performance assessment and final performance assessment will be completed by the Project Director and the Evaluator. Reports will be submitted to SAMHSA and shared/presented to the Drug Court team and organizations partnering on this project. Qualitative evaluations utilizing participant focus groups, staff interviews, and a structured programmatic reviews will be completed during years 1, 3, and 5 of this project. A final performance assessment will be completed at the conclusion of this grant project by the Project Director and Evaluator. Data will be analyzed to the most rigorous standard possible based on data characteristics and the ability to satisfy statistical test assumptions.

The applicant does not name an Evaluator in Section D. There is no mention of data being reviewed at regular intervals outside of the annual reports, how data will be used to monitor the progress being achieved in addressing the goals and objectives or how any needed quality improvements will be made based on a review of the data.

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The Center engages in robust data collection, performance assessment, and quality improvement. The project will contract with two evaluation consultants: a PhD at a local university who will analyze the clinical outcomes, and an evaluation specialist who will oversee the database system and provide regular process reports. Through the university, the project has an IRB approval until March 2023 to evaluate the effectiveness of family-focused services. The PD and the Evaluator will amend the approved protocol for the addition of TF-CBT and seek continued approval from the university IRB. The project will protect client information in alignment with IRB requirements. All implementation and outcome data will be stored and managed through a secure database system, Apricot, which is password protected and accessible only to project staff, the Center's IT administrator, and the project's data consultant who oversees Apricot. The PD will be responsible for overseeing data entry and data quality. At the start and end of treatment, clinicians will administer four assessment instruments and the GPRA measures. They will enter assessment and progress data on a real-time, weekly basis into Apricot and enter GPRA data directly into SAMHSA's SPARS system upon completion. The PD will closely coordinate with the database consultant to ensure smooth data entry and to review process data reports on a quarterly basis. The Evaluator will conduct outcome analysis on the pre-post measures during the last quarter of each year. Data will be de-identified, exported out of Apricot and into a password-protected Excel database, and entered into SPSS software for statistical analysis. The Evaluator will produce annual outcome reports and analyze the effectiveness of services utilizing the IRB-approved protocol. The PD will share output and outcome data with project staff to ensure achievement of targets. She will be responsible for completing and submitting required reports to SAMHSA and successfully meeting all quarterly and final report deadlines over the prior grant period. Utilizing the process and outcome reports completed by the evaluators, the PD will complete the final evaluation required by the end of the grant period. The PD, with support from the Clinical Director, will also utilize data to engage in QI of the project, including carefully reviewing effectiveness of services, participation rates, and emerging trends to ensure that the project is meeting its targets. The project staff are firmly committed to continuous QI, including implementing the three-track model to improve ability to serve the target population. In addition to process and outcome data, the PD will also utilize feedback from the Center' Advisory Board to engage in QI. The Advisory Board will informally evaluate the project's processes and services and provide suggestions for improvements, which the PD will incorporate as appropriate.

Submitting the Application

WARNING:

Do not wait until close to the deadline to submit your application – allow for extra time to address any submission errors.
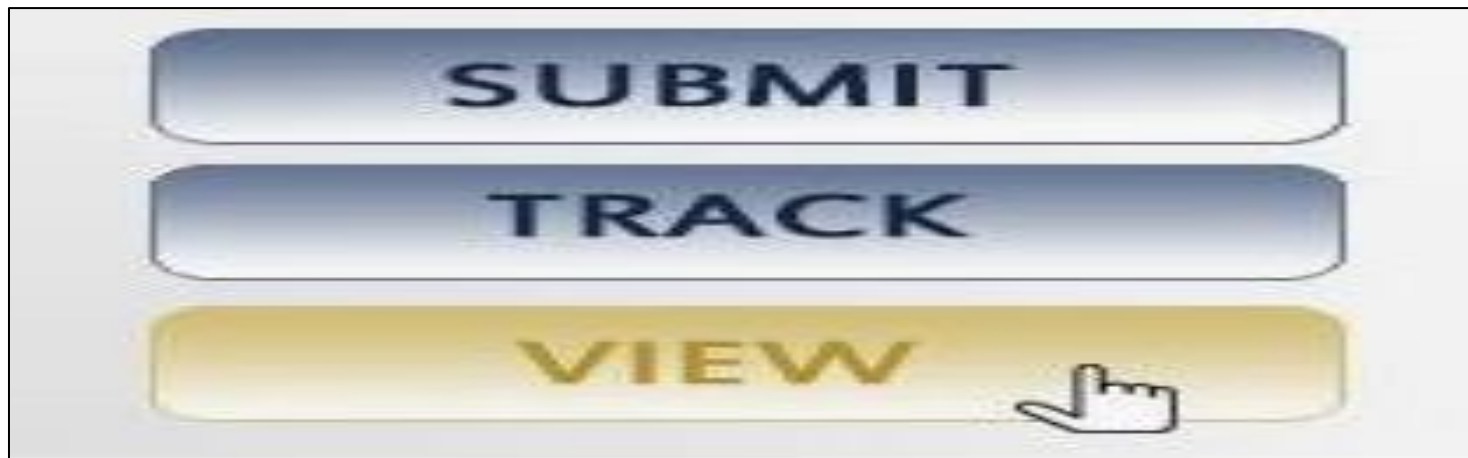
Common Application Submission Errors

Errors
- Stop application processing
- Must be corrected before submission

Warnings
- Do not stop application processing
- Corrected at your discretion

Responding to Participant Protection Guidelines

- If applicable, make sure you address <u>all</u> of the SAMHSA Participant Protection/Human Subjects Guidelines.

