

Substance Abuse and Mental Health Services Administration

SNAPSHOT

Volume 4

Overview of Grant Funding Opportunities

March 2004



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*Descriptions of funding opportunities in *Snapshot* are indicators of SAMHSA’s fiscal year 2004 program priorities. However, these plans may change. The descriptions of anticipated funding opportunities included in this publication are not final notices of funding availability. The only official notice of grant funding availability is published in the *Federal Register*. Final notices of funding availability will be published in the *Federal Register*, posted on the SAMHSA website (www.samhsa.gov), and posted on the Federal Grants website (www.grants.gov).

I. BACKGROUND INFORMATION

Overview of SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services (HHS), was established by an act of Congress in 1992 under Public Law 102-321. Thus, a separate and distinct Federal agency was created to focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance use disorders.

Over the years, SAMHSA programs have translated research to practice — bringing new science-based knowledge to community-based mental health and substance abuse. The results are being measured in significant improvements in how the Nation responds to substance abuse and mental illnesses. It is a vision consistent with the President's New Freedom Initiative that promotes a life in the community for everyone. Moreover, SAMHSA is achieving that vision through a mission that is both action-oriented and measurable: to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. In collaboration with the States, national and local community-based and faith-based organizations, and public and private sector providers, SAMHSA is working to ensure that people with or at risk for a mental or substance use disorder have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends.

MATRIX OF PRIORITY PROGRAMS

To bring its mission and vision from paper to practice, SAMHSA's budget and its policy and program activities have been aligned to reflect a series of core priority areas: co-occurring disorders, substance abuse treatment capacity, seclusion and restraint, Strategic Prevention Framework, children and families, mental health system transformation, disaster readiness and response, homelessness, aging, HIV/AIDS and Hepatitis C and criminal justice. The priority program areas are linked to crosscutting principles that help ensure that SAMHSA's work will meet the highest standards, driven by a strategy to improve accountability, capacity, and effectiveness — ACE. With this strategy, SAMHSA can assure that its resources are used wisely in State and community programs to treat addiction and dependence, to prevent substance abuse, and to provide mental health services.

With a projected Fiscal Year 2004 budget of approximately \$3.4 billion, SAMHSA's program dollars support formula grant programs as well as discretionary grant programs. SAMHSA's main formula grant programs are the Mental Health and Substance Abuse Prevention and Treatment Block Grant Programs. Under both programs, SAMHSA encourages the States and Territories to address the substance abuse prevention, addiction treatment, and mental health services needs both by supporting specific services programs and by assessing and reporting on progress, needs, and ongoing activities.

SAMHSA's discretionary grant portfolio, also known as Programs of Regional and National Significance, focuses on the priorities and principles described above. These programs help provide new information and best practices to guide how local communities identify and develop needed services.

SAMHSA'S CENTERS AND OFFICES

SAMHSA includes three Centers that engage in program activities focusing on substance abuse treatment, mental health service, and substance abuse prevention. SAMHSA's Office of Applied Studies is the focal point for the collection, analysis and dissemination of national data on practices and issues related to substance abuse and mental disorders.

The **Center for Mental Health Services (CMHS)** seeks to improve the availability and accessibility of high-quality community-based services for people with or at risk for mental illnesses and their families. While the largest portion of the Center's appropriation supports the Community Mental Health Services Block Grant Program, CMHS also supports a portfolio of discretionary grant programs, to apply knowledge about best community-based systems of care and services for adults with serious mental illnesses and children with serious emotional disturbances. Issues of stigma and consumer empowerment are also on the Center's program and policy agenda. The Center collects, analyzes, and disseminates national data on mental health services designed to help inform future services policy and program decision-making. SAMHSA's National Mental Health Information Center can be reached toll-free at 1-800-789-2647 or online at www.mentalhealth.samhsa.gov

The **Center for Substance Abuse Prevention (CSAP)** has built a Strategic Prevention Framework (SPF) to support its mission to bring effective prevention to every community nationwide. The objectives of the SPF are to increase substance abuse prevention programming throughout the United States; to support the implementation of effective prevention programs in States and communities; and to promote the use of performance measures and evaluation tools by substance abuse prevention providers. Through the SPF, CSAP builds capacity within States and the prevention field to promote resiliency and decrease risk factors in individuals, families, and communities. Further, this SAMHSA Center supports the National Clearinghouse for Alcohol and Drug Information (NCADI), the largest Federal source of information about substance abuse research, treatment, and prevention available to the public. It can be reached by phone at 1-800-729-6686, and on the Internet at: www.ncadi.samhsa.gov.

The **Center for Substance Abuse Treatment (CSAT)** promotes the availability and quality of community-based substance abuse treatment services for individuals and families who need them. It supports policies and programs to broaden the range of evidence-based effective treatment services for individuals who abuse alcohol or drugs and that also address other addiction-related health and human services problems. The Center administers the Substance Abuse Prevention and Treatment Block Grant Program. While engaging with States to improve and enhance existing services under the block grant program, CSAT also undertakes significant professional and lay education programs and initiatives to promote best practices in substance abuse treatment and intervention. CSAT also supports SAMHSA's toll-free treatment referral line, 1-800-662-HELP, to

link people with community-based substance abuse treatment services they need. The service also is available on the Internet at: www.findtreatment.samhsa.gov. SAMHSA's **Office of Applied Studies (OAS)** gathers, analyzes, and disseminates data on substance abuse practices in the United States. OAS is responsible for the annual *National Household Survey on Drug Use and Health*, the *Drug Abuse Warning Network*, and the *Drug and Alcohol Services Information Services System*, among other studies. OAS also coordinates evaluation of the service-delivery models within SAMHSA's knowledge development and application programs.

Changes in SAMHSA's Discretionary Grant Announcements

Beginning in Fiscal Year (FY) 2004, the Substance Abuse and Mental Health Services Administration (SAMHSA) has changed its approach to announcing and soliciting applications for its discretionary grant programs.

SAMHSA has issued four standard grant announcements that describe the general program design and provide application instructions for four types of grants – Services Grants, Infrastructure Grants, Best Practices Planning and Implementation Grants, and Service-to-Science Grants. These standard grant announcements are posted on SAMHSA's web page and are available from SAMHSA's clearinghouses on an ongoing basis. The standard announcements are to be used in conjunction with brief Notices of Funding Availability (NOFAs) that announces the availability of funds for specific grant funding opportunities within each of the standard grant programs (e.g., Homeless Treatment grants, Statewide Family Network grants, or HIV/AIDS and Substance Abuse Prevention Planning Grants).

SAMHSA expects that use of these four standard grant announcements will result in a number of benefits:

- The field of potential applicants will more effectively anticipate the program requirements for SAMHSA's grant funding opportunities and be better able to anticipate and plan their proposed grant projects. As a result, applicants can prepare more thorough grant applications, and grantees are better prepared to begin their grant projects in a timely manner after awards are made.

- SAMHSA's funding opportunities will be published in a more timely manner, with funding opportunities, application deadlines and awards distributed more evenly throughout the fiscal year.
- SAMHSA can more clearly and consistently articulate its mission to external stakeholders.
- SAMHSA can use its staff resources more efficiently and effectively.

The four standard grant announcements address the following central aspects of SAMHSA's mission:

1. Services Grants provide funding to implement substance abuse and mental health services.
2. Infrastructure Grants support identification and implementation of systems changes but are not designed to fund services.
3. Best Practices Planning and Implementation Grants help communities and providers identify practices to effectively meet local needs, develop strategic plans for implementing/adapting those practices and pilot-test practices prior to full-scale implementation.
4. Service to Science Grants document and evaluate innovative practices that address critical substance abuse and mental health service gaps but that have not yet been formally evaluated.

NOFAs announcing the availability of funds for specific grant funding opportunities will be published separately in the *Federal Register*, on the Federal grants web site (www.grants.gov) and on the SAMHSA

web site. The NOFAs will: identify any specific target population or issue for the specific grant funding opportunity, identify which of the four standard announcements applicants must use to prepare their applications, specify total funding available for the first year of the grants and the expected size and number of awards, specify the application deadline, note any specific program requirements for each funding opportunity, and include any limitations or exceptions to the general provisions in the standard announcement.

SAMHSA expects that the NOFAs will be brief. Because a primary goal of this effort is to increase the field's ability to anticipate funding opportunities and program requirements, special program requirements and deviations from the standard announcements should be few in number and limited to only those that are necessary,

given the nature of the specific funding opportunity.

Applicants will need to have both the NOFA and the appropriate standard announcement to prepare their applications.

The four standard grant announcements will be used for the majority of its grant funding opportunities. However, **there will be some funding opportunities that do not fit the standard announcements.** In those instances, separate stand-alone grant announcements will be published and provided to applicants as they have been in the past (i.e., in the *Federal Register*, on the SAMHSA web site, on the Federal grants web site, and through SAMHSA's clearinghouses).

Application Materials

To apply for a SAMHSA grant or cooperative agreement, you will need the appropriate Notice of Funding Availability (NOFA), grant announcement, the application form (PHS 5161-1), and at least some of the additional files referenced on this page. Most materials can be downloaded in electronic form from the SAMHSA web site (www.samhsa.gov - [click on "grant opportunities"](#)).