- It is recommended that you address all of the bullets under each element. If a bullet is not applicable, put NA. There are no page limits for this section.

- Even if your project plan must be approved by an Institutional Review Board (IRB), you must address all of the Participant Protection issues.

- Do not just insert your Policy and Procedure Manual

V. PREPARING THE BUDGET
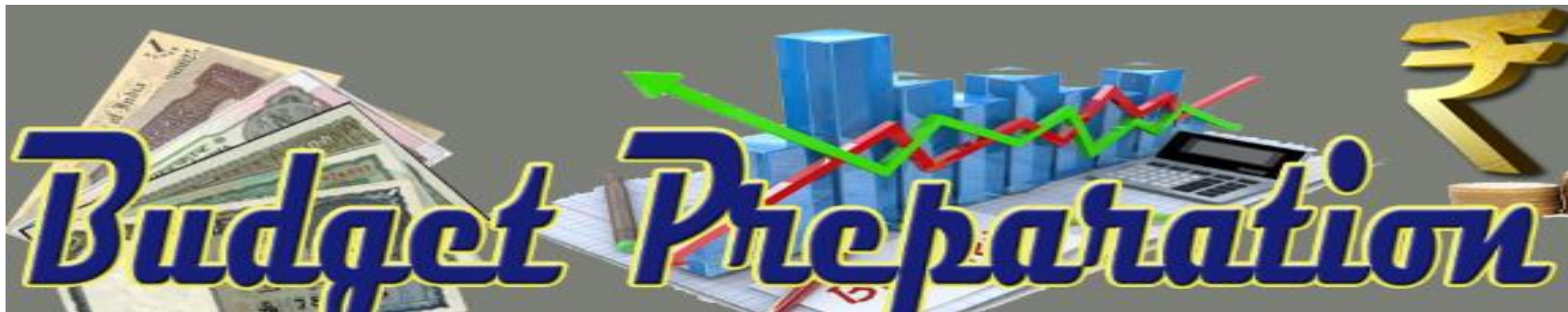
SF- 424 and SF-424A

- **The SF-424 and SF-424A are available on the grants.gov website.**

SF-424 FAMILY FORMS:					
Agency Owner	Form Name	Adobe Form	Form Schema	Form Items Description	Form Instructions
TREAS	ACH Vendor/Miscellaneous Payment Enrollment Form	PDF	Schema	FID	
USDA	AFRI PROJECT TYPE	PDF	Schema	FID	
Grants.gov	Application for Federal Assistance (SF-424)	PDF	Schema	FID	Instructions
Grants.gov	Assurances for Construction Programs (SF-424D)	PDF	Schema	FID	Instructions
Grants.gov	Assurances for Non-Construction Programs (SF-424B)	PDF	Schema	FID	Instructions
Grants.gov	Attachments	PDF	Schema	FID	Instructions
Grants.gov	Budget Information for Construction Programs (SF-424C)	PDF	Schema	FID	Instructions
Grants.gov	Budget Information for Non-Construction Programs (SF-424A)	PDF	Schema	FID	Instructions

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SF-424

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant [　　　　　　] 　　　　　* b. Program/Project [　　　　　]

Attach an additional list of Program/Project Congressional Districts if needed.

[　　　　　　　　　　　　　] [Add Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:

* a. Start Date: [　　　　　　] 　　　　　* b. End Date: [　　　　　　]

18. Estimated Funding ($):

* a. Federal [　　　　　　　　　　]
* b. Applicant [　　　　　　　　　　]
* c. State [　　　　　　　　　　]
* d. Local [　　　　　　　　　　]
* e. Other [　　　　　　　　　　]
* f. Program Income [　　　　　　　　　　]
* g. TOTAL [　　　　　　　　　　]

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on [　　　　　　].