- 1. Notice of Funding Opportunity (NOFA)** - A NOFA provides information about the total funds available, expected size and number of awards, application deadline and other key information about specific funding opportunities offered by SAMHSA. NOFAs are published in the *Federal Register*, posted on SAMHSA's website, and posted on the Federal grants website (www.grants.gov). They are also included in the application kits provided through SAMHSA's clearinghouses. Most NOFAs refer applicants to one of SAMHSA's standard grant announcements for application instructions. In some instances, the NOFA will refer to a "stand-alone" grant announcement (also called a Request for Application, or "RFA") for complete application instructions.
- 2. Grant Announcements** - Application instructions for most SAMHSA funding opportunities are provided in four standard grant announcements available on an on-going basis on SAMHSA's website. A copy of the appropriate standard grant announcement is included in the application kit for each SAMHSA funding opportunity provided by SAMHSA's clearinghouses.
- 3. The PHS 5161-1** - is the official application form. It includes the SF 424 face page and SF 424A budget pages. Applications must be submitted on PHS 5161-1. This form is available for download, in several formats, from the DHHS/Program Support Center's Forms Download Site at (<http://forms.psc.gov/forms/PHS/phs.html>). Instructions for completing the forms are included in the downloadable file. This form also may be obtained in hard copy. Simply follow the directions in each NOFA, under "Application and Submission Information."
- 4. The Assurance of Compliance Form** - (Form HHS-690) is available in WordPerfect 6/7/8/9, Adobe Acrobat and html format from SAMHSA's web site (www.samhsa.gov/grants/index.html - click on "Application Forms for SAMHSA Grant Announcements"). This form is intended to ensure compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of

Application instructions for some SAMHSA funding opportunities will be provided in stand-alone RFAs. RFAs are used when the program design does not fit one of SAMHSA's four standard announcements. RFAs are open only for a limited period of time (i.e. until the application deadline. RFAs are posted on SAMHSA's website and the relevant NOFA is published in the *Federal Register* and on the www.grants.gov website. A copy of the RFAs is included in the application kit that is provided by one of SAMHSA's clearinghouses for each funding opportunity.

the Education Amendments of 1972, and the Age Discrimination Act of 1975.

5. **Assurance of Compliance with SAMHSA Charitable Choice**

Regulations – Applicants for grants that fund substance abuse prevention or treatment services must sign an assurance that they will comply with two charitable choice provisions [Sections 581-584 and Section 955 of the Public Health Service (PHS) Act, 42 USC 290k, et. Seq., and 42 USC 300x-65 et. seq.]. This assurance form will be available with the relevant NOFAs on SAMHSA’s website and will be included in the application kits for relevant funding opportunities distributed by SAMHSA’s clearinghouse.

6. **List of Directors of Single State Agencies** (SSAs) is available in html format from SAMHSA’s web site

(www.samhsa.gov/grants/index.html) - click on “Application Forms for SAMHSA Grant Announcements”).

7. **Listing of Office of Management and Budget (OMB) State Single Point of Contact (SPOC)**

is available from SAMHSA’s web site (www.samhsa.gov/grants/index.html) - click on “Application Forms for SAMHSA Grant Announcements”).

8. **Listing of Offices Negotiating Indirect Cost Rates**

is available in html format from SAMHSA’s web site (www.samhsa.gov/grants/index.html) - click on “Application Forms for SAMHSA Grant Announcements”).

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.** In addition to these formatting requirements, programmatic requirements (e.g., relating to eligibility) may be stated in the specific funding announcement. Please check the entire funding announcement before preparing your application.*

- Use the PHS 5161-1 application.
- Applications must be received by the application deadline. Applications received after this date must have a proof of mailing date from the carrier dated at least 1 week prior to the due date. Private metered postmarks are not acceptable as proof of timely mailing. Applications not received by the application deadline or not postmarked at least 1 week prior to the application deadline will not be reviewed.
- Information provided must be sufficient for review.
- Text must be legible.
 - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
 - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded.
 - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
 - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
 - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.
- The page limit for Appendices stated in the specific funding announcement cannot be exceeded.

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

- The 10 application components required for SAMHSA applications should be included. These are:
 - Face Page (Standard Form 424, which is in PHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in PHS 5161-1)
 - Project Narrative and Supporting Documentation
 - Appendices
 - Assurances (Standard Form 424B, which is in PHS 5161-1)
 - Certifications (a form in PHS 5161-1)
 - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
 - Checklist (a form in PHS 5161-1)
- Applications should comply with the following requirements:
 - Provisions relating to confidentiality, participant protection and the protection of human subjects, as indicated in the specific funding announcement.
 - Budgetary limitations as indicated in Sections I, II, and IV-5 of the specific funding announcement.
 - Documentation of nonprofit status as required in the PHS 5161-1.
- Pages should be typed single-spaced with one column per page.
- Pages should not have printing on both sides.
- Please use black ink, and number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- Send the original application and two copies to the mailing address in the funding announcement. 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.

Key Sources of Information

For additional information about SAMHSA and its programs (including downloadable versions of SAMHSA NOFAs, grant announcements and data from SAMHSA's National Survey on Drug Use and Health), log onto SAMHSA's web page at www.samhsa.gov. SAMHSA's web page also includes links to SAMHSA's clearinghouses and other excellent sources of information about substance abuse and mental health issues.

For mental health information or to order copies of CMHS Funding Opportunities contact the National Mental Health Information Center
Phone: 1-800-789-2647
TTY: (301) 443-9006
Fax: (301) 984-8796
E-mail: info@mentalhealth.org

For information on substance abuse or to order copies of CSAP and CSAT Funding Opportunities contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at:
TDD: 1-800-487-4889
Phone: 1-800-729-6686
Fax: (301) 468-6433
E-mail: info@health.org

For application review information contact:

Stephen Hudak
Substance Abuse and Mental Health Services Administration
Parklawn Building, Room 17-89
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-9666
Fax: (301) 443-1587

For questions about specific Funding Opportunities, contact the Program Contacts

listed in the NOFAs or in the grant program descriptions printed in the second half of this publication.

For questions about grants management contact:

CMHS:

Gwendolyn Simpson
Grants Management Branch
Substance Abuse and Mental Health Services Administration
Room 13-103
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-4456
Fax: (301) 594.2336
E-mail: gsimpson@samhsa.gov

CSAP:

Edna Frazier
Grants Management Branch
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 630
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-6816
Fax: (301) 443-6468
E-mail: efrazier@samhsa.gov

CSAT:

Kathleen Sample
Grants Management Branch
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 630
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-9667
Fax: (301) 443-6468
E-mail: ksample@samhsa.gov

Federal Register - Some local libraries and most university libraries subscribe to the *Federal Register*. It also can be accessed via the internet at: <http://www.access.gpo.gov>.

Department of Health and Human Services grant application forms can be accessed via the internet at:
<http://forms.psc.gov/forms/PHS/phs.html>

Grants.gov Website- A new Federal grants website has been established at www.grants.gov. This website includes notices of grant funding opportunities across the Federal government. Visitors to the site can search for funding opportunities specific to a range of search criteria. A listserv is available, as well.

SAMHSA Review Process

SAMHSA's ability to accomplish specific program objectives depends, in large measure, on the quality of its extramural grant program. At SAMHSA, applications for competing grants and cooperative agreements are subject to a dual review process. (While SAMHSA also receives proposals for contracts, this document discusses grants and cooperative agreements only.) A grant is a legal instrument that reflects an assistance relationship between the Federal Government and the grantee. Its principal purpose is to enable the grantee to accomplish a public purpose authorized by Federal statute. A cooperative agreement is a funding mechanism in which more substantial programmatic involvement by Federal agency staff is anticipated in the performance of the contemplated activity.

First Level of Review

SAMHSA's Office of Review, Office of Program Services manages the first level of the review process that involves peer review by groups of qualified experts, referred to as Initial Review Groups (IRGs). These experts are primarily non-Federal people who work in the substance abuse and/or mental health fields, in universities or hospitals, with community-based organizations, or with advocacy groups.

The primary purpose of the first level review is to provide an objective evaluation of the scientific and technical merit of each application and to identify those applications that are of the highest quality. The review system rests on the assumption that the best advice on the scientific and technical merit of the application can be obtained by engaging appropriately qualified reviewers of the highest caliber to review applications against established review criteria.

Applications competing for awards under the same grant funding announcements are not compared to each other.

For each application, a summary statement is developed that reflects the IRG's review and evaluation of the application and serves as the official record of the review. Each summary statement indicates a score for that application. The score is a number that falls between 1 (the lowest possible score) and 100 (the highest possible score). Please note that the priority scores based on a scale of 100-500 are no longer being used.

Second Level of Review

If the IRG determines that an application has sufficient scientific and technical merit to be considered for funding (generally a score of 60 and above), the application moves on to the second level of review. The second level of review is conducted by each Center's National Advisory Council. Membership of each Council includes professionals from relevant scientific and health fields, as well as individuals representing important interests in the public sector. The Council provides policy advice on the Center's programs and on the expenditure of Federal funds. Thus, in making recommendations, the Council, unlike the IRG, may consider policy issues. IRG and Council recommendations on grant applications are advisory to the respective Center Directors and program staff. Except for cases in which Council review is not required (i.e., for grant awards under \$100,000), SAMHSA may not award a grant unless an IRG has recommended that the application be scored and Council has concurred with the IRG's recommendation. While SAMHSA officials rely heavily on IRG and Council recommendations, funding

decisions ultimately are the responsibility of SAMHSA.

Notification of Application Status

Following the review process, all applicants receive a letter from SAMHSA's Office of Review, providing the applicant with information regarding the outcome of the review of his/her application. This letter includes a copy of the summary statement developed by the IRG. *Applicants whose applications are approved for funding receive additional notification of grant award from SAMHSA's Grants Management Office.*

II. Guidance In Preparing Your Application

Twelve Basic Principles for What Works in Preparing Grant Applications:

1. Match your ideas to the funding source and thoroughly understand the goals of the grant program as described in the grant funding announcement.

The application must meet the grant program's needs. Even if you have a worthy project, it will not be considered for funding unless it fits the grant funding announcement. Read the program goals and all program descriptions to ensure your proposed approach can fulfill the actual program requirements.

2. Use the designated SAMHSA resources for technical assistance and advice.

Program Contacts: Very few applicants actually seek the assistance of program staff in developing their applications. Program Contacts are identified in each NOFA as well as the program descriptions contained in this publication. These people are available to consult with all applicants requesting assistance. SAMHSA is committed to ensuring the receipt of many good applications and, thus, wants to assist potential applicants as much as possible. (Note: Contact the Program Contact before you officially submit your application. SAMHSA staff, including the Program Contact, cannot comment on your application once it has been submitted.)

3. Begin the necessary groundwork before the NOFA is published.

Although an official NOFA in the *Federal Register* may not appear until six or seven months into the fiscal year, this publication can help you get started. The new standard grant announcements can help you get

started, as well, since they include the basic application instructions for most of SAMHSA's grants. In addition, many professional organizations and national associations highlight Federal programs in their newsletters to constituents well in advance of the official notice. Take advantage of additional lead time to develop ideas and to begin the necessary groundwork before the grant program is officially announced.

-Develop a network of contacts who can help later, such as State and local government entities, university staff, and individuals and other organizations that may provide support to the project.

-Develop a committee and get key participants in place to assist with application development.

4. Establish a timetable for developing your grant proposal and organize the necessary personnel as soon as funding availability is announced.

Do not waste energy fretting about the short time frame or seemingly complicated application instructions. These parameters cannot be changed; an applicant must be willing to accept these requirements.

The production of a successful grant application cannot always be worked around everyone's routine schedule. Establish a plan for what needs to be accomplished, by whom, and when. Block out time on people's calendars in advance. The production of a grant application requires the same diligent planning and scheduling as

does any other labor intensive, priority project.

Identify individuals who can complete certain necessary tasks, such as:

- a. *A person responsible for writing the application.* Although several individuals may write particular pieces, one person should pull the entire application together to make sure it flows and nothing is omitted or repeated.
- b. *A person or small committee removed from the process to critique the first draft and identify questions or gaps.* This critique will be most effective if it is based on review criteria that members of the grant review committee will use in reviewing applications. [These review criteria are specified in the Standard Grant announcement or Stand-Alone RFA. Any special requirements are included in the Notice of Funding Availability (NOFA.)]
- c. *A person to request and coordinate receipt of letters of support.* This person also might assist the organization providing the letter of support to draft an individualized letter describing how the organization can contribute to the efforts of the applicant organization. Many persons are willing to be supportive but may lack time to draft a letter. Do not use boilerplate letters of support. The letters must be specific about the kind of support being committed.

5. Follow the instructions about the format of your submission.

This is not the place to use creativity. Rather, you should take advantage of the fact that someone else has designed the form. Use creativity for the technical idea!

Even if you believe that your format for describing the proposal is better, don't use it. If an application fails to follow the required format and table of contents, SAMHSA staff can determine that the application is not responsive to the grant funding announcement and may not forward the application for review. Moreover, deviation from the required format increases the likelihood that you will leave out necessary information. It also makes it difficult for reviewers to find information in the application, which can affect the review of your application. Pay attention to every detail of the format and instructions, including directions about page limitation, font size, and number of copies required for submission.

If you have ideas for improving the format for next year, most program officials would welcome suggestions after the grant cycle is completed.

6. Lay out a master plan.

A good application should provide a master plan, a vision for where the project is going and the expected results. Although this may be difficult because some ideas have not been fully developed, every effort should be made to think through reasonable approaches.

The master plan should cover key questions of who, what, where, when, and why. The application should include specific goals, objectives, tasks required to accomplish the

objectives, target population, resources, time frames, and a methodology to evaluate accomplishments. It should also list other funding sources, if any, and what those funds would cover.

7. Be reasonable and realistic.

With respect to detail, successful applicants find the safe middle ground between too much and too little. Within the required page limitations, succinctly describe the project and how it is to be carried out. Do not provide unnecessary detail. It may result in reviewers missing important information.

Be sure to provide justification for your goals and a convincing description of how and why you think you will be able to accomplish them. An unexplained, ambitious goal may cause reviewers to question your credibility and may adversely affect your score.

8. Provide information on all the review criteria.

This point cannot be emphasized enough. An applicant must provide information in support of each of the review criteria. The reviewers will assess the merits of the application specific to all the review criteria in the grant announcement and NOFA.

Be thorough and concise. Be sure to put information under the appropriate criteria.

Know exactly what SAMHSA wants for each of the criteria and explain how each criterion will be met. If you aren't sure or don't understand, you should contact the Program Contacts listed in the NOFA and inquire.

Carefully address the cultural competence components of the review criteria. Cultural

competence is a priority at SAMHSA and should not be addressed as an afterthought.

9. Explain omissions, rather than hope that no one will notice.

What is not said in an application can hurt as much or more than what is said. Very often, an application loses points because an omission from the application was not explained. For example, if a segment of the population is not included in the project, this absence should be explained.

If something is not written in the application, it simply does not exist for the purposes of review. Reviewers are instructed neither to “read between the line,” nor to consider personal knowledge of a particular program.

10. Make a reasonable funding request and match the budget to the scope of work.

It is important that the budget request clearly relates to the narrative and the scope of work. The justification for funds must match the amount requested.

Be specific; justify each item for all years of support requested. Appropriately defend staff hours. Specify the need for consultants and travel. Explain the use of consultants instead of internal staff.

11. Address items regarding participant protection/human subjects.

Address all items as necessary. If any of the areas do not apply, state “not applicable” and indicate why.

Provide for parental consent as applicable. Provide details for debriefing children as well as parents/guardians.

Address confidentiality of client/subject information within the project team (e.g., clinicians, evaluators, support staff).

12. Keep the application simple, reasonable, business-like, and professional.

The application should be error-free and all the forms completed correctly. Pay attention to detail. The application should look as if it is ready for publication.

Have someone check every page of every copy of the application to be sure that all pieces are included. READ and FOLLOW all directions outlined in the grant announcement and NOFA.

Evaluation Essentials For SAMHSA Grants

Most SAMHSA grant funding announcements include an evaluation component that requires applicants to describe their evaluation plan and the qualifications of their chosen evaluator/evaluation team. Reviewers, many of whom are evaluators themselves, examine this component critically. Thus, it is in the applicant's best interest to address this criterion as fully and completely as possible. Evaluation requirements for SAMHSA programs vary, depending on the nature of the program. Some programs require evaluations that are expected to be quite rigorous. Others have less rigorous evaluation expectations, but still require sufficient data be collected to demonstrate the grantee performance.

The following tips may be useful to you in developing the evaluation component of your application. For more information on the specific evaluation requirements for a given program, contact the Program Contact identified for that grant program in the NOFA or in this publication.

- It is best to propose the strongest evaluation you can conduct with available resources. Evaluation is an important factor in the success of your application.
- A strong evaluation helps to improve your program and can enable you to negotiate better with other funding sources now and in the future. The results of good evaluation also help SAMHSA demonstrate the effectiveness and efficiency of its programs for continued funding.
- By working closely with your evaluator to develop your application you not only

will ensure that evaluation is an integral part of the project, but also will improve the quality of your application. This is an important factor in the review process and is a scored item.

- Generally, both the qualifications of the evaluator *and* the quality of the proposed evaluation are considered in review.
- The following tips may be helpful in **selecting an evaluator**:
 - Few individuals have all the skills a good evaluation requires. You may wish to consider multiple evaluators or an evaluation *team*.
 - Your evaluator should be credible to the field; experienced in your type of program and your type of population; able to collaborate with you; and available to you. You should begin making contacts to find an evaluator as soon as possible – even if you are only just beginning to think about applying for a grant.
 - You can identify possible contacts by contacting the evaluation professional associations and reading journals in the field. In addition, talk with people who have published on the topic. Departments of psychology, education, public health, and social work at local universities and their extension services may also be useful resources.
- The following tips may be useful in **developing your evaluation plan**:
 - Be sure to address *all* evaluation requirements in the grant announcement and NOFA.

- Pay attention to the type of evaluation that is required (e.g., is an experimental or quasi-experimental design required) as well as the domains (e.g., program, client) for which evaluation is required.
 - Develop clear evaluation questions that are tied to the objectives of the grant.
 - Plan to conduct a thorough *process* evaluation that documents what services were provided, who delivered them and to whom they were provided.
 - Plan to conduct a thorough *outcome* evaluation that examines the effects of services on recipients and the factors (program and client) that contributed to the effects. A good process evaluation is essential to interpreting outcomes.
 - Develop a logic model for your proposal. Even if it is not required, a logic model helps you think through your project and how to evaluate it (and impress reviewers).
 - Submit an evaluation plan that integrates all evaluation components: evaluation questions; implementation fidelity; process; outcome; costs; data collection and analysis; and plans for collecting and reporting Government Performance and Results Act (GPRA) data.
- GPRA is an essential component of evaluation for Federal grant programs. All SAMHSA grants collect and report performance data. Identify the GPRA data collection and reporting requirements for your application early and try to embed them into your process and outcome evaluations. That way, you can conduct a single, integrated evaluation, rather than three isolated evaluations. The Program Contact identified in the NOFA or in the appropriate program description in this guide can provide you with information about the appropriate GPRA requirements.
 - Funding opportunities that involve cross-site evaluations often require applicants to propose an evaluation approach with the understanding that *it may have to be modified post-award*. Pay careful attention to this issue.
 - The following are common evaluation errors that can result in your application receiving poor evaluation scores from the Internal Review Group (IRG):
 - Failure to respond to all evaluation requirements in the grant announcement and NOFA;
 - Weak evaluation design;
 - Unproven evaluation staff;
 - False assumptions about data collection;
 - Unrealistic sample size estimates or attrition predictions;
 - Failure to address gender, age, or racial/ethnic appropriateness of evaluation approach and instruments; and
 - Inadequate attention to participant protections.