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes 　　　　☐ No

If "Yes", provide explanation and attach

Completing the SF-424A

Section A - Budget Summary

Use (Line 1) to report the total federal funds and non-federal funds requested <u>for the 1st year only.</u>

SECTION A – BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Title of FOA	93.243			$184,303		$184,303
2.						
3.						
4.						
5. Totals				$184,303		$184,303

Standard Form 424A

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Completing the SF-424A

Section B – Budget Categories

Use (Column 1) to report the budget category and indirect charges for the total funding requested <u>for the 1st year only.</u>

SECTION B – BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM FUNCTION OR ACTIVITY				Total
	(1) Title of FOA	(2)	(3)	(4)	(5)
a. Personnel	$52,765				$52,765
b. Fringe Benefits	$15,644				$15,644
c. Travel	$2,444				$2,444
d. Equipment	$0				$0
e. Supplies	$3,796				$3,796
f. Contractual	$86,998				$86,998
g. Construction	$0				$0
h. Other	$15,815				$15,815
i. Total Direct Charges (sum 6a-6h)	$177,462				$177,462
j. Indirect Charges	$6,841				$5,6,841
k. TOTALS (sum of 6i and 6j)	$184,303				$184,303
7. Program Income					

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Completing the SF-424A

Section C – Non-Federal Resources

If the grant you are applying for has a requirement of matching funds, Section C must be completed. Matching requirements will be outlined in Section III of the NOFO.

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	$	$	$	$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	$	$	$	$

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Completing the SF-424A (continued)

Section D – Forecasted Cash Needs

- Enter the amount of cash <u>needed by quarter for the 1st year only</u>. The column, "Total for 1st Year", should equal the requested amount (federal and non-federal) for Year 1 of the project period.

SECTION D – FORECASTED CASH NEEDS					
13. Federal	Totals for 1st Year $184,303	1st Quarter $46,075	2nd Quarter $46,076	3rd Quarter $46.076	4th Quarter $46,076
14. Non-Federal					
15.TOTAL (sum of lines 13 and 14)	$184,303	$46,075	$46,076	$46,076	$46,076

Completing the SF-424A (continued)

Section E – Budget Estimates of Federal Funds Needed for Balance of the Project

- This section is for the amount requested for future years (Year 2, Year 3, Year 4, and Year 5).

Section F – Other Budget Information

- Enter amounts for other individual direct object class cost categories, indirect rate (fixed, final, predetermined, or provisional) and provide a provide an explanation or comments if necessary.

SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program		FUTURE FUNDING PERIODS			
		(b) First	(c) Second	(d) Third	(e) Fourth
16. Title of FOA		$184,498	$185,531	$185,762	$186,001
17.					
18.					
19.					
20. TOTAL (Sum of lines 16-19)		$184,194	$185,531	$184,458	$184,932

SECTION F – OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

VI. Technical Assistance and Resources

Obtaining Copies of Funded Applications

It is possible to obtain copies of funded SAMHSA applications by submitting a Freedom of Information Act (FOIA) Request.

Information about submitting FOIA requests can be found at: https://www.samhsa.gov/foia

In the FOIA request ask for 2-3 funded applications from a previous year for a specific Funding Opportunity Announcement.

Identifying Funded Organizations

Identify organizations in your community that have been funded.

SAMHSA lists all funded applications on the website – main SAMHSA Grants webpage (View Awards).

To view awards from previous years, click on SAMHSA Grant Awards Archive.

Grant Awards

» Grant Awards by State

» SAMHSA Grant Awards Archive

Click on the year for the Grant Announcements and then click on View Awards

FOA Number▲	Title	Center	Webinars	FAQ	App. Due Date	View Awards
FG-19-001 Initial	Expansion of Practitioner Education (Prac-Ed)	FG			08/02/19	View Awards
FG-19-002 Modified	Mental and Substance Use Disorder Practitioner Data (Prac-Data)	FG			08/12/19	View Awards

Identifying Funded Organizations

To sort by state, click on the Grantee State link.
Below is a funded organization for Project LAUNCH (SM-19-007)

Richmond University Medical Center, partnered with the Staten Island Partnership for Community Wellness, The Staten Island Performing Provider System and the Alliance for North Shore Families and Children will implement the Staten Island Project LAUNCH to improve outcomes for low income and high need children from birth to eight residing in the New York City (NYC) borough of Staten Island (SI)'s North Shore.

Award Number	Grantee Organization Name	Grantee City	Grantee State ▲	Project Director Last Name	Project Director First Name	Award Amount
SM082313-01	RICHMOND UNIVERSITY MEDICAL CENTER	NEW YORK	NY	LEBEN-MARTIN	PETRICE	$800,000

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Useful Links

- Dun and Bradstreet Number: http://www.dnb.com
- System for Award Management (SAM): https://www.sam.gov
- Grants.gov: http://www.grants.gov
- eRA Commons: https://public.era.nih.gov/commons/public/registration/registrationInstructions.jsp
- Developing a Competitive SAMHSA Grant Application: https://www.samhsa.gov/grants/applying/forms-resources
- Evidence-Based Practices Resource Center: https://www.samhsa.gov/ebp-resource-center
- SAMHSA Data: https://www.samhsa.gov/data/

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Questions

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

If you would like a copy of the slides, send an email to:

beverly.vayhinger@samhsa.hhs.gov
(240) 276-0564

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)

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