SAMHSA Data Sources To Guide Your Application

Data are essential for planning and evaluating mental health and substance abuse treatment and prevention programs. However, in many instances relevant data are not available. The problem is particularly severe with respect to geographical areas smaller than States where little information on substance abuse problems exists outside the criminal justice system and the occasional school survey.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed several data sets that might be useful under certain conditions to assess substance abuse and mental health problems and trends at the State level and in some cases even smaller geopolitical areas. A review of these data sets may also be instructive with respect to the kinds of data that can be used to inform policy and programs and methods for collecting such information.

DRUG ABUSE WARNING NETWORK (DAWN)

The Drug Abuse Warning Network (DAWN) is a national surveillance system that monitors emergency department (ED) visits associated with drug abuse as well as drug-related deaths that are investigated by medical examiners and coroners. DAWN data are used by Federal and local agencies, treatment providers, and epidemiologists to track trends in existing and emerging drugs of abuse.

From the 1988 to 2002, DAWN relied on a sample of about 550 hospital-based emergency departments to provide data on ED visits related to substance abuse. Non-Federal, short-stay, general hospitals that

operate 24-hour/7-day-a-week EDs were eligible for the sample. This sample was designed to produce estimates of the number of drug abuse-related ED visits in the coterminous U.S. (48 States and the District of Columbia) and in 21 major metropolitan areas. Mortality data were collected from a non-random set of medical examiners and coroners. Drug-related deaths could be reported at the metropolitan and jurisdiction (county) levels, but no national estimates were possible.

Because DAWN data are collected continuously and contain extensive drug detail, they can be used to monitor trends, warn of the emergence of dangerous new drug problems (such the increase in use of ecstasy and methamphetamine), identify the abuse potential of prescription and over-the-counter drugs, and describe changing patterns of drug abuse in local communities. DAWN is the only national data collection system that has the capacity to identify specific and infrequently used substances as they emerge and diffuse across segments of the population and geographic areas. DAWN also provides a model for establishing local surveillance systems to monitor substance abuse trends and patterns.

Beginning in 2003, a myriad of changes have been introduced to DAWN with the aim of improving the consistency and utility of the data. Another consequence of these changes is a permanent disruption in trends. The types of cases reportable to DAWN have been expanded to include all types of drug-related ED visits and deaths, not just those with documented drug abuse. With the expansion of cases to include use, misuse, and abuse of drugs, new data items were added to better characterize the health

conditions and causes of death associated with drug use. The DAWN sample of hospitals also has been redesigned, and a multi-year expansion into additional metropolitan areas will improve geographic and population coverage. When the expansion is complete, DAWN will be capable of producing estimates for the entire Nation as well as estimates for 48 metropolitan areas. Expansion of the medical examiner and coroner component of DAWN will mirror the metropolitan-area expansion for hospitals. No national estimates for drug-related deaths will be possible; instead, the objective is to achieve a census of jurisdictions within targeted metropolitan areas.

Each facility that participates in DAWN has a designated DAWN reporter who reviews source records to identify substance abuse cases. A case is reported to DAWN if there is evidence that an illicit drug, prescription or over-the-counter medication, dietary supplement, or non-pharmaceutical inhalant was used in a suicide attempt, due to dependence, or to achieve psychic effects. Patient demographic and episode characteristics, including the specific drugs involved, are abstracted from the source records and submitted to DAWN.

Public use data are not available from DAWN due to confidentiality restrictions. Published reports from DAWN are available online at <http://DAWNinfo.samhsa.gov/>.

DRUG AND ALCOHOL SERVICES INFORMATION SYSTEM (DASIS)

The Drug and Alcohol Information System (DASIS) is the only comprehensive national source of information on the services available for substance abuse treatment and the number and characteristics of individuals admitted to treatment.

DASIS consists of three data sets. The Inventory of Substance Abuse Treatment Services

(I-SATS) is a list of all organized substance abuse treatment programs in the United States that SAMHSA has been able to identify. The list is assembled from a variety of sources including the Yellow Pages and business directories. In calendar year 2003 the list contained the names and addresses of approximately 18,000 facilities. The I-SATS is used as a list frame for the National Survey of Substance Abuse Treatment Services (N-SSATS).

The N-SSATS collects information on all treatment facilities in the inventory and is conducted annually. N-SSATS obtains information on facility ownership, treatment services, and number of patients in treatment on a given day. The survey is conducted by mail and via the Internet. Facilities that do not complete a paper questionnaire or web questionnaire are contacted by telephone to complete the questionnaire in computer assisted telephone interviews. In 2002, 57 percent of treatment facilities completed the mail questionnaire, 20 percent completed by web and an additional 23 percent participated in the telephone survey.

The State substance abuse agencies identify those facilities in the survey that are certified, licensed, or otherwise recognized as legitimate sources of treatment (approximately 80% of the facilities responding to the survey). The names, addresses, and services offered by these facilities are included in a National Directory of Drug and Alcohol Abuse Treatment Programs which is published each year. This information also appears in a Web-based version of the Directory known as the Substance Abuse Treatment Facility Locator. The Locator allows individuals and families seeking treatment to find the

most convenient and appropriate services for their needs (<http://findtreatment.samhsa.gov>).

In contrast to the printed Directory, the computer-based version is updated monthly. This is important because more than 20% of treatment facilities report some change in telephone number, address or services during the year. Because of the relatively comprehensive nature of the Web-based facility locator system, N-SSATS provides a dependable source of information on treatment services in all areas of the country. The system also can be used as a basis for other data collection efforts at the local level.

The third component of DASIS is the Treatment Episode Data Set (TEDS). TEDS contains information on substance abuse treatment admissions that is routinely collected by States in monitoring substance abuse their treatment programs. Selected data items from individual State data files are converted to a standard format consistent across States to create a common database. In 2000, the most recent year for which complete data are available, there were approximately 1.7 million admissions reported to TEDS. TEDS includes admissions primarily from facilities that receive some sort of public funding through state substance abuse agencies. Data on admissions to Federally owned/operated facilities are not reported to TEDS.

TEDS consists of a Minimum Data Set collected by all States and a Supplemental Data Set collected by some States. Data items for each admission include demographic information, substances of abuse and route of administration, information on prior treatment episodes, and the treatment plan. TEDS now includes a discharge data set as well. As of 2003,

almost half of the states report discharge data to TEDS. TEDS can be used to describe trends in treatment admissions to publicly-funded facilities at various geographic levels.

The DASIS data sets provide the basis for identifying treatment programs, describe services both locally and nationally, and enumerate and characterize persons admitted for treatment. Because N-SSATS and its predecessors have been in place for almost 20 years, it is possible to track changes over time in the structure and composition of the treatment industry and the utilization of services. This type of information provides a basis at both the national and local levels to assess trends in drug use, treatment, and the impact of national and local policies on substance abuse.

DASIS reports and information can be accessed by going to the SAMHSA web page (www.samhsa.gov) and clicking on statistics/data and then the button for DASIS. Access to DASIS data sets can be obtained by clicking on statistics/data and the button for SAMHDA (Substance Abuse and Mental Health Data Archive). The database archive can also be reached by going to the web page (www.icpsr.umich.edu/SAMHDA).

NATIONAL MENTAL HEALTH REPORTING PROGRAM

Recurrent Surveys:

The Biennial Survey of Mental Health Organizations (SMHO) - A biennial enumeration survey of specialty mental health organizations, with a more detailed sample survey, that collects organizational-level characteristics (e.g., ownership, range of services provided, caseload data, staffing, revenues and expenditures). Data from the

SMHO have proven to be critical in cost estimation for mental health care planning, especially for community-based services. The 1998 survey includes, for the first time, a sample survey of managed behavioral healthcare organizations. Data collected from these organizations include characteristics of behavioral healthcare plans (e.g., number of plans with behavioral healthcare benefits, number of persons with behavioral healthcare benefits, and amount of annual claims paid for behavioral healthcare services). Year 2000 data will be available later in FY2003.

The Annual Census of Patient Characteristics - State and County Mental Hospital Inpatient Services - Additions and Resident Patients - An annual census that provides national and state level statistics on the age, gender, and race/ethnicity by diagnosis of additions and resident patients in State and county mental hospitals throughout the nation. The Census is instrumental in monitoring trends in deinstitutionalization. The number of forensic units in each State mental hospital is included in the 2000 Census. Data are available for all years from 1950 through 2000. Data for 2001 will be available later in FY2003.

The Client/Patient Sample Survey - A client-based sample survey which provides national estimates on the sociodemographic, clinical and service use characteristics of persons admitted and persons under care in the inpatient, residential and less than 24-hour care programs of specialty mental health organizations. The survey updates earlier client/patient sample surveys (the last comprehensive survey was conducted in 1986), and provides data for trend analyses. In addition, the 1997 survey design included, for the first time, an oversample of children and youth under age 18. As a

result, the 1997 survey provides national estimates to better address services received by children and youth, and to allow for more in-depth analyses of this population. The next survey is planned for FY2005.

Single-Time Surveys:

The 1993 Inventory of Local Jail Mental Health Services - An enumeration survey that collects, for the first time, national information on the availability of mental health services within local jails and on the numbers of persons served in these settings.

The 2001-2002 National Survey of Mental Health Mutual Support Groups and Self Help Organizations - The goals of this survey are (1) to provide national estimates of the number of mutual support groups, self-help organizations, and businesses/services run by and for consumers and/or their families; and (2) for these consumer entities, to describe their structure, types of activities undertaken, approaches to well-being and recovery, resources, and links to other community groups. Data will be available in the Fall of 2003.

NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH)

The National Survey on Drug Use and Health (NSDUH), previously known as the National Household Survey on Drug Abuse (NHSDA), is an ongoing survey of the civilian, non-institutionalized population 12 years of age and older. The Survey provides information on the nature and extent of substance use and abuse in the general population including the number and characteristics of persons using alcohol, tobacco, and illicit drugs, and the number of persons in need of or receiving substance abuse treatment. The NSDUH has been the

primary source of information on substance abuse problems and treatment since it was initiated in 1971.

The NSDUH collects information by administering questionnaires to members of households, non-institutional group quarters such as shelters, dormitories, and rooming houses, and civilians living on military bases through a face-to-face interview at their place of residence. Beginning with the 1999 NSDUH, the mode of the survey was changed from a system where much of the survey involved respondents completing paper questionnaires to a system where a portable computer is used to both ask and record answers to questions.

Beginning in 1999 the sample employed a 50 State design with an independent, multi-stage area probability sample for each of the 50 states and the District of Columbia. For the eight largest states, which together account for about 48% of the population, the samples are large enough to support direct state estimates. For the remaining 42 states and the District of Columbia, the samples are selected to support state estimates using small area estimation techniques. The total sample is 67,500 which is approximately equally distributed across three age groups: 12-17 years, 18-25 years, and 26 years and older. In 2002 the weighted response rates were 90.7 percent for the household screener and 78.9 percent for the interview.

The NSDUH can provide modeled or direct estimates for the States for some variables. It is also possible to generate some limited sub-state estimates by combining several years of data.

Public use data sets and published reports of the NSDUH data can be downloaded from the SAMHSA web page (www.samhsa.gov) and then clicking statistics/data. This page

will provide the option of obtaining information and reports from the NSDUH or obtaining data sets through the data archive by clicking the button for SAMHSA online database archive. The data archive can also be reached at the web page (www.icpsr.umich.edu/SAMHDA).

Guidelines For Assessing Cultural Competence

- **Experience or track record of involvement with the target population** - The applicant organization should have a documented history of positive programmatic involvement with the population/community to be served; e.g., a history of involvement with the target population or community.
- **Training and staffing** - The staff of the organization should have training in gender/age/cultural competence. Attention should be placed on staffing the initiative with people who are familiar with, or who are themselves members of, the population/community.
- **Language** - If an organization is providing services to a multi-linguistic population, there should be multi-linguistic resources, including use of skilled bilingual and bicultural individuals whenever a significant percentage of the target population/community is more comfortable with a language other than English.
- **Materials** - It should be demonstrated that material and products such as audio-visual materials, PSA's, training guides and print materials to be used in the project are gender/age/culturally appropriate or will be made consistent with the population/community to be served.
- **Evaluation** - Program evaluation methods and instrument(s) should be appropriate to the population/community being served. There should be rationale for the use of the evaluation instrument(s) that are chosen, and the rationale should include a discussion of the validity of the instrument(s) in terms of the gender/age/culture of the group(s) targeted. The evaluators should be sensitized to the culture and familiar with the gender/age/culture whenever possible and practical.
- **Community representation** - The population/community targeted to receive services should be a planned participant in all phases of program design. There should be an established mechanism to provide members, reflective of the target group to be served, with opportunities to influence and help shape the project's proposed activities and interventions. A community advisory council or board of directors of the organizations (with legitimate and working agreements) with decision-making authority should be established to affect the course and direction of the proposed project. Members of the targeted group should be represented on the council/board.
- **Implementation** - There should be objective evidence/indicators in the application that the applicant organization understands the cultural aspects of the community that will contribute to the program's success and which will avoid pitfalls.
- These guidelines were taken from a Center for Substance Abuse Prevention publication, The Fact Is...., February 1993.

Guidelines For Consumer And Family Participation

SAMHSA is committed to fostering consumer and family involvement in substance abuse and mental health policy and program development across the country. A key component of that commitment is involvement of consumers and family members in the design, development and implementation of projects funded through SAMHSA's grant programs. The following guidelines are intended to promote consumer and family participation in SAMHSA grant programs.

In general, applicant organizations should have experience and a documented history of positive program involvement by recipients of mental health or substance abuse services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

- **Program Mission** - The organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.
- **Program Planning** - Consumers and family members should be involved in substantial numbers in the conceptualization of initiatives, including identification of community needs, goals and objectives; identification of innovative approaches to address those needs; and development of budgets to be submitted with applications. Approaches should incorporate peer support methods.
- **Training and Staffing** – Organization staff should have substantive training in, and be familiar with, consumer and family-related issues. Attention should

be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

- **Informed Consent** - Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time. SAMHSA Confidentiality and Participant Protection requirements are detailed in SAMHSA Program Announcements. These requirements and must be addressed in SAMHSA grant applications and adhered to by SAMHSA grantees.
- **Rights Protection** - Consumer and family members must be fully informed of all of their rights including those related to information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.
- **Program Administration, Governance, and Policy Determination** – Efforts should be made to hire consumers and family members in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

- **Program Evaluation** - Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. These activities include: determining research questions, adapting/selecting data collection instruments and methodologies, conducting surveys, analyzing data, and writing/submitting journal articles.

III. SAMHSA's FY 2004 Grant Opportunities

- 1. Center for Mental Health Services (CMHS)**
- 2. Center for Substance Abuse Prevention (CSAP)**
- 3. Center for Substance Abuse Treatment (CSAT)**
- 4. Cross-Center Grant Opportunities**

Center for Mental Health Services

Name of grant funding opportunity:

Child and Adolescent State Mental Health and Substance Abuse Infrastructure Grants

Funding Opportunity Number: SM 04-006

Description: The purpose of this infrastructure grant program is to strengthen the capacity of States, territories, and Native American tribal governments to develop, sustain and grow substance abuse and mental health services including early intervention, treatment and/or continuing services and supports at the local level for children, adolescents, and youth in transition (ages 20-24), who have a serious emotional disturbance, substance abuse disorder, and/or co-occurring serious emotional disturbances and substance abuse disorders and their families. Applicants are expected to use grant funds to build the infrastructure necessary to promote, support and sustain local service and treatment intervention capabilities for the target population across service delivery systems.

Type of Grant Announcement: Applicants will use the Standard Infrastructure Grant Program Announcement (INF-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Eligible applicants are states, territories, and tribal governments.

Expected receipt date: May/June 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Mental Health Information Center at 1-800-789-CMHS (2647)

Estimated amount of this competition: Approximately \$5.3 million

Estimated project period: Up to 5 years.

Estimated number of awards: 7

Estimated amount for each award: The maximum allowable award for these grants will be approximately \$750,000 in total costs (direct and indirect) per year. Actual award will depend upon the availability of funds.

For more information on program issues

Contact:

Diane L. Sondheimer
SAMHSA/CMHS
Child, Adolescent, and Family Branch
5600 Fishers Lane, RM 11C-16
Rockville, MD 20857
Phone: (301) 443-1334
E-mail: dsondheimer@samhsa.gov

Center for Mental Health Services

Name of grant funding opportunity:

Grants for National Technical Assistance Centers on Consumer/Peer-Run Programs

Funding Opportunity Number: SM 04-011

Description: This program will fund 3 national consumer TA centers and 2 national consumer-supporter TA centers to act as agents of transformation in the development or enhancement of state and local level mental service systems that are consumer-oriented.

Type of Grant Announcement: This funding opportunity will be announced through a stand-alone Request for Applications (RFA).

Eligibility: Eligible applicants are nonprofit private entities that meet the following requirements:

- Controlled and managed by mental health consumers with a board of directors comprised of more than 50% consumers (Consumer TACs);
- Controlled and managed by consumer supporters with a board of directors comprised of more than 50% consumer supporters (Consumer Supporter TACs);
- Dedicated to the transformation of mental health services systems which are consumer and family driven;
- In existence as an operating organization for more than one year;

Expected receipt date: May/June 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Mental Health Information Center 1-800-789-2647

Estimated amount of this competition:

Approximately \$1.750 million

Estimated project period: Up to 3 years

Estimated number of awards: 5

Estimated amount for each award:

The maximum allowable award is \$370,000 per year in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

Risa Fox

Division of Service and Systems Improvement
SAMHSA/CMHS

5600 Fishers Lane

Parklawn, Room 11C-22

Rockville, MD 20857

(301) 443- 3653

E-Mail: rfox@samhsa.gov

Center for Mental Health Services

Name of grant funding opportunity:
Statewide Family Network Grants

Funding Opportunity Number: SM04-004

Expected date of NOFA: Dec. 2003

Description: Statewide Family Network Grants are intended for applicants seeking Federal support to act as “Agents of Transformation” in developing or enhancing their service system infrastructure in order to support effective substance abuse and/or mental health service delivery which is consumer and family driven.

Type of Grant Announcement: Applicants will use the Standard Infrastructure Grant Program Announcement (INF-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Eligible applicants are limited to domestic private, nonprofit entities, including faith-based entities, tribal family organizations, and currently funded Statewide Family Networks grantees that: 1) are controlled and managed by family members; 2) are dedicated to the improvement of mental health services statewide; and 3) have a Board of Directors comprised of no less than 51 percent family members. SAMHSA is limiting eligibility to family-controlled organizations because the goals of this grant program are to: strengthen the capacity of families to act as agents of transformation in influencing the type and amount of services provided to them and to their children who have a serious emotional disturbance and to ensure that their mental health care is consumer and family driven.

Expected receipt date: April 2004

Projected award date: June 30, 2004

Where to obtain application kits: Mental Health Information Center 1-800-789-2647

Estimated amount of this competition:
Approximately \$2.8 Million

Estimated project period: 3 years

Estimated number of awards:
Approximately 43

Estimated amount for each award: Only Category 1 awards (as defined in the INF-04 PA (MOD)) will be made. In general, these Category 1 awards are expected to be up to \$60,000 per year in total (direct and indirect costs). Up to 22 grantees with projects that include a youth leadership component may receive an additional \$10,000 per year. Actual funding levels will depend on the availability of funds.

For more information on program issues, contact:

Elizabeth Sweet
SAMHSA/CMHS
Child, Adolescent and Family Branch
5600 Fishers Lane, RM 11C-16
Rockville, MD 20857
Phone: (301) 443-1333
E-mail: esweet@samhsa.gov

Center for Mental Health Services

Name of grant funding opportunity:
Minority Fellowship Program

Funding Opportunity Number: SM 04-001

Description: The overall program goal of the Minority Fellowship Program is to facilitate entry of minority students into careers in mental health and substance abuse services.

Type of Grant Announcement: This funding opportunity will be announced through a Stand Alone Request for Applications (RFA).

Eligibility: Eligibility is limited to the American Nurses Association (ANA), the American Psychiatric Association (ApA), the American Psychological Association (APA), and the Council on Social Work Education (CSWE).

Expected receipt date: May/June 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Mental Health Information Center
1-800-789-2647

Estimated amount of this competition:
Approximately \$3.3 million

Estimated project period: Up to 3 years

Estimated number of awards: 4

Estimated amount for each award: The awards are expected to range from \$600,000 to \$950,000 per year in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

Paul Wohlford, Ph.D.

SAMHSA/CMHS

5600 Fishers Lane, Parklawn 15-C26

Rockville, MD 20857

Phone: (301) 443-5850

Fax: (301) 594-0091

E-mail: PWohlfor@samhsa.gov

Center for Mental Health Services

Name of grant funding opportunity:

The National Center for Child Traumatic Stress (NCCTS) within the National Child Traumatic Stress Initiative (NCTSI-I)

Funding Opportunity Number: SM04-008

Description: The purpose of the NCTSI-National Center grant is to support funding of a national coordinating center for the NCTSI network that will provide leadership, coordination, and support for collaboration of the NCTSI centers. The national coordinating center will develop and implement a framework and organizational procedures for communication and collaboration among Network centers to promote and sustain a comprehensive approach to identifying, improving, developing, and/or evaluating child trauma treatment and services approaches. The national coordinating center will further develop the national capacity for training in implementing effective treatment and service delivery and develop and disseminate informational resources and other products on child and adolescent traumatic stress to professionals, policy makers, and the public.

Type of Grant Announcement: Applicants will use the Standard Infrastructure Grant Program Announcement (INF-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: The current National Center for Child Traumatic Stress is the only entity eligible to apply for funding under this announcement. SAMHSA/CMHS is planning substantial changes to the program design of the NCTSI beginning in FY 2005. This funding opportunity will allow current activity to continue, while changes to the overall NCTSI are planned.

Expected receipt date: May/June 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Mental Health Information Center at 1-800-789-CMHS (2647)

Estimated amount of this competition: Approximately \$5 million

Estimated project period: 1 year

Estimated number of awards: 1

Estimated amount for each award: It is estimated that \$5 million will be available to support one award under this announcement total costs (direct and indirect) for FY 2004. Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

Cecilia Casale, Ph.D.
Director, Program in Trauma and Terrorism
5600 Fishers Lane, Parklawn 17C-26
Rockville, MD 20857
Phone: (301) 443-4735
Fax: (301) 443-8040
E-mail: CCasale@samhsa.gov

Center for Mental Health Services

Name of grant funding opportunity:

National Child Traumatic Stress Initiative:
Intervention and Evaluation Centers

Funding Opportunity Number: SM 04-009

Description: The purpose of the National Child Traumatic Stress Initiative (NCTSI) is to improve treatment and services for all children and adolescents in the United States who have experienced traumatic events and to increase access to effective trauma treatment and services.

Type of Grant Announcement: Applicants will use the Standard Service to Science Grant Program Announcement (STS-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Community-based organizations, out-patient clinics, public or private hospitals, units of State or local governments, State-controlled and private institutions of higher education, Indian tribes and tribal organizations, partnerships of multiple clinical centers, programs and/or community service providers applying as a single center (in which case one of the participating organizations must be designated as the applicant organization). Current NCTSI grantees funded in FY 2001 and in the final year of their original grant are eligible to apply for competing continuation funding.

Expected receipt date: May 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Mental Health Information Center 1-800-789-2647

Estimated amount of this competition:
Approximately \$3 million

Estimated project period: 1 year

Estimated number of awards: 5

Estimated amount for each award:

The maximum allowable award is \$600,000 per year in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

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Division of Prevention, Traumatic Stress, and
Special Programs
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Center for Mental Health Services

Name of grant funding opportunity:

Community Treatment and Services Centers (Category III) of the National Child Traumatic Stress Initiative (NCTSI)

Funding Opportunity Number: SM 04-010

Description: The purpose of the National Child Traumatic Stress Initiative (NCTSI) is to improve treatment and services for all children and adolescents in the United States who have experienced traumatic events and to increase access to effective trauma treatment and services.

Type of Grant Announcement: Applicants will use the Standard Best Practices Planning and Implementation Grant Program Announcement (BPPI-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Eligible applicants are limited to Community Treatment Services Centers (Category III grantees) funded in FY 2001 under the National Child Traumatic Stress Initiative. SAMHSA/CMHS is currently funding four cohorts of Community Treatment and Services Center grantees with different start and end dates, as well as different project periods. By funding the original cohort of grantees for an additional year, SAMHSA/CMHS will: 1) enable the original cohort of grantees (whose funding is coming to an end) to continue the positive work they have started; and 2) bring three of the four cohorts of grantees to a common developmental endpoint. This will set the stage for grantees in those three cohorts, along with other providers in the field that have not yet received funding, to compete in FY 2005 for a newly redesigned array of National Child Traumatic Stress Initiative grants

Expected receipt date: May 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Mental Health Information Center 1-800-789-2647

Estimated amount of this competition: Approximately \$4.8 million

Estimated project period: 1 year

Estimated number of awards: 12

Estimated amount for each award:

These Phase I/Phase II awards will be up to \$400,000 in total costs (direct and indirect) for one year, rather than the award duration stated in the BPPI-04 PA. The actual amount available for the award may vary, depending on unanticipated program requirements and the number and quality of the applications received.

For more information on program issues, contact:

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Division of Prevention, Traumatic Stress, and Special Programs,
SAMHSA/CMHS
5600 Fishers Lane
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Rockville, MD 20857
Phone: (301) 443-2957
E-mail: cguthrie@samhsa.gov

Center for Mental Health Services

Name of grant funding opportunity:

National Training and Technical Assistance Center (NTTAC) for Children's Mental Health

Funding Opportunity Number: SM 04-002

Description: The NTTAC will serve as a national resource and training center to promote the planning and development of child- and family-centered, culturally competent, and coordinated systems of care for children and adolescents with, or at risk for, a serious emotional disturbance and their families. The NTTAC will provide access to information and expertise on systems of care development, implementation, and policy issues through a variety of knowledge distribution approaches and technologies. Priority areas of focus will include: State planning and policy development to implement family-driven, comprehensive systems of care across child-serving systems; family and youth-centered care planning; financing strategies in public and private sectors; data management and accountability; workforce and leadership development; evidence-based practice; early intervention including screening and assessment; integration of care with primary health, child-care, schools, child welfare, juvenile justice, and substance abuse; cultural, racial, and geographic disparities; and technology coordination and dissemination.

Type of Grant Announcement: Applicants will use the Standard Infrastructure Grant Program Announcement (INF-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Eligible applicants are domestic public and private non-profit entities. For example, State, local or tribal governments; public or private universities and colleges; community and faith-based organizations; and tribal organizations may apply.

Expected receipt date: May/June 2004

Projected award date: September 30, 2004

Where to obtain application kits:

Mental Health Information Center
1-800-789-2647

Estimated amount of this competition:

Approximately \$3.6 million

Estimated project period: Up to 5 years

Estimated number of awards: 1

Estimated amount for each award: It is estimated that \$3.6 million will be available to support one award under this announcement total costs (direct and indirect) for FY 2004. Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

Michelle Herman
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Child, Adolescent and Family Branch
5600 Fishers Lane, RM 11C-16
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Center for Mental Health Services

Name of grant funding opportunity: State Infrastructure Grants to Build Capacity for Alternatives to Restraint and Seclusion

Funding Opportunity Number: SM 04-007

Description: This effort will support States to adopt evidence-based and best practices to reduce and ultimately eliminate the use of restraint and seclusion institutional and community-based settings which provide mental health services (including services for people with co-occurring disorders) to all age ranges throughout the life cycle. Each State will identify which age groups will be targeted through this effort.

Type of Grant Announcement: Applicants will use the Standard Infrastructure Grant Program Announcement (INF-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Eligible applicants are State, including the District of Columbia, territory and tribal mental health authorities or other State agencies with jurisdiction over mental health issues for the target population included in the proposed project. Eligible applicants must have the capacity to report incidents to their State Protection and Advocacy system, specifically the Protection and Advocacy for Individuals with Mental Illness (PAIMI) for investigation, as required under the Children's Health Act of 2000. Additional information regarding eligibility, including program and formatting requirements, is provided in the INF-04 PA (MOD). Applications that do not comply with these requirements will be screened out and will not be reviewed.

Expected receipt date: May/June 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Mental Health Information Center
1-800-789-2647

Estimated amount of this competition:
Approximately \$2.0 million

Estimated project period: Up to 3 years

Estimated number of awards: 8

Estimated amount for each award: The awards are expected be up to \$250,000 per year in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

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Karmstro@samhsa.gov

Center for Mental Health Services

Name of grant funding opportunity:

Grants for Statewide Consumer Networks

Funding Opportunity Number: SM 04-003

Description: The purpose of this grant is to enhance state capacity and infrastructure to be more consumer driven. This program provides funds to support State-level consumer networks-organizations that manage a set of activities that assist consumers to participate in the development of policies, programs, and quality assurance activities related to the New Freedom Initiative as it applies to mental health service delivery. Examples of the types of community services that grantees will work to improve include housing, employment, transportation, education, self-help, etc.

Type of Grant Announcement: Applicants will use the Standard Infrastructure Grant Program Announcement (INF-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Eligible applicants are limited to domestic private, nonprofit entities, including faith-based entities and currently funded Statewide Consumer Network Grantees that 1) are controlled and managed by mental health consumers; 2) are dedicated to the improvement of mental health services statewide; and 3) have a Board of Directors comprised of more than 51 percent consumers. SAMHSA is limiting eligibility to consumer-controlled organizations because the goals of this grant program are to: to strengthen the capacity of consumers to act as agents of transformation in influencing the type and amount of services and supports provided to people with a serious mental illness and to ensure that their mental health care is consumer driven. Applicants will be required to complete and sign a Certification of Eligibility and provide necessary supportive documentation. This certification will be provided in the application kit, available from the National Mental Health Information Center, and will also be posted on the SAMHSA Web page along with the NOFA.

Expected receipt date: April 2004

Projected award date: June 30, 2004

Where to obtain application kits: National Mental Health Information Center 1-800-789-2647.

Estimated amount of this competition: Approximately \$1.5 million

Estimated project period: Up to 3 years

Estimated number of awards: 20-22

Estimated amount for each award: The maximum allowable award is \$70,000 in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

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Center for Mental Health Services

Name of grant funding opportunity:

State and Local Mental Health Data
Infrastructure for Quality Improvement

Funding Opportunity Number: SM 04-005

Description: The proposed FY 2004 grant initiative will facilitate the SAMHSA Performance Partnership Grant Initiative by building State and local mental health data infrastructure. A systemic approach to implementing common data standards and information technology will be employed, based upon the framework developed through the SAMHSA Decision Support 2000+ Initiative.

Type of Grant Announcement: Applicants will use the Standard Infrastructure Grant Program Announcement (INF-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Eligible applicants are limited to State Mental Health authorities in the 50 States, the District of Columbia, and the U.S. Territories, as a central goal of the State Mental Health DIG grants is to address State mental health planning efforts, particularly in addressing new data collection requirements for the Community Mental Health Services Block Grants (CMHSBG) as they transition to Performance Partnership Grants (PPG's). Only the State Mental Health authorities are eligible for the CMHSBG.

Expected receipt date: May/June 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Mental Health Information Center 1-800-789-2647

Estimated amount of this competition:
Approximately \$8.2 million

Estimated project period: Up to 3 years

Estimated number of awards: 57

Estimated amount for each award:

The maximum allowable award is \$150,000 per year in total costs (direct and indirect) for mental health authorities in the 50 States and the District of Columbia and \$75,000 per year in total costs (direct and indirect) for mental health authorities in the U.S. Territories. Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

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Center for Mental Health Services

Name of grant funding opportunity:
Suicide Prevention Certification and Hotlines

Funding Opportunity Number: SM 04-013

Description: This program will provide funding to manage a toll-free hotline and network of crisis centers linked through the 1-800-SUICIDE telephone number and to certify crisis centers in suicide prevention.

Type of Grant Announcement: TBD

Eligibility: TBD

Expected receipt date: TBD

Projected award date: September 30, 2004

Where to obtain application kits: National Mental Health Information Center 1-800-789-2647

Estimated amount of this competition:
Approximately \$2.5 million

Estimated project period: Up to 1 year

Estimated number of awards: TBD

Estimated amount for each award:
The award(s) is up to \$2.5 million for one year in total costs (direct and indirect). SAMHSA may split the hotline and certification functions into two separate awards. The actual award will depend upon the availability of funds.

For more information on program issues, contact:

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SAMHSA/CMHS
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Center for Substance Abuse Prevention

Name of grant funding opportunity:

Cooperative Agreements for Ecstasy Prevention Services

Funding Opportunity Number: SP 04-004

Description: The purpose of the Ecstasy Cooperative Agreements is to expand and strengthen effective, culturally appropriate ecstasy prevention services at the State and local level, and SAMHSA/CSAP expects that the services will be sustained beyond the term of the grants.

Type of Grant Announcement: Applicants will use the Cooperative Agreement Program Announcement (SP04-004) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Eligible applicants are States, Territories, the District of Columbia, and Native American Tribal Governments. Eligibility is limited to these entities for two reasons: 1) To facilitate State and community planning and coordination, and to assure that program infrastructure development and selection of ecstasy service models are consistent with State/Territory strategic plans for substance abuse prevention, and 2) to enhance program stability.

Although eligibility is limited to these governmental entities, these governmental entities must partner with local community organizations (public or private) in developing and implementing the grant project. Eligible applicants may submit more than one application, but only one community may be targeted in each application. States, tribes and territories may retain up to 10% per year of the total grant award for costs associated with the administration and management of each grant submitted. At least 90% of the total grant award each year must be allocated to the community partner for implementation of services/infrastructure development at the community level.

Expected receipt date: May/June 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information 1-800-729-6686

Estimated amount of this competition: Approximately \$4.5 million

Estimated project period: Up to 5 years

Estimated number of awards: 15

Estimated amount for each award: The maximum allowable award is \$300,000 in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

Soledad Sambrano, Ph.D.

SAMHSA/CSAP

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Rockville, MD 20857

301-443-9110

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Center for Substance Abuse Prevention

Name of grant funding opportunity:
Cooperative Agreements for Strategic Prevention Framework (SPF) State Incentive Grants (SIG)

Funding Opportunity Number: SP 04-002

Description: The purpose of the SPF SIG grants is to support States and communities in building prevention capacity and infrastructure at the State and community levels.

Type of Grant Announcement: Applicants will use a Stand Alone RFA to prepare their applications.

Eligibility: Eligibility for the SPF SIG is limited to Governors of the States and Territories with block grants.

Expected receipt date: June 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information 1-800-729-6686

Estimated amount of this competition:
Approximately \$52 million

Estimated project period: Up to 5 years

Estimated number of awards: Approximately 20

Estimated amount for each award: The maximum allowable award is \$2.5 million per project per year in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

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Director
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Center for Substance Abuse Prevention
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Rockville, MD 20857
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Center for Substance Abuse Prevention

Name of grant funding opportunity:
Youth Transition into the Workplace

Funding Opportunity Number: SP 04-006

Description: The purpose of this Services to Science program is to develop new best practices for workplace programs to selected employees ages 16-24, and to increase the numbers of evidence-based workplace programs for young adults 16-24 registered with NREP and replicated in Federal, State and privately funded work settings. Grantees will document and evaluate workplace programs for the employee population ages 16-24.

Type of Grant Announcement: Applicants will use the Standard Service to Science Grant Program Announcement (STS-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications. Applicants must apply for combined Phase 1/Phase 2 award as described in the STS-04 PA

Eligibility: Eligible applicants are domestic, public and private profit or non-profit entities. For example, workplaces, EAPs, health care organizations, research entities, State, local or tribal governments; public or private universities and colleges; community and faith-based organizations; and tribal organizations may apply.

Expected receipt date: May/June 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information 1-800-729-6686

Estimated amount of this competition:
Approximately \$2.0 million

Estimated project period:
Phase 1&2 combined: Up to 5 years.

Estimated number of awards: 13

Estimated amount for each award: The maximum allowable award for Phase 1 is \$150,000 per year for up to 2 years. Phase 2 awards will be up to \$500,000 in total costs (direct and indirect) per year for years 3-5. Actual awards will depend on the availability of funds.

For more information on program issues, contact:

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Dgalvin@samhsa.gov

Center for Substance Abuse Treatment

Name of grant funding opportunity:

Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who Are Homeless

Funding Opportunity Number: TI 04-001

Description: This program will provide funds to expand and strengthen treatment services for homeless individuals with substance abuse disorders, mental illness, or with co-occurring substance abuse disorders and mental illness. All applicants must link such treatment services with housing programs and other services for homeless persons.

Type of Grant Announcement: Applicants will use the standard Services Program Announcement (SVC-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Eligibility is restricted by statute to community-based public and private non-profit entities. These entities include county governments, city or township governments, Federally recognized Native American tribal governments community-based, State entities, such as State Colleges, universities and hospitals, that propose to provide services under this announcement to the community. States are not eligible to apply under this statute. Current Treatment for Homeless grantees are not eligible to apply under this funding announcement unless their grant ends in September 2004. These eligibility criteria supersede the criteria specified in Section III-1 of the SVC-04 PA (MOD).

Expected receipt date: May 28, 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information 1-800-729-6686

Estimated amount of this competition:
Approximately \$13.9 million

Estimated project period: Up to 5 years

Estimated number of awards: 35

Estimated amount for each award: The maximum allowable award is \$400,000 in total costs (direct and indirect) per year. Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

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Gigi Belanger
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Center for Substance Abuse Treatment

Name of grant funding opportunity:
Residential Treatment for Pregnant and Postpartum Women and Residential Treatment for Women and their Children

Funding Opportunity Number: TI 04-004

Description: The program is designed to expand the availability of comprehensive, high quality residential substance abuse treatment services for 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), other parenting women, and their minor children, age 17 and under, who have limited access to quality health services. Such services must be coupled with access to primary health, mental health and social services for pregnant, postpartum, and other parenting women who suffer from alcohol and drug use problems, and for their minor children impacted by the perinatal and environmental effects of maternal substance use and abuse.

Type of Grant Announcement: Applicants will use the Standard Services Grant Program Announcement (SVC-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Applicants can be domestic public and non-profit private entities. For example, State, local or tribal governments; public or private universities and colleges; community- and faith-based and tribal organizations may apply.

Expected receipt date: June 2, 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information 1-800-729-6686

Estimated amount of this competition:
Approximately \$7 million

Estimated project period: Up to 3 years

Estimated number of awards: 14
Estimated amount for each award: The maximum allowable award is \$500,000 per project per year in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

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Rockville, Maryland 20857
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Email: lwhite1@samhsa.gov

Center for Substance Abuse Treatment

Name of grant funding opportunity:
Recovery Community Services Program
(RCSP III)

Funding Opportunity Number: TI 04-008

Description: The primary purpose of RCSP III is to encourage the development and delivery of peer-to-peer recovery support services that will extend the system of care that is currently available for supporting individuals in maintaining their recovery from substance use disorders. These innovative peer services are expected to help prevent relapse, promote early identification and rapid re-entry to treatment when relapses do occur, provide support and advocacy for family members, and assist individuals in maintaining the life-long changes required to sustain recovery. The program addresses the need to increase treatment capacity by providing peer-to-peer recovery support services in community-based and faith-based settings. This, in turn, is expected to result in decreases in the health and social costs of addiction. Successful applicants will provide peer-to-peer recovery support services that are responsive to community needs and strengths, and will carry out a quantitative and qualitative evaluation of services.

Type of Grant Announcement: This funding opportunity will be announced through a stand-alone Request for Applications (RFA).

Eligibility: Eligible applicants are domestic public and private non-profit entities. For example, State, local or tribal governments; public or private universities and colleges; community and faith-based organizations; and tribal organizations may apply. Applicant organizations must be either a Recovery Community Organization (RCO) or a Facilitating Organization (FO).

Expected receipt date: May 18, 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information 1-800-729-6686

Estimated amount of this competition:
Approximately \$2.5 million

Estimated project period: Up to 4 years

Estimated number of awards: 7

Estimated amount for each award: The average annual award is expected to be about \$350,000 per project per year in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

Catherine D. Nugent
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Center for Substance Abuse Treatment

Name of grant funding opportunity:

Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need (TCE)

Funding Opportunity Number: TI 04-003

Description: TCE grants are intended to expand and/or enhance substance abuse treatment in local communities. For FY 2004, CSAT has identified the target groups for this initiative as minority populations, clients in need of treatment in rural areas, clients in need of treatment focused on methamphetamine and other emerging drugs and other innovative approaches to treatment capacity expansion that focus on early identification of, and interventions for, persons with substance use disorders that have not progressed to dependence.

Type of Grant Announcement: Applicants will use the standard Services Grant Program Announcement (SVC-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Eligible applicants are States and units of local government (cities, towns, counties) or Indian Tribes and tribal organizations.

Expected receipt date: May 25, 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information 1-800-729-6686

Estimated amount of this competition: Approximately \$12 million. Approximately \$3.0 million is available to fund programs in each of the four target areas.

Estimated project period: Up to 3 years

Estimated number of awards: Approximately 6 awards in each target area for a total of approximately 24 awards.

Estimated amount for each award: The maximum allowable award is \$500,000 per year in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

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5600 Fishers Lane, Rockwall II, Suite 740
Rockville, MD 20857
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E-mail: kroberts@samhsa.gov

Center for Substance Abuse Treatment

Name of grant funding opportunity:
Access to Recovery (ATR)

Funding Opportunity Number: TI 04-009

Description: This new program is part of a Presidential initiative to increase substance abuse treatment capacity, consumer choice and access to a comprehensive array of treatment and recovery support options (including faith-based programmatic options). These goals will be accomplished through the creation of voucher programs throughout the country.

Type of Grant Announcement: This funding opportunity will be announced through a stand-alone Request for Applications (RFA).

Eligibility: Eligibility for these grants is limited to the immediate office of the Chief Executive (e.g., Governor) in the States, Territories, District of Columbia; or the head of a Tribal Organization. (A "Tribal Organization" means the recognized governing body of any Indian tribe or any legally established organization of Indians, including urban Indian health boards, inter-tribal councils, or regional Indian health boards, which is controlled, sanctioned or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such an organization.)

Expected receipt date: June 4, 2004

Projected award date: August 2004

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information 1-800-729-6686

Estimated amount of this competition:
Approximately \$100 million.

Estimated project period: Up to 3 years

Estimated number of awards: 15

Estimated amount for each award: The annual award is expected to be a maximum of \$15 million in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

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Center for Substance Abuse Treatment

Name of grant funding opportunity:
Drug-Addiction-Treatment-Act-of-2000
(DATA) Physician Clinical Support System

Funding Opportunity Number: TI 04-005

Description: This cooperative agreement program is designed to develop a coordinated, clinical support program to help eligible physicians adopt medication-assisted treatment with approved buprenorphine products.

Type of Grant Announcement: Applicants will use the standard Infrastructure Grant Program Announcement (INF-04 PA (MOD)) and the Notice of Funding Availability (NOFA) to prepare their applications.

Eligibility: Eligibility is limited to the national professional organizations authorized to carry out training as specified in DATA (Title XXXV of the Children's Health Act of 2000, enacted 10/1/2000). Currently, these organizations are The American Society of Addiction Medicine, The American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, and the American Psychiatric Association. SAMHSA encourages a consortium comprised of all or several eligible organizations to apply.

Expected receipt date: June 2, 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information 1-800-729-6686

Estimated amount of this competition:
Approximately \$500,000

Estimated project period: Up to 3 years

Estimated number of awards: 1

Estimated amount for each award: The annual award is expected to be a maximum of \$500,000

in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

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Center for Substance Abuse Treatment

Name of grant funding opportunity:
Young Offender Reentry Program (YORP)

Funding Opportunity Number: TI 04-002

Description: The purpose of the grants is to provide funds to expand and/or enhance substance abuse treatment and related reentry services in agencies currently providing supervision of and services to sentenced juvenile and young adult offenders returning to the community from incarceration for criminal/juvenile offenses.

Type of Grant Announcement: This funding opportunity will be announced through a stand-alone Request for Applications (RFA).

Eligibility: Domestic public and private non-profit entities may apply. For example, State, local or tribal governments; public or private universities and colleges; courts; community-based and faith-based organizations; and tribal organizations may apply.

Expected receipt date: May/June 2004

Projected award date: September 30, 2004

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information 1-800-729-6686

Estimated amount of this competition:
Approximately \$6.0 million

Estimated project period: Up to 4 years

Estimated number of awards: 12 - 14

Estimated amount for each award: The maximum annual award \$500,000 in total costs (direct and indirect). Actual awards will depend upon the availability of funds.

For more information on program issues, contact:

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E-mail: kroberts@samhsa.gov

CROSS CENTER

Center for Mental Health Services and Center for Substance Abuse Treatment

Name of grant funding opportunity:

State Incentive Grants (COSIG) for Treatment of Persons with Co-occurring Substance Related and Mental Disorders

Funding Opportunity Number: SM 04-012

Description: This grant program will develop and enhance the infrastructure service systems to increase the capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services to persons with co-occurring substance abuse and mental disorders and their families.

Type of Grant Announcement: This program will be announced through a stand-alone Request for Applications (RFA).

Eligibility: Only the immediate Office of the Governor of States may apply

Expected receipt date: May/June 2004

Projected award date: September 30, 2004

Where to obtain application kits: Center for Mental Health Clearinghouse 1-800-789-2647 and National Clearinghouse for Alcohol and Drug Information CMHS 1-800-729-6689

Estimated amount of this competition:

Approximately \$4.5 million

Estimated project period: Up to 5 years

Estimated number of awards: up to 4

Estimated amount for each award: The average annual award will range from \$500,000 to \$1.1 million in total costs (direct and indirect). Grantees in years 1-3 will receive up to \$1.1 million per year. Grantees with service pilots will receive up to half of the third year

award in the 4th year to phase down the services pilot and up to \$100,000 for evaluation in year 5. Grantees without service pilots will receive up to \$100,000 for evaluation in both years 4 and 5.

**For more information on program issues,
contact:**

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CROSS CENTER

Center for Mental Health Services, Center for Substance Abuse Prevention and Center for Substance Abuse Treatment

Name of grant funding opportunity:
Knowledge Dissemination Conference Grants

Funding Opportunity Number: PA 05-001

Description: The purpose of the Conference Grant program is to disseminate knowledge about practices within the mental health services and substance abuse prevention and treatment fields and to integrate that knowledge into real-world practice as effectively and efficiently as possible.

Type of Grant Announcement: This funding opportunity will be announced through a Stand Alone Program Announcement (PA).

Eligibility: Eligible applicants are domestic public and private nonprofit entities. For example, State, local or tribal governments; public or private universities and colleges; professional associations, voluntary organizations, self-help groups, consumer and provider services-oriented constituency groups; community- and faith-based organizations; and tribal organizations may apply. Individuals are not eligible to receive grant support for a conference. The statutory authority for this program precludes grants to for-profit organizations.

Expected receipt date: September 10, 2004, and recurring dates of January 10 and September 10 each year.

Projected award date: TBD

Where to obtain application kits: National Mental Health Information Center at 1-800-789-CMHS (2647) or National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

Estimated amount of this competition: For FY 2005 the following amounts are expected to be available:

CMHS - \$250,000

CSAP - \$75,000

CSAT - \$500,000

Estimated project period: Up to 12 months.

Estimated number of awards: 20-30

Estimated amount for each award: The maximum grant award is \$50,000. Indirect costs are not allowed under this program. Actual award will depend upon the availability of funds.

**For more information on program issues
Contact:**

**For questions on mental health topics,
contact:**

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**For questions on substance abuse treatment
